

CHIROPRACTICE

COLLEGE OF CHIROPRACTORS OF ONTARIO
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President's Message



Dr. Marshall Deltoff
President
May 2011 - April 2012

We certainly have a colourful past and an interesting heritage as chiropractors. And it all started with an Ontario man who changed the face of global health care on a September day way back in 1895.

As CCO starts to ready itself for the move to a new home in 2014, I recently had the opportunity to do some extensive work organizing and arranging the CCO resource library. This singularly unique collection of legal, administrative, regulatory and clinical documents and books jointly comprise a virtual archival history of the regulation of our profession in Ontario. It was not only a great responsibility but an honour and privilege to be responsible for protecting and cataloguing so many rare and one-of-a-kind documents. The bonus was being able to read some of the yellowed, tattered or faded pages as I slipped them into their new protective acid-free jackets.

The experience got me thinking about how far we have come in this province over the decades. For example, in the 1963 Annual Report, there were only 548 chiropractors in Ontario and just 16 new registrants that year. One disciplinary hearing was held and 30 complaints were registered with CCO's predecessor, the Board of Directors of Chiropractic (BDC).

Yet, at the same time, some things just don't change. Here is an excerpt of correspondence from the OCA to the BDC: "Unfortunately, due to the inherent difficulties involved in making progress with our particular problems, the man in the field does not see much in the way of concrete results. This cannot be laid entirely at the door of any individual, but, because of the feeling in the field that a change of direction is necessary, we have no choice as the elected representatives of the chiropractors of Ontario, but to make the above recommendations...; Assuring you of the desire of our Association to work in close co-operation with the Board of Directors of Chiropractic in providing for a high standard of chiropractic care in this province..." Sound familiar? The date could just as easily be 2011 but this was from 1965.

Working on the library also got me thinking about the debt we owe our predecessors. As I was formulating ideas for this message and deciding on a "historic" theme, a shopping trip to No Frills led me to a serendipitous encounter with Dr. Wilfrid Meissner who, at

(CONT. ON PAGE 2)

85 years young, is a true pioneer for our profession in Toronto. I spent 20 minutes as a totally engaged audience to Dr. Meissner's account of his experiences during the Second World War and about his long career in chiropractic.

Many of you are familiar with iconic chiropractic leaders of the past: names like Janse, Cleveland, Howe, Napolitano and Parker ...but here in Canada, we proudly have our own lengthy list of doctors - past and present - to whom we also owe a great debt as leaders, visionaries and trailblazers such as Homewood, Clemmer, Houle, Johnson, Clubine, Bonyun, Haldeman, Sutherland, Vear, Lee and Grice. My own personal list would also add exceptional teachers and colleagues such as Adams, Rosenberg, Leck, Vernon, Laws, Engel, Lamarche, Hardman, Kogon, Shrubbs, Schut and Viggiani. I am also very grateful to all past presidents of the CCO and BDC for helping to guide and build our regulatory body into one that is looked to for leadership across the country. All of these great doctors superseded differences in philosophy or technique to truly realize and personify unity with diversity. Thank you, gentlemen, as each of you in your own way advanced the blessing to humanity that is chiropractic.

Dear colleagues, it is a privilege to be a doctor of chiropractic, in large part due to those doctors who have gone before us to help define who we are and what we do to help our communities across this province. Each of us can and should take our turn to help expand and fine-tune that definition for the benefit of Ontarians. Our past has ensured a fantastic future on the immediate horizon.

I think our colleague Dr. Neil Harris (1950-51 CMCC Student Council President) said it best 60 years ago in his message to fellow graduates in the 1951 CMCC yearbook: *"What better thing could command your time and abilities than the profession which has given you the privilege of serving your fellow man? There is real joy and satisfaction for any Doctor who will roll up his/her sleeves and go to work for something bigger than him/herself."*



Marshall Deltoff, DC, FCCR(C)

Acronyms

The following is a list of commonly used acronyms used at CCO.

Acronym	Full Name
AED	Automated External Defibrillator
AODA	Accessibility for Ontarians with Disabilities Act, 2005
BDC	Board of Directors of Chiropractic
CAMH	Centre for Addiction and Mental Health
CCA	Canadian Chiropractic Association
CCO	College of Chiropractors of Ontario
CCEB	Canadian Chiropractic Examining Board
CE	Continuing education
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
CMCC	Canadian Memorial Chiropractic College
CPO	College of Physiotherapists of Ontario
CPR	Cardiopulmonary Resuscitation
CRC	Chiropractic Review Committee
FHRCO	Federation of Health Regulatory Colleges of Ontario
HPRAC	Health Professions Regulatory Advisory Council
ICRC	Inquiries, Complaints and Reports Committee
MOHLTC	Ministry of Health and Long-Term Care
OCA	Ontario Chiropractic Association
QA	Quality Assurance
RHPA	Regulated Health Professions Act, 1991
WSIB	Workplace Safety and Insurance Board of Ontario

Message du président

En tant que chiropraticiens, nous pouvons dire que notre patrimoine est certainement tout aussi intéressant que notre histoire. Et tout a commencé un beau jour de septembre 1895, quand un Ontarien est venu bouleverser le paysage mondial des soins de santé.

Alors que l'OCO entame les préparatifs pour déménager dans sa nouvelle demeure en 2014, j'ai eu l'occasion ces derniers temps de m'affairer à l'organisation et au rangement de la bibliothèque des ressources de l'OCO. Cette collection singulièrement unique de documents et d'ouvrages juridiques, administratifs, législatifs et cliniques représente une archive virtuelle de la réglementation de notre profession en Ontario. Ce fut non seulement une responsabilité de taille, mais également un honneur et un privilège d'être responsable de la protection et du catalogage de tant de documents rares et même uniques. Il fut aussi très gratifiant de pouvoir lire certaines de ces pages jaunies, froissées ou décolorées au fur et à mesure que je les transférais dans leurs nouvelles enveloppes de protection sans acide.

Cette expérience m'a fait penser à tout le chemin parcouru dans cette province au fil des décennies. Par exemple, le Rapport annuel de 1963 ne recensait que 548 chiropraticiens en Ontario, dont seulement 16 nouveaux inscrits cette année-là. Une audience disciplinaire avait eu lieu, et 30 plaintes ont été déposées auprès du prédécesseur de l'OCO, le Conseil d'administration des chiropraticiens (CAC).

Mais il y a tout de même certaines choses qui ne changent jamais. Voici un extrait d'une lettre de l'ACO au CAC : « Malheureusement, en raison des difficultés inhérentes rencontrées dans la résolution de nos problèmes spécifiques, les personnes sur le terrain ne sont pas en mesure de constater des résultats concrets. On ne peut pas entièrement faire porter la faute à une personne en particulier, mais, étant donné que les personnes concernées jugent qu'un changement de direction est nécessaire, nous sommes contraints, en tant que représentants élus des chiropraticiens de l'Ontario, de faire les recommandations susmentionnées...; Nous vous

assurons que notre association désire coopérer étroitement avec le CAC afin de favoriser la qualité des soins chiropratiques dans la province... » Cela vous rappelle-t-il quelque chose? Cet extrait aurait pu être publié en 2011, mais c'est une citation de 1965.

Mon travail à la bibliothèque m'a également fait penser à tout ce que l'on doit à nos prédécesseurs. Pendant que je travaillais à formuler des idées pour écrire ce message, alors que je venais d'adopter un thème « historique », j'ai eu la chance de faire une rencontre inespérée en magasinant à No Frills – le Dr Wilfrid Meissner, un homme qui, jeune de 85 ans, est un véritable pionnier de notre profession à Toronto. Pendant 20 minutes, j'ai pu entendre le récit passionnant de ses expériences pendant la Seconde Guerre mondiale ainsi que sa longue carrière en chiropratique.

Bon nombre d'entre vous connaissez les icônes de l'histoire de notre profession : des noms comme Janse, Cleveland, Howe, Napolitano et Parker ...mais ici au Canada, nous pouvons également être fiers de notre propre longue liste de médecins – appartenant au passé comme au présent – à qui nous devons également beaucoup pour leurs rôles en tant que leaders, visionnaires et innovateurs; citons par exemple les Drs Homewood, Clemmer, Houle, Johnson, Clubine, Bonyun, Haldeman, Sutherland, Vear, Lee ou encore Grice. Personnellement, j'ajouterais à la liste des mentors et des collègues comme Adams, Rosenberg, Leck, Vernon, Laws, Engel, Lamarche, Hardman, Kogon, Shrubbs, Schut et Viggiani. Je suis également très reconnaissant envers tous les anciens présidents de l'OCO et du CAC d'avoir contribué à diriger et à faire de notre corps réglementaire une entité que le pays tout entier considère comme un modèle. Tous ces médecins exceptionnels ont su surmonter les divergences philosophiques et techniques afin de promouvoir ensemble l'unité et la diversité. Un grand merci à ces messieurs qui ont contribué d'une manière ou d'une autre aux bienfaits



Dr. Marshall Deltoff
président
mai 2011 - avril 2012

INCOMING PRESIDENT'S MESSAGE (CONT.)

de la chiropratique pour l'humanité.

Chers collègues, c'est un privilège d'être chiropraticien aujourd'hui, et surtout grâce à tous les médecins qui sont passés avant nous et ont ainsi défini qui nous sommes, ainsi que le travail accompli pour nos communautés partout dans la province. Chacun d'entre nous peut, et devrait, faire son possible pour aider à élargir et préciser cette définition dans l'intérêt des Ontariens. Notre passé nous réserve un avenir fantastique en perspective.

Je pense que notre collègue, le Dr Neil Harris (Président du conseil étudiant du CMCC, 1950-51), l'a mieux dit il y a 60 ans dans son message dans l'album des finissants 1951 du CMCC : « *Qu'est-ce qui pourrait être considéré une meilleure utilisation de votre temps et de vos aptitudes que la profession qui vous a donné le privilège de rendre service à autrui? La joie et la satisfaction sont toujours palpables pour le médecin qui remonte ses manches et met la main à la pâte au nom de quelque chose de bien plus grand que lui-même.* »



Marshall Deltoff, DC, FCCR(C)

CCO MISSION

The College of Chiropractors of Ontario is the self-governing body of the chiropractic profession committed to improving the health and well-being of Ontarians by informing the public and assuring them of competent and ethical chiropractic care.

The College examines, registers and regulates the chiropractic profession, and partners with other health professions, their licensing bodies, organizations and government.

Approved by Council:
February 8, 2005

CCO GOVERNMENT RELATIONS INITIATIVES

Dr. Marshall Deltoff, President

CCO has a unique role in government relations in that any and all activities must relate directly to CCO's mandate to regulate chiropractic in the public interest – and as distinguishable from advocacy efforts which are undertaken by other chiropractic organizations. CCO, as the regulator, is primarily responsible for developing regulations and working with government to ensure regulations provide public interest protection and are consistent with existing legislation.

After careful consideration, CCO determined there were public interest issues involved specifically with respect to patients having access to chiropractic care wherever health care is delivered and in members of the profession being able to more efficiently and effectively care for patients in a manner consistent with their existing broad scope of practice by having access to 21st century diagnostics. CCO has been working with government, and where appropriate, with other chiropractic organizations to advance these public interest objectives.

We will be pleased to report further as our efforts proceed. I am grateful for the guidance offered by the government relations team at Fasken, Martineau LLP. In particular, Mr. Gilbert Sharpe and Ms Cathi Mietkiewicz have been invaluable resources in providing assistance to CCO and in ensuring we stay focused on our role and mandate. I am also grateful to the number of CCO representatives, staff, elected and public members who have attended numerous meetings with government and other stakeholders to identify and express CCO's perspective. In all its interactions, CCO continues to be mindful of this government's focus on patient-centered, quality health care for Ontarians.

Registrar's Report

INSURANCE FRAUD: WHAT ARE YOUR FIRST THOUGHTS?

CCO's Role

CCO, like other regulators, has a role to play with respect to insurance fraud and, in particular, has a role in ensuring CCO's statutory mandate to protect the public interest is met. CCO does this through the registration of competent, ethical chiropractors, the development of standards of practice to which members of the profession must conform, and the administration of a complaints and discipline process designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the *Regulated Health Professions Act, 1991 (RHPA)*.

Registration

Has CCO received applications for registration from individuals who have been disciplined in other jurisdictions for insurance-related impropriety? The answer is YES. CCO has also received applications for registration from a host of individuals who for any number of reasons are not the "standard" applicant. In cases in which an applicant has been found guilty in another jurisdiction for any type of disciplinary offence or criminal matter, the application is referred to the Registration Committee, which has the discretion to determine whether the applicant should be registered, and if so, under what terms and conditions, which *may* include a requirement that the applicant practise with a CCO member in good standing and not be responsible for any billing for a specified period of time.

Quality Assurance

What about CCO's quality assurance program? As many of you know, CCO has excellent peer assessors whose job it is to assess members' practices to ensure compliance with CCO's regulations, standards of practice and policies. CCO has a standard of practice dealing specifically with third party independent chiropractic evaluations (S-O18). There are also comprehensive guidelines relating to billing, namely G-007: Unit Billing (prohibiting members from charging any payor fees in excess of his/her usual normal fee billed to a private patient for similar services) and G-008: Business Practices (requiring fees to be clinically necessary, fair and reasonable, and fully disclosed). The peer assessment checklist, relied upon by peer assessors, includes a comprehensive section on business practices.

In addition, members are required, as part of the quality assurance program, to participate in continuing education, which must be reflected in the member's professional portfolio.

Complaints and Discipline

Does CCO receive complaints from insurance companies about insurance-related impropriety? The answer is YES. The source of complaints to CCO and the matters complained about are reflected in CCO's annual reports. A significant and increasing number are from insurance companies about insurance-related impropriety.

Complaints from insurance companies, like complaints from any other source, are treated in the same manner. There is a full and fair investigation, the member has an opportunity to respond to any allegations of wrongdoing, and the Inquiries, Complaints and Reports Committee (ICRC) decides what further action, if any, should be taken with respect to the complaint. In exercising its discretion, the ICRC takes into account CCO's existing legislative provisions.

Ontario Regulation 952/93 (Professional Misconduct) provides in part that it is an act of professional misconduct to contravene a standard of practice, to practise while in a conflict of interest, to submit an account that is false or misleading, to fail to disclose a fee to a patient, to charge a block fee (subject to limited exceptions), to fail to itemize an account, to contravene any relevant law (including insurance-related laws), and to engage in disgraceful, dishonourable or unprofessional conduct.

Has CCO disciplined members for insurance-related issues? YES! As a result of changes to the *RHPA* in 2009, all discipline decisions are posted on CCO's website and are available to the public. In 2011, there were seven discipline decisions relating to insurance-related matters. Penalties have generally included a reprimand, suspension, requirement to successfully complete CCO's legislation and ethics examination, requirement to be peer assessed, and an undertaking to review and comply with all relevant standards of practice, policies and guidelines.



Ms Jo-Ann Willson
Registrar and
General Counsel

Aside from the obvious financial implications, members who have gone through the discipline process generally find a reprimand by one of their peers on the Discipline Committee and the publication of the discipline decision on the website and in the annual report to be the most difficult aspects of the process.

Final Thoughts

Insurance fraud results in higher premiums for the public and an increased likelihood of a reduction in insurance coverage for chiropractic services. In the broader context, members should also be aware that appropriately addressing insurance fraud is an important initiative of this government. There is a Task Force and various working groups comprised of different stakeholders devoted to dealing with the complex issues involving insurance

fraud. One of the challenges faced by regulators is that there are a number of clinics owned by individuals who are not members of a regulated health profession, and are therefore not subject to the rules relevant and appropriate to health care providers. Also, in some instances, insurance fraud is part of a much broader scheme involving many individuals and organizations who have some role to play in automobile insurance accidents in particular. CCO is aware of the various initiatives and efforts to deal with insurance fraud, and will continue to address the issues brought to its attention in a manner consistent with CCO's role, mandate and jurisdiction.

CCO'S STRATEGIC OBJECTIVES

1. Improve communication of the role, mandate and mechanism of CCO to key internal and external stakeholders.
2. Strive for unity in the public interest, while respecting the diversity within the profession.
3. Optimize chiropractic services in the public interest.
4. Continue to regulate in a fiscally responsible manner: Statutory mandate met and priorities set and appropriately resourced (human and financial).

Developed at the strategic planning session: October 2010

Welcome New Council Members



Dr. Clifford Hardick
District 6, Western

"I have been practising in Ontario for over forty years, and obviously, in that time, have seen a lot of changes in our profession. I think many doctors in Ontario are not sure of the workings of the CCO and have a lot of misunderstandings or misconceptions about its function. I have always been a strong advocate for our profession, and this is a much different role for me compared to my past. I ran for the CCO because I thought I owed something back to this profession,

a profession that has served the people of Ontario so well. I felt duty bound to protect the model of chiropractic that has been so good to me and all of our patients. I respect the membership that has given me this opportunity, and I will serve them and the people of Ontario to the best of my ability."



Ms. Cristina De Caprio
Maple, Ontario

Cristina is a lawyer with experience in the area of professional regulation and was formerly the Deputy Registrar of the College of Denturists of Ontario. She has practised in the areas of family law and wills and estates, and also spent a portion of her career in the area of charities and not-for-profit law, including six years as Gift Planning Executive for the Juvenile Diabetes Research Foundation.

In 2003, Cristina attained her certification as a Certified Fund Raising Executive.

"I am enjoying my service as a public member with College of Chiropractors of Ontario, with an appreciation for tremendous dedication and professionalism of the members, staff and fellow Council members."

Upcoming CCO Elections

2012 Elections in Districts 1, 4 and 5

Early in 2012, watch for information about the upcoming elections in Districts 4 (Central), 5 (Central West) and 1 (Northern). Members eligible to vote will initially receive the notice, followed by the voting ballots in March.



SUPPORT SELF-REGULATION. GET INVOLVED. BE HEARD.

Each year, many chiropractors take time out of their business lives to help CCO deliver on its mandate of responsible self-regulation. Whether serving on Council, sitting on committees and volunteering as peer and practice assessors or teaching courses or participating in policy development, each chiropractor's professional contribution ensures that standards are being met and the College is acting foremost in the public interest.

An Opportunity to Enrich your Professional Life

There are many opportunities for chiropractors to participate in self-regulation.

If you are committed to protecting and serving the public interest, and want to help influence the shape of your profession, consider running for election in your district. There are diverse opportunities with differing levels of commitment but, most importantly, by stepping forward, you are making a contribution to both the public interest and the chiropractic profession. Help to ensure the privilege of self-regulation for chiropractors.

INFORMATION ABOUT COUNCIL

COUNCIL MEMBER TERMS ~ As at December 1, 2011

Name	District	Date First Elected/ Appointed	Date Re-elected/ Reappointed	Date of Expiry of Election/ Appointment of Current Term
Elected Members				
Dr. Peter Amlinger	5 (Central West)	April 2005	April 2008 April 2011	April 2014
Dr. Robbie Berman	3 (Central East)	April 2004	April 2007 April 2010	April 2013
Dr. Marshall Deltoff	4 (Central)	April 2003	April 2006 April 2009	April 2012
Dr. Brian Gleberzon	4 (Central)	April 2007	April 2010	April 2013
Dr. Cliff Hardick	6 (Western)	May 2011	N/A	May 2014
Dr. James Laws	4 (Central)	April 2005	April 2008 April 2011	April 2014
Dr. Dennis Mizel	5 (Central West)	April 2006	April 2009	April 2012
Dr. Gauri Shankar	2 (Eastern)	April 2010	N/A	April 2013
Dr. Bryan Wolfe	1 (Northern)	December 2008 (by-election)	April 2009	April 2012
Appointed Members				
Mr. Shakil Akhter	Toronto	May 7, 2008	May 7, 2011	May 6, 2014
Ms Cristina De Caprio	Maple	May 4, 2011	N/A	May 4, 2014
Mr. Robert MacKay	Thunder Bay	April 2, 2006	April 2, 2009	April 1, 2012
Mme. Lise Marin	Timmins	April 1, 2006	April 1, 2009	March 31, 2012
Ms Judith McCutcheon	Unionville	August 12, 2009	N/A	August 12, 2012
Ms Ellie Moaveni	Richmond Hill	January 1, 2006	December 2008	December 31, 2011
Mr. Martin Ward	Orillia	January 1, 2005	January 1, 2008 December 31, 2010	December 31, 2013

Make Sure Your Ballot Counts!



Yes, your ballot does count in CCO elections and what really matters is that it not be spoiled.

Historically, CCO members have spoiled their ballots by checking off more than one candidate or not completing the outside left portion of the envelope. However, there are other “real life” examples of members’ spoiled ballots:

Spoiled Ballot	Suggested Solution
<p>A cross-out through both candidates’ names with the following comment:</p> <p><i>“I object to the lack of standards for the profession and unprofessional conduct of many chiropractors.”</i></p>	<p>Review the standards of practice that CCO has in place and the discipline decisions that relate to breaches of standards. Submit suggested revisions to CCO for review by the relevant committee, and participate in all requests for feedback relating to new or revised standards. Also, provide some specificity so everyone knows what you are talking about.</p>
<p>No signature or identifying information on the outer envelope, and the following comment:</p> <p><i>“Fed up and p.od. Not gonna play this game.”</i></p>	<p>How is this helpful? If you have a concern, let us know. If you choose not to vote, don’t mail in a ballot. It’s impossible to tell what the concern is without any specificity.</p>
<p>No signature on the white envelope that accompanies the ballot with the following comment:</p> <p><i>“I will not put [my registration number] on a public document.”</i></p> <p><i>“I will not put [my signature] on a public document.”</i></p>	<p>CCO needs a signature so that if it is necessary, we can actually compare and ensure that the member is completing the ballot and not someone else such as a member of the office staff.</p> <p>If you are concerned about having your signature on the outer white envelope, put the outer white envelope in another envelope and mail it in by the due date.</p>
<p>Both candidates’ names crossed out on the ballot with the following comment:</p> <p><i>“I don’t favour either candidate. Would have liked other choices.”</i></p>	<p>Any member in good standing can run for CCO Council. If you want other choices, consider running for Council or encourage a candidate to run. CCO relies on members to put their name forward and to participate in the important work of the self-regulation of the profession.</p>

The above examples are rare but real. Make sure your ballot counts!

Meet CCO's Non-Council Committee Members

NON-COUNCIL MEMBER APPOINTMENTS: HOW IT WORKS

[By-law 12: Appointment of Non-Council Members

12.5 In making the appointments, the Council shall take into account location and type of practice, experience, gender, race, ethnic origin, languages spoken, and other qualifications and characteristics of members to complement the attributes of members of the committees who are members of Council.]

Under the *Regulated Health Professions Act, 1991*, the CCO committee structure includes the appointment of chiropractors who are not elected members of Council to various CCO statutory committees, task forces and working groups. Council makes these non-Council appointments at the beginning of each Council year. Eligible chiropractors must be members in good standing.

CCO Council expresses its appreciation to all of the non-Council members who generously give of their time and expertise in upholding CCO's mandate to protect the public interest. Currently, there are six non-Council members who are profiled following.



Dr. Michaela Cadeau
Discipline Committee

Chiropractor since 1982 **Practice:** Almonte

Career highlights: For the past five years, Michaela has volunteered her time on the Lanark County Interval House Board of Directors, including four years as Treasurer. She “loves” to travel (Indonesia, Japan, Africa, Caribbean, U.S. and Canada) and garden in her spare time. Where possible, she escapes to enjoy cottage life on the Ottawa River.

“I have most enjoyed experiencing the diversity of our profession by meeting and working with both the public and the professional members of our College. It has been interesting to watch the profession grow and mature over the past 29 years.”



Dr. Lisa Cadotte
Patient Relations
Committee

Chiropractor since 1999 **Practice:** Burlington

Career highlights: Over the past 12 years, Lisa has had the opportunity to practice as a locum, as a sole proprietor and in multi-disciplinary clinics in various parts of Ontario and the United States. She has volunteered at the CCEB and for the Sudbury and District Chiropractic Society. For the past five years, Lisa has also been teaching at the Northern Ontario School of Medicine.

“It has been a valuable experience being a non-Council member at the CCO. I have been impressed with the level of dedication and commitment towards improving the health and well-being of the public and with improving the image of the profession.”



Dr. Calvin (Cal) Neely
Patient Relations
Committee

Chiropractor since 1974 **Practice:** London

Career highlights: Away from his practice, Cal enjoys spending time with his family, “especially” his granddaughter, Addison. He “loves” to run, cycle and play basketball “even in [his] ripe old age”. Every winter, he and his wife, Susan, take a cruise in a warm climate.

“What I have learned as a non-Council member on the Patient Relation Committee is that teamwork pays off and it is fun.”

MEET CCO'S NON-COUNCIL COMMITTEE MEMBERS (CON'T)



Dr. Lezlee Detzler
Inquiries, Complaints
and Reports
Committee

Chiropractor since 1984

Practice: Locum practitioner for the past 17 years

Career highlights: Lezlee has been in practice for 27 years, initially as an Associate, then a sole practitioner and now as a Locum. She also volunteered as a chiropractor for Hands Across Borders in Zanzibar, Africa and for ChiroMission in the Dominican Republic. Lezlee's passions are chiropractic, nutrition and wellness. She also enjoys outdoor activities, competing in duathlons, continuing education, the arts and spending time with family.

"Each person that serves on the committee - with their different experiences and points of view - is enriching the committee process, allowing for very efficient and effective dialogue. Determining how to proceed in the face of a complaint is complex. We must maintain a full and fair process through a public interest lens. As an appointed member on ICRC, it continues to be very educational and rewarding to serve our profession in this manner and a privilege to be part of a self-regulated profession."



Dr. Heather Jones
Discipline Committee
and Quality Assurance
Committee

Chiropractor since 1996 **Practice:** Milton

Career highlights: Heather spent the first few years as a chiropractor doing locums in a variety of different countries and practice styles before she started her family-based wellness practice in Milton in 1999. She has been "blessed" to be able to continue travelling and to bring chiropractic to different countries around the world through mission trips and speaking to different communities about chiropractic, health and wellness. Outside of practice, Heather spends time with her two young children, school council, writing about health and wellness, running and playing ultimate Frisbee.

"I would say the most encouraging and interesting thing I have observed and learned while helping to serve as a non-Council member is the depth of hard work and dedication that is going on behind the scenes at CCO by our colleagues, staff - and especially the members of the public - to help and advance each chiropractor in Ontario and our profession as a whole while protecting the public interest. I have enjoyed learning about the different committees that make up the CCO and the different responsibilities that go along with each committee."



Dr. Lawrence McCarthy
Advertising Committee

Chiropractor since 1976 **Practice:** North Etobicoke

Career highlights: Larry has been very involved in chiropractic since his CMCC days when he served on the Student Council. Over the years, he's served on the OCA board of directors and numerous committees, on the CMCC Board of Governors, an examiner for the Canadian Chiropractic Examining Board, a Chiropractic Review Committee (CRC) inspector for five years ("that was eye-opening") and a CCO x-ray peer review inspector. Following in his late father's footsteps as a CMCC graduate, Larry recalls answering the question about what he wanted to be when he grew up with "I want to be a chiropractor....so I can go to meetings." He's certainly lived up to that goal!

Away from chiropractic, Larry plays golf regularly and works on stain glass projects. Lately, he's combined an interest in photography with his self-described "blues fanatic" streak, and does photography and writing for a blues website (www.canadianblues.ca & type "Dawk" in the search engine).

"As a non-Council member, I enjoy watching others working hard on behalf of our profession. Being around those who have such a passion for chiropractic makes me proud to be a chiropractor and I wish others could see the time and commitment that goes into governing our profession. It's inspiring. What I find particularly interesting at the CCO is the great work that is done by the staff. No detail is ever left undone, whether it is arranging a lunch or a meeting with another health profession, or preparing an agenda and meeting materials, and it's all done so professionally and (seemingly) so effortlessly."

Heartfelt Thanks and Appreciation

FORMER NON-COUNCIL COMMITTEE MEMBERS RECOGNIZED



Dr. Stuart Kinsinger

Dr. Kinsinger brought a one-of-a-kind expertise to the Patient Relations Committee. His experience as a professor at CMCC teaching professionalism, ethics and boundary issues was invaluable as we dealt with our mandate to develop programs/guidelines to enhance doctor/patient relations, and prevent and deal with sexual abuse. Stuart was always thoughtful, thorough and his background in dealing first-hand with many of the issues we grappled with was a tremendous resource for the committee.

Thank you, Stuart, for unfailing dedication to the work of the Patient Relations Committee. Your contribution to our mandate could not have been done by anyone else.

Dr. Bryan Wolfe, Chair, Patient Relations Committee, 2009 - March 2011



Dr. Robin Whale

Dr. Whale was a long-serving member of the Patient Relations Committee. Robin's love of our profession was always evident in any committee discussion and he could always be counted on to bring a practitioner-centred perspective to the table. He served with grace, unfailing good humour and was always mindful of the effect our decisions would have on the public and his fellow chiropractors.

Thank you, Robin, for your contribution to the ongoing work of the Patient Relations Committee

Dr. Bryan Wolfe, Chair, Patient Relations Committee, 2009 - March 2011



Dr. Keith Thomson

CCO's Quality Assurance (QA) Committee thanks Dr. Keith Thomson for his outstanding service as a non-Council member of the QA Committee for the last four years.

Dr. Thomson was President of CCO for two years and a member of Council or a committee of Council for 17 years. He has also served on the CFCREAB and was instrumental in establishing the Core Competencies for the practice of chiropractic in Ontario.

Dr. Thomson is an influential leader of the chiropractic profession in Canada and internationally, and the QA Committee benefited from his knowledge of developments in the regulation of chiropractic in Canada and internationally. He has always been patient-centred in his concern for patients and governing the profession in the public interest, as well as with the success and welfare of individual chiropractors and the reputation of the profession. Dr. Thomson has been a force for positive change on the QA Committee and at CCO.

Dr. James Laws, Chair, QA Committee, 2009 - March 2011

Interested in being a non-Council Committee member?

If you would like to be considered for a future appointment as a non-Council member, please submit a letter of interest to the Registrar, including a brief résumé and other pertinent information. Appointments are usually made at the first duly constituted committee meeting after the general elections (usually in early April).

Council Meeting Highlights

CCO Council meetings are open to the public, although Council occasionally goes in camera to discuss matters relating to finances or legal advice. Council's practice is to start the agenda with in camera items to minimize any inconvenience to guests.

At all meetings, Council reviews information from the MOHLTC, other chiropractic organizations, other health regulatory colleges and FHRCO. Council also monitors legislative changes to ensure it is informed about recent developments that relate to CCO's mandate to regulate chiropractic in the public interest.

All Council meetings involve a report from every committee as well as the Treasurer, and consideration of the recommendations of each committee. Meeting items that appear not to be contested are included on a consent agenda as a mechanism for ensuring time efficiency. Any Council member wishing discussion of a consent agenda item may move the item to the main agenda. CCO has regular attendees at its Council meetings, such as representatives from the OCA, CCA, the MOHLTC and HPRAC. Attendees receive public information packages.

The public portion highlights of three meetings held since the last newsletter follow: June 24, September 22 and December 1, 2011.

CCO Council meeting dates are posted on the website www.cco.on.ca (under Tab 1).

JUNE 24, 2011

Council approved the following:

- A meeting with OCA and CCO leadership to discuss ongoing collaborative initiatives.
- Review of committee feedback on the October 2010 CCO strategic planning report prepared by Fasken Martineau.
- Plans for a new workshop for members to be offered in the spring of 2012.
- Letter of appreciation from CMCC President, Dr. Jean Moss, to CCO for its gift to CMCC.
- Letter of congratulations to Ms Jo-Ann Willson on her election as President of FHRCO.

SEPTEMBER 22, 2011

Council approved the following:

- A new workshop for members, commencing in May 2012.
- Minor amendments to Standard of Practice S-014: Prohibition Against a Sexual Relationship with a Patient.
- Minor amendments to Standard of Practice S-005: Spinal Adjustment/Manipulation.
- Minor amendments to Standard of Practice S-002: Record Keeping.
- Minor amendments to Guideline G-016: Advertising.
- Minor amendments to Policy P-016: Public Display Protocol.

Council noted/reviewed the following:

- Plans for defining CCO's needs in its new building are moving forward.
- The Ontario Fairness Commissioner's review of CCO's registration practices was generally positive. The OFC's mandate is to reduce the barriers to entry to practice for foreign-trained health professionals for all health regulatory colleges.

DECEMBER 1, 2011

Council approved the following:

- Minor amendments to Standard of Practice S-005: Spinal Adjustment/Manipulation
- Minor amendments to Policy P-016: Public Display Protocol
- Standard of Practice S-020: Co-operation and Communication with CCO
- Policy P-053: Returning to the General Class of Certificate of Registration

QA Committee: Update On Peer And Practice Assessment



Dr. Peter Amlinger
Chair, QA Committee

The Quality Assurance Committee has been coordinating the Peer and Practice Assessment program since its inception in 2001. This program continues to receive very positive feedback from members who have been assessed and most found it to be a valuable learning experience, gained good insights into improving their record keeping practices and enhanced their understanding of the regulations and standards of practice.

It has been mandated that all members holding a General Class of Certificate of Registration with CCO must be peer assessed. To date, over 2,000 members have been assessed. As we move into the autumn season, another group of members has been selected to undergo this valuable learning experience. If you have received notification that you are to be assessed, please take action on the instructions immediately.

CCO has a well-trained group of peer and practice assessors who are members of the profession - just like

you - and who have dedicated many hours of their time to ensure that this program is a success. These dedicated members have committed to ongoing training and have been integral in the ongoing evolution and development of this program. In the near future, these assessors will be getting their assignments and heading out into the field. We assure you that the intention of this program is to be educative and not punitive. Take the opportunity to listen, be open to the feedback provided and, most importantly, take action on what you learn.

Don't wait for a call - volunteer now!

If you have not yet been selected to be peer assessed and wish to undergo an assessment sooner rather than later, you may volunteer to be assessed. Please contact Dr. J. Bruce Walton, Director of Professional Practice, if you wish to volunteer to be peer assessed or if you have any questions about this program. Dr. Walton can be reached at the CCO by telephone (416-922-6355, ext. 106) or by email (bwalton@cco.on.ca).

Peer Assessed Members Say it Best!

“Thank you for the very educational day.”

“Everyone should have [a peer assessment] early in their career to help set...good clinical habits.”

“I am doing a good job...it was good to verify that.”

“Wasn't anxious before; still not.”

“A valuable learning experience”

“A very informative process”

Continuing Education... The Clock Is Ticking



Introduction

As mandated by government legislation, the Quality Assurance Committee launched two new quality assurance initiatives in 2009 - continuing education (CE) and self assessment - that will promote continuing competence among members. The QA Committee created these initiatives, which go into effect in January 2010, in response to the legislative amendments to the *Regulated Health Professions Act*.

Every health regulatory college in Ontario must have minimum requirements of a quality assurance program, such as continuing education, self assessment, peer and practice assessment, and a monitoring mechanism. CCO is, therefore, required by government legislation to specify the requirements of and monitor mandatory continuing education. The outcome will be continuing competence among members, which will lead to improving the quality of chiropractic care provided to the public.

Continuing Education and Professional Development

CCO members are already required to participate in CE and professional development activities, and to document these activities in their professional portfolios. Members will now be required to participate in 40 hours of CE activities over a two-year period, document these activities in their professional portfolios, and report on these activities as part of their registration renewals.

Two documents that will assist members with the task of recording 40 hours of CE are the expanded professional portfolio and an accompanying information handbook.

REMINDER: CCO does not co-sponsor, endorse or approve any particular programs that may qualify as CE activities for CCO members. In addition, all CCO members must comply with the CE requirements.

Professional Portfolio

The professional portfolio consists of the following components:

- The actual portfolio where members document their continuing education activities
- *The Continuing Education and Professional Development Log*
- The Self Assessment *Plan of Action Summary Sheet*.

Every CCO member holding a General (i.e., active) Class of Certificate of Registration is required to maintain a professional portfolio, which will be made available to the QA Committee upon request or to the peer assessor during a peer and practice assessment.

Members will be required to complete the *Continuing Education and Professional Development Log* as part of their registration renewal. In this document, members must demonstrate that they have completed their 40 hours of CE over a two-year cycle.

Please refer to the *Professional Portfolio Handbook* for assistance in completing the CE requirements. The *Handbook* is available in pdf format on the CCO website (click on "Quality Assurance" in the drop-down menu in the Members of CCO section).

Self Assessment

The self assessment is for members' personal use. It has been designed to help members reflect on their current professional proficiency, identify areas for improvement and develop a learning plan that will address those areas that need improvement. Members will be required to complete the self assessment once every two years.

Once members have completed the self assessment and have identified areas that need improvement, members should transfer the information to the *Plan of Action Summary Sheet*, which then becomes part of the member's professional portfolio. Members should use



Dr. J. Bruce Walton
Director of Professional
Practice

CONTINUING EDUCATION... THE CLOCK IS TICKING (CON'T)

the information from the summary sheet to develop a learning plan that will guide their CE and professional development.

Please refer to the Self Assessment Handbook for assistance in completing the self assessment.

Reporting

The CE cycle is as follows:

1st cycle: July 1, 2010 - June 30, 2012

2nd cycle: July 1, 2012 - June 30, 2014

3rd cycle: July 1, 2014 - June 30, 2016

The first cycle is two-and-a-half years to help members become accustomed to this process. Each subsequent cycle will be two years.

Members will be required to complete their self assessment and CE requirements (i.e., 40 hours) once in each of the above cycles.

Following completion of each cycle, members will be required to complete the *Continuing Education and Professional Development Log* as part of their registration renewal. The first *Log*, which will reflect CE activities between 2010 and 2012, will be due on January 1, 2013 with the registration renewal.

Conclusion and “Gentle Reminder”

The QA Committee strongly encourages members to review each document thoroughly in preparation for logging their mandatory continuing education hours. Members are reminded that we are nearing the end of 2011, which means that time may be running out to complete your CE requirements. All members should have completed their self assessment by now, which will be giving them good direction on how they should be directing their continuing education efforts.

CCO also reminds members that all CCO Council meetings are open to the public and all stakeholders, including members. Attendance at Council meetings may be used towards your CE hours. Additionally, CCO holds record keeping workshops twice yearly and “refresher” attendance at these workshops can also be used toward your CE hours. A complete listing of Council meetings and workshops, and relevant documents can be found on the CCO’s website at www.cco.on.ca.

Be Prepared For An Emergency - And Earn CE Hours

No one likes to think of workplace-related or emergency situations but there are many good reasons for having at least one individual on staff who is trained in first aid and CPR. Is there such an individual your office? Does someone have the knowledge and skills to identify life-threatening emergencies, help sustain life and minimize the consequences of injury or sudden illness?

CCO members are encouraged to be up-to-date on standard first aid, CPR and related procedures. Many organizations such as the Red Cross, St. John Ambulance and the Workplace Safety and Insurance Board of Ontario (WSIB) offer many types of training programs and workshops in emergency medical response, workplace first aid/CPR/AED (Automated External Defibrillator) and standard first aid/CPR.

Many training programs are offered with flexible scheduling options. If you want to offer training to your employees in one or several clinic locations, training options can

be streamlined through a single point of contact. And remember that if you are also planning to attend the training session, keep track of the appropriate CE hours!

For more information about first aid and other related training programs, following are three organizations that offer a variety of programs in many Ontario locations:

Canadian Red Cross

www.redcross.ca 1-877-356-3226

St. John Ambulance Canada

www.sja.ca

WSIB

www.firstaid4u.ca 1-866-966-4566

“To be prepared against surprise is to be trained.

To be prepared for surprise is to be educated.”

James Carse, Scholar

CCO's Quality Assurance Presentation To HPRAC



On July 15, 2011, Ms Jo-Ann Willson, CCO Registrar and General Counsel, Mr. Joel Friedman, Director, Research & Policy, and Dr. J. Bruce Walton, Director of Professional Practice, made a presentation to HPRAC on the CCO's quality assurance program. The presentation was well received and stimulated a wide-ranging discussion about what constitutes a good quality assurance program in a health regulatory college.

The objectives of the presentation were to:

- Outline the legislative framework for the quality assurance programs of the health regulatory colleges under the *Regulated Health Professions Act, 1991*.
- Provide specific examples from CCO's quality assurance program, including some of the challenges and opportunities.
- Advance one of CCO's Strategic Objectives: "To improve communication of the role, mandate and mechanism of CCO to key internal and external stakeholders".
- Emphasize CCO's commitment to working with HPRAC to provide appropriate feedback and regulatory expertise as HPRAC proceeds with its public interest mandate

Among the topics covered were:

- An overview of the process of developing or revising a standard of practice
- A review of CCO's new Professional Portfolio and CE program
- Connection and communication:
 - With members
 - With the public
- Myth-busting to buy-in:
 - Self-regulation is a privilege
- Proactive not punitive:
 - It's more than just "you have to"
- What makes a successful QA program?
 - Engages the membership in compliance
 - Fulfills its mandate
 - Protects the public interest.

HPRAC

Council Members

Thomas Corcoran, Chair

Martha Powell

Rex Roman, PhD

Peggy Taillon

Said Tosuli

Minister's Referrals to HPRAC

Information concerning the Honourable Minister Deb Matthews' referrals to HPRAC, including the referral on the mandatory revocation provisions of the *RHPA* as they relate to treatment of spouses, is available on HPRAC's website: www.hprac.org.

New CCO Workshop in 2012: An Opportunity to Connect



Dr. J. Bruce Walton
Director of Professional
Practice

CCO Council is planning to hold a series of workshops around the province, which is intended to provide members with an opportunity to connect... with members of Council, colleagues and some CCO staff.

The goal of the workshops is to provide members with the following opportunities:

- To connect with colleagues, members of CCO Council and staff
- To gain clarification on regulations and standards of practice
- To get the latest information on issues related to the regulation of chiropractic in Ontario and health regulation in general
- To ask questions on topics related to regulation and the CCO
- To provide CCO with feedback
- To gain valuable continuing education (CE) hours.

A variety of topics will be covered in the workshop, ranging from issues related to government relations, complaints and discipline, patient relations and advertising to registration and quality assurance. Changes to mandatory continuing education and self, peer and practice assessment will also be highlighted.

There will be plenty of time to ask questions and get clarification on many topics that are important to the regulation of your practice in Ontario.

Please check the CCO website (www.cco.on.ca) for up-to-date information about workshop dates, locations and times.



The new CCO workshops will build on the success of the Record Keeping workshops.

The Importance of Consent



Please review Standard of Practice S-013: Consent, Standard of Practice S-012: Orthotics and Standard of Practice S-017: Acupuncture for a more thorough explanation of consent. If there is any inconsistency between this article and CCO standards of practice, the standards of practice govern.

One of the most essential components of the doctor/patient relationship is the process of obtaining consent for examination and treatment. The law of consent in Ontario is governed by the *Health Care Consent Act, 1996*, CCO standards of practice and various decisions of courts of law and discipline panels.

The purpose of the rules governing consent is to promote communication between health care practitioners and their patients and to ensure that patients have a thorough understanding of examinations, treatments, risks and side effects, alternatives to treatment and all essential components of the doctor/patient relationship.

Although the rules governing consent are readily understood and abided by, often questions arise as part of the Quality Assurance process.

Elements of Consent

Every member of CCO is required to ensure that patient consent to any examination or treatment or to a course of treatment is:

- Fully informed;
- Voluntarily given;
- Given to the patient's condition and circumstances;
- Not obtained through fraud or misrepresentation; and
- Evidenced in a written form signed by the patient or otherwise documented in the patient record.

Consent must be obtained and documented for examination and treatment

Patient consent must be obtained prior to examination and treatment. This consent must be evidenced in written form or otherwise documented in the patient record. In any proceeding before CCO, documentation in the patient record provides more compelling evidence that consent took place than if that documentation is absent.

Consent is a process that requires ongoing discussion and dialogue

Although documented consent is a requirement under CCO standards of practice, this is no substitute for having a discussion with the patient regarding all aspects of examination and treatment. This discussion must allow the patient an opportunity to have his/her questions answered in a way that is readily understandable. This discussion must include:

- What is the recommended examination or treatment?
- Why should the patient have the examination or treatment?
- What are the alternatives to the examination or treatment?
- What are the effects, material risks and side effects of the proposed examination or treatment and alternative examinations or treatments?
- What might happen if the patient does not have the examination or treatment?

Documented consent is a requirement for adjunctive therapies and treatments such as acupuncture and prescription of orthotics

Under CCO standards of practice, patient consent is a requirement for adjunctive examinations and treatments, such as acupuncture and prescription of orthotics, which may not be included in the general consent for chiropractic treatment. The process of consent must be specific to the actual examination or treatment and a separate, documented consent will be required.

Documented consent is required in electronic records

Electronic and paperless records are permitted in a chiropractic practice; however, the documentation of consent must be identical to a paper record if a paper record was kept, including the date and time that consent was documented. Any electronic record must be able to be reproduced in a paper copy.

Developing Standards of Practice: A Process Overview



Dr. Peter Amlinger

Every year, each committee of CCO Council must review all standards of practice relevant to the work done by the College. Additionally, from time to time, changes to legislation and/or simply changes in the practice climate dictate that old standards of practice are revised, or sometimes revoked and replaced with new standards of practice. A recent example was the development of Standard of Practice S-001: Scope

of Practice.

The process to develop or change a standard of practice is lengthy and thorough. Changes are not made lightly. Lengthy debate takes place involving all stakeholders before Council members – both appointed public and elected professional members – are asked to vote on the proposals.

Below is an outline of the typical process CCO undertakes when making changes to or developing standards, policies and guidelines.

- An annual review of all standards of practice is typically undertaken by each committee of Council. There may be other reasons to initiate a review, such as direction from the Executive Committee or as a result of a precedent established by a discipline decision.

- Preliminary research is completed by staff members and involves gathering all relevant information which may include: standards from other chiropractic regulatory organizations, standards from other health regulatory organizations and current clinical research data relevant to the topic.
- A new/revised standard of practice is drafted for initial review by the appropriate committee.
- Committee discussion and deliberation is followed by changes or amendments.
- Committee recommendation is made to Council for distribution to stakeholders for feedback.
- Distribution to stakeholders, which includes all members of the profession.
- Collection and collation of all feedback from stakeholders.
- Committee review of all feedback and further amendments, if warranted.
- Committee recommends final draft to Council for approval.
- Council votes on proposed standard of practice... passed or defeated.
- If passed, the new/revised standard of practice will be enforced at the time the minutes are accepted, typically at the next Council meeting.

Extract from Ontario Regulation 852/93 (Professional Misconduct)

The following are acts of professional misconduct for the purposes of the Code:

2. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.

Registration Committee Update: A Full Agenda



We Took a Look - It's Now Open Book

On June 14, 2011, CCO conducted the Legislation & Ethics examination for 168 candidates and the Registration Committee was on hand to observe the entire process. You might ask why...

The Legislation & Ethics examination was recently updated to reflect changes to the *Regulated Health Professions Act (RHPA)*, the new Registration Regulation (Ontario Regulation 137/11) and changes to CCO's relevant standards of practice. Once a potential member (applicant) has passed his/her clinical exams to demonstrate competency, it is equally important to fully understand the rules that apply in Ontario. Health care is provincially legislated and therefore each province has different governing laws. In Ontario, members must comply with the *RHPA*, the *Chiropractic Act*, as well as various other government regulations. CCO is further charged with the duty "to develop, establish and maintain standards of qualification for persons to be issued certificates of registration".

The Legislation & Ethics exam is now an "open book" exam and was designed to test knowledge of the applicable laws. While CCO members should not necessarily be required to memorize every detail of every rule, it is important for examination candidates to know a rule exists, where it exists and then properly apply it to the specific situation. In practice, the "blue book" is there as a reference; a member must be capable of finding the relevant item within it and use it. Every member is required to comply with every rule, yet rules are not stagnant so it is vital that a member be capable of finding the most up-to-date, appropriate rule, whether in the blue book, on CCO's website or at another website. This is a major focus and purpose of this exam.

After observing the exam in action and receiving positive feedback from applicants, the Registration Committee is of the view that the exam is appropriate. I believe the exam is now a more practical and useful experience for

candidates - after all, when you need information in your practice, you must know where to look for it, find it and then apply it. Memorizing rules that may be changed from time to time only serves to give members a false sense of security. Every CCO member's obligations remain to be aware of and keep up-to-date with any changes that occur.

All members are encouraged to visit the CCO's website (www.cco.on.ca) regularly to see what's new and how it affects members. In particular, go to the "What's New" section.

Fair Registration Practices in Ontario

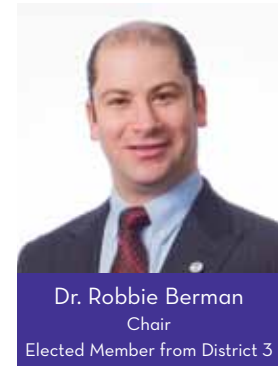
The Ontario government has recently emphasized how it is in the public's best interest in Ontario to have nationally and internationally-trained professionals certified to practise in Ontario without facing undue barriers.

The Registration Committee has been working diligently to ensure all potential registrants undergo a fair, transparent and objective registration process at CCO. The Committee agrees that no matter where a person is trained, in order to practise chiropractic in the province of Ontario, the candidate must successfully pass the CCO's Legislation & Ethics examination to fulfill the CCO's and the *RHPA*'s mandate to serve and protect the public interest.

The times are changing and the Registration Committee is doing its part to ensure the public of Ontario has access to qualified, competent and ethical chiropractic care.

Have Some Class

I am sure you are all aware that every chiropractor who engages in chiropractic practice in the province of Ontario is required to be registered with the College of Chiropractors of Ontario, the regulatory body created by the Ontario government under the *RHPA* to govern the chiropractic profession in Ontario. CCO, along with every other health regulatory body, has obligations



Dr. Robbie Berman
Chair
Elected Member from District 3

REGISTRATION COMMITTEE UPDATE: A FULL AGENDA (CON'T)

under the *RHPA* to carry out the “Duties and Objects” as listed in the *RHPA* including “to develop, establish and maintain standards of qualification for persons to be issued certificates of registration”.

In May 2011, the Ontario government, in collaboration with CCO, approved a new registration regulation (Ontario Regulation 137/11), which can be found at: www.cco.on.ca/site_documents/Reg_Reg.pdf.

Under the new regulation, there are four Classes of Certificates of Registration:

- 1) General
- 2) Temporary
- 3) Inactive
- 4) Retired.

Due to changes in the *RHPA* and the new registration regulation (Ontario Regulation 137/11), CCO’s registration renewal form has been updated accordingly.

Your renewal form shows your CCO registration number and current Class of Registration, and requires that you select a Class of Certificate of Registration. If you are changing from one Class to another, or resigning your certificate, this must also be indicated on the form. Once all questions are answered on the form, the declaration must be signed.

Sending this renewal form in **on time** with the appropriate fees is your responsibility. Please read the form closely, complete it and send it back on time to ensure your ability to practise chiropractic in Ontario.

Which Class of Certificate of Registration is most appropriate for you?

General Class of Certificate of Registration

The vast majority of chiropractors in Ontario want to be registered in the General (active) Class, as they “engage in chiropractic practice in Ontario”. Being registered in the General Class – whether you are a new registrant or renewing each year – carries with it some very important responsibilities including but not limited to:

- Successful completion of a recognized chiropractic program
- Passing both clinical and legislation exams

- Maintaining liability protection.

All of the requirements are set out in the new Registration Regulation (Ontario Regulation 137/11). In order to best serve and protect the public of Ontario (CCO’s mandate), registrants in the General Class must also comply with all CCO quality assurance initiatives such as maintaining a professional portfolio, completing the CCO self assessment, constantly striving for improvement through CE and participating in the peer and practice assessment program when selected. These initiatives are all directives from the Ontario government and must be adhered to by all members of health regulatory colleges.

Temporary Class of Certificate of Registration

This Class is reserved for those chiropractors who have an active license (equivalent to CCO’s General Class) in another jurisdiction but have been given an opportunity to temporarily engage in chiropractic practice in Ontario.

The first requirement in obtaining a Temporary Class of Certificate of Registration is that the chiropractor **MUST** be licensed in another jurisdiction outside of Ontario. This Class of Registration is temporary as its name implies and is valid for twelve weeks or the set expiry date, whichever is earlier. Examples include participating in a faculty exchange program, providing chiropractic while travelling with a team or organization or putting on a seminar, to name a few examples. As with all “active” types of licenses, chiropractors who hold this type of registration must have valid liability protection which covers them while practising in Ontario. For more details, contact the Registration Committee at CCO.

Inactive Class of Certificate of Registration

The Inactive Class of Certificate of Registration is for those members who will **NOT** be engaging in chiropractic practice in Ontario at any time during the registration year and will, in fact, be asked to sign an undertaking stating this fact. If a member will be practising chiropractic in Ontario for any amount of time during the calendar year, he/she must have a General Class of Certificate of Registration.

If a member chooses to move to the Inactive Class, it is recommended that they keep up with the quality assurance requirements of the General Class because upon returning to the General Class, there is a requirement to meet all of the criteria in the General Class and therefore there may be requirements that must be met before being

REGISTRATION COMMITTEE UPDATE: A FULL AGENDA (CON'T)

permitted to return to active practice. This may include taking refresher courses and/or writing relevant exams (these requirements are stated in the Ontario Regulation 137/11 Section (8)) and can be further clarified by contacting CCO's Registration Committee.

Retired Class of Certificate of Registration

Chiropractors who have served the public of Ontario and decide not to continue to practise chiropractic in Ontario may choose to move to the Retired Class of Certificate of Registration. This Class is for members who do not plan to practise chiropractic in Ontario again. Although nothing in life may be absolutely permanent, the Retired Class is meant for full-time retirement from chiropractic while enabling these members to keep in contact with their profession and receive information from CCO.

Should the member wish to move back to the General (active) Class, they will be required to meet the same requirements as all other members in the General Class, including possibly completing a refresher course and/or writing relevant exams.

Self-regulation is a Privilege

Understanding that self-regulation is a privilege, it is up to each member to register in the appropriate Class of

Registration. This helps to promote public confidence in the profession and assures the public of Ontario of competent and ethical chiropractic care. Members are reminded they must comply with *all* legislation, CCO standards of practice, guidelines and policies and, in particular, General Class registrants must maintain liability protection and comply with all QA initiatives.

Moving from Class to Class is something members are permitted to do but ... members are reminded that there may be requirements and fees (which change from time to time) for any member to do so. CCO understands that there are many reasons members may choose to move from one Class of Registration to another and any specific questions can be directed to the Registration Committee at CCO.

The Registration Committee has worked very hard to make sure the updated renewal form is clear, concise and complies with the requirements set out by the Ontario government. As Chair of the Registration Committee, I must say that it is an honour to serve the profession and the public of Ontario along with dedicated individuals who work endlessly and strive for the most transparent and objective process in registering chiropractors in Ontario.

DISPLAYING YOUR CERTIFICATE OF REGISTRATION

Your certificate of registration from CCO demonstrates to the public that you have a certificate to practise chiropractic and are registered with the CCO. Is it in a prominent spot in your office or clinic, particularly where patients can see it? If not, it should be!

The CCO certificate of registration is distinguishable from other certificates you may have received during your chiropractic career, such as the certificate from the OCA for completing a course or workshop or a certificate from CCEB that indicates you successfully completed the examinations to make you eligible for registration with a regulatory body. Members should note that CCEB has now changed its certificate to "Certificate of Competency".

CCO NEEDS YOUR CURRENT CONTACT INFORMATION

Have you recently moved? By law, it is your responsibility to provide CCO with a written notification of any address changes - work and/or home - within 30 days of your move.

Registry Update

Please check the website or contact CCO about any changes in the registration status of a CCO member.

WELCOME NEW MEMBERS

CCO welcomes the following new members (registered between May 2 - December 1, 2011) and wishes them a long and successful career in chiropractic:

Melanie S. Abbott
Aliyyah Alidina
Jessica R. Allison
Mohammadali Amoukarami
Nicholas T. Antony
Nice Jay Arciaga
Daniela Arciero
Manju Asdhir
Chandini K. Bakshi
Bradley A. Baldwin
Mohammad R. Bayegan
Taravat T.B. Behroozfard
Catherine Bélanger Lavoie
Peter J.H. Beliveau
Erika F. Bell
Jonathan A. Birka
Sarah E. Birkett
Benjamin E. Bluestein
Jeffery R. Bolton
Jason F. Bonar
Tracy Bougie
Stefano Bozzo
Jason Bradford
Michael F. Brennan
Elysia Caprara
Lisa Caputo
Marie-Josée Cardinal
Adam J.F. Carney
Michelle M. Carruthers
Andrew Jun-Yin Chan
Jason A. Chapiesski
Jesse P. Chappus
Fadi G. Chayab
Livia Chiarelli
Steve Cho
Don-Eun Chun
Carley J. Cook
Michelle Corriveau
Sabrina G. Crossley
Liang Dai
Maria Davidovic
Paul K. Davison

Davis R. Degarbo
Kymberly A. DeGruchy
Sean G. Delanghe
Mandeep Deol
Laura B. Dobrinsky
David J. Dorion
Spencer Dougley
Ashley E. Duesling
John D. Durdan
Andrea A. Eansor
Brock P.D. Easter
Landika Fajdiga
Sarah A. Farwell
Barbora Fekete
Alanna G. Fenton
Lindsie A. Ferland
Tyler S. Fletcher
James A. Forbes
Sean M. Francis
Lisa C. Furtunato
Nicole Galloro
Robert C. Garofalo
Jared Gerston
Pardeep S. Gill
Debra M. Glaser
Leah M. Glassman
Rachel S. Goddard
Shaila Goldsman
Jeffrey J. Goodyear
Michael C. Grabowski
Andrea P. Guidolin
Martin B. Gurvey
Christopher J. Harvey
Jonathan J. Head
Kathryn L. Henderson
Leah R. Howard
Michael J. Hurley
Crystal A. Jakym
Amandeep S. JaJwan
Jennafer A. Jarosz
Elizabeth K. Juchniewicz
Ismat Kanga

Sina Kazemi
Justyne N. Kersley
Diana A. Kijowska
Varsha Kumar
Rebecca M. Laginski
Jennifer K.Y. Lau
Jessica H.W. Lee
Shannon N. Lee
Philip S. Lemire
Charmody Leppington
Thomas R. Lillie
Tiffany Locke
Matthew F.A. Longo
Benjamin K. MacPherson
Justin F. Malik
Andree-Anne Marchand
Jeffrey A. Markew
Cameron M. Marshall
Derek J. Martyniuk
Elizabeth Maskell
Jennifer Mason
Nadeem Masood
Kevin J. McCrae
Carolyn M. McNeill
Jessica D. Meneses
Dina Meshki
Matthew C. Miller
Sara R. Morrissey
Jason Nanda
Vanessa Nobrega
Jodi L. Parkinson
John E. Peddie
Aaron S. Pereira
Ashley E. Petrina
Wade M. Phillips
M. Jane Pilkey
Elysse M. Pilon
Steven L. Piper
Joseph W. Pratile
Amber L. Purins
Leo O. Quan
Richard Radford

WELCOME NEW MEMBERS (CONT.)

Mary Rasmi-Wakileh
Jason Raymond
Salomeh Redjvani
Allison M. Reid
Mark A. Rocca
Elisabeth R. Rok
Meghann M. Sammy
Naeha Sareen
Tara N. Schell
Romana G. Schmidt
Diane Shaboo
Habib Shams
Mansoor Sharif
Victoria A. Sheriff-Scott
Jayme-Lynn M. Shaughnessy
Yaadwinder K. Shergill
Sajag Sheth
Charanbir K. Singh
Amalraj Sivapathasunthran
Casey D. Smith
Shaleen A. Somji

Natasha C. Speedie
Nicholas D. Staneckyj
Michael A. Szucs
Adam R. Taksa
Nam V. Tran
Anne Trinh
Diane E. Valerio
Trevor Vander Doelen
Brock C. Van Dyke
Philip S. Vanhorne
Sean J. Velenosi
Andrena M. Videchak
Janet L. Walters
Nancy Wan
Lance A. Willaert
Peter R. Wilson
James O. Wimmer
Mahmoud Zaerian
Erica L. Zippel

Extract from Policy P-009: Dr. Harold Beasley Memorial Award

An annual award will be presented to a student at an accredited chiropractic educational institution who intends to practise in Ontario for Proficiency in Ontario Jurisprudence. The winner shall have his/her fees for application and registration in Ontario waived for the first year.



Dr. Elizabeth Rok
CMCC Graduate
Recipient of the
2011 Harold Beasley Award

The Unique Work of the Patient Relations Committee



Judith McCutcheon
Chair

The Patient Relations Committee has initiated a number of projects to strengthen the relationship between chiropractors and their patients. The *Partnership of Care* materials have been enthusiastically received and outline patients' rights and responsibilities. The next step in this project will be the translation of this document into the most commonly spoken languages in Ontario, enabling chiropractors to reach out to groups that might not be

aware of chiropractic care. It is anticipated that the new translations will be available in 2012.

The Committee carefully considered the responses to the proposed amendments to Standard of Practice S-014: Prohibition Against the Sexual Abuse of a Patient. While individual members may disagree with aspects of the legislation, it is the responsibility of regulated health professions to comply with the terms of the *RHPA*. Details of the new standard of practice appear in the following article.

In addition, the Committee has begun work on a public education piece to outline for the public an overview of chiropractic care, including information about who is a chiropractor, what to expect when you visit a chiropractor and how the public is protected. A number of other regulated health professions have used this type of public relations material to educate the public. This document is in the preliminary stages of development, and work on it will continue in 2012.



PARTNERSHIP of CARE

PATIENT'S CHARTER OF RIGHTS
AND RESPONSIBILITIES



You and your
chiropractor have an
equal and vital role in
the pursuit of your
optimum health and
well-being.

Visit cco.on.ca
for more information
on the Partnership
of Care, and Patient's
Charter of Rights
and Responsibilities.

02/11

CCO Council Passes Amendments to Prevention of Sexual Abuse Standard

Note to readers: In the event of any inconsistency between this article and the legislation or CCO standards of practice, the legislation and standards of practice govern.

On September 22, 2011, CCO Council passed amendments to Standard of Practice S-O14: Prohibition Against a Sexual Relationship with a Patient. The amendments were circulated to the membership and stakeholders for feedback in June 2011 and recommended by the Patient Relations Committee.

The main objectives of these amendments were to emphasize and clarify the sexual abuse provisions of the *Regulated Health Professions Act, 1991 (RHPA)* and to bring the standard up to date with a recent decision by the Ontario Court of Appeal and CCO's Discipline Committee. As well, the amended standard contains legislative excerpts of what constitutes sexual abuse of a patient, what types of sexual abuse trigger an automatic revocation of a license and how a revoked member may re-apply for a license after being revoked.

The primary emphasis of the amendments was to clarify that it is strictly against the law to have a concurrent sexual and doctor/patient relationship, no matter which relationship was established first. This prohibition includes providing patient care to a spouse, partner or anyone with whom the member is engaging in a sexual relationship.

Although the *RHPA* does not specify what defines someone as a patient, recent rulings of the Ontario Court of Appeal and CCO's Discipline Committee have identified several factors that would indicate the existence of a doctor/patient relationship. These factors are identified in the amendments to the standard.

The amendments contain a section explaining an

exceptional circumstance of incidental or emergency treatment identified by the Ontario Court of Appeal. There may be incidences of a chiropractor providing emergency or incidental care to a spouse where a finding may be made that the person being treated was not a patient. CCO's strongly cautions members regarding this section, as a panel of the Inquiries, Complaints and Reports Committee or Discipline Committee will examine all relevant factors in determining whether a doctor/patient relationship exists and if the sexual abuse provisions of the *RHPA* apply. In the case that a member does provide incidental or emergency treatment, the amendment standard provides guidance as to how to refer the person being treated to another chiropractor for further care.

The feedback for these amendments was overwhelmingly positive. Although members and stakeholders may not agree with all of the ramifications of the sexual abuse provisions of the *RHPA*, they do support CCO's effort to establish consistency among the legislation, court rulings and CCO standards of practice.

The Minister of Health and Long-Term Care has recently referred the issue of mandatory revocation for sexual abuse for treatment of spouses to the Health Professions Regulatory Advisory Council for review. CCO, along with all health regulatory colleges in Ontario, will be actively monitoring these consultations and providing information and recommendations consistent with its mandate of regulating the chiropractic profession in the public interest.

Please visit www.cco.on.ca for the most up-to-date version of all standards of practice

The Effects of Technology on Advertising



Dr. Gauri Shankar
Chair

What you say in advertising is more important than how you say it.

David Ogilvy, Advertising Executive

Today's communications deliver "24/7" accessibility, instant connections and many options. For our profession, the rapid advancements of the Internet, more complex websites, ever-increasing types of Internet discount programs and various social media all present a vast array of choices for chiropractors who

want to promote their practices.

CCO's Advertising Committee is charged with reviewing Standard of Practice S-016: Advertising and other relevant CCO standards and guidelines to determine what changes, if any, may be required to provide guidance for members with respect to the use of evolving technologies such as websites. The Committee has been proactively moving forward and expects it will take more time to conduct research and consider what is best for guiding members and ensuring protection of the public interest.

One area that the Committee is considering is whether "websites" should be part of the advertising standard of

practice. Rest assured this is not an easy decision for the Committee and its due diligence includes obtaining and considering legal advice. The Committee is also working with other regulatory colleges to see what they are doing in this area, and broad discussion is taking place to determine the right direction to pursue.

In the interim, the Committee reminds members that they must adhere to the CCO's advertising and other relevant standards of practice and guidelines. Members who promote their practices are also reminded that any type of promotion or advertising - regardless of format and delivery - should always follow basic rules such as:

- Nothing false and or misleading
- No inflated charges or exaggeration on savings
- No hidden costs
- All services being charged or discounted are part of the normal course of services rendered
- No "bait and switch" tactics.

Check the CCO website (www.cco.on.ca) for more information as it is available. And stay tuned!

Advertising Committee: A Reminder About Policy P-016: Public Display Protocol

Under **Policy P-016: Public Display Protocol**, a member who plans to participate in a health fair or trade show is

required to notify CCO **in writing in advance of the fair or show**. Visit the CCO website to read the entire policy.

Title Protection & Health Profession Regulation in Ontario

Ontario has a unique regulatory model governing regulated health professions. Other regulatory models provide a monopoly for the practice of a health profession. For example, in Alberta, the *Physical Therapy Professions Act* provides for an exclusive scope of practice, authorizing only physical therapists, registered practitioners and physical therapy corporations to practise physical therapy. In contrast, the Ontario regulatory model leaves as much health care activity as possible to the public domain in order to maximize consumer freedom of choice in health care providers. Only the performance of acts that are inherently dangerous (“controlled acts”) and the use of specific prescribed titles is restricted.

Title Protection

Under the Ontario regulatory model, every regulated health profession has a profession-specific act. The profession-specific acts provide title protection for members of the regulated health professions. For example, under the *Chiropractic Act*, the use of the title “chiropractor” or a variation or abbreviation of that word is restricted to members of the College of Chiropractors of Ontario. Each profession-specific act also prohibits persons who are not members of the profession from holding themselves out as persons who are qualified to practise as members of the profession.

Use of Practice Words

A number of CCO members have received letters from the College of Physiotherapists of Ontario (CPO) cautioning them not to use the words “physical therapy” when describing treatments provided at their clinics, both because the CPO asserts the use of the words could indicate the chiropractors were holding themselves out as physiotherapists, and because an organization called the Canadian Alliance of Physiotherapy Regulators has registered official marks (similar to trademarks) for,

among other words, physical therapy and physiotherapy.

The CCO has expressed its concern to the CPO about the correspondence, in light of the Ontario government’s consistent and clear direction that the purpose of the *Regulated Health Professions Act (RHPA)* and other health legislation in Ontario is to maximize consumer freedom of choice of health care providers and to promote inter-professional collaboration, not to create practice monopolies. In addition, many regulated health professionals, including chiropractors, receive training in and provide physical therapy to patients. Lastly, the CCO has noted that the Canadian Alliance of Physiotherapy Regulators does not appear to be a public authority, one of the criteria required for obtaining an official mark, and its obtaining of official marks may be open to challenge if it seeks to enforce the official marks. To be clear, CCO members cannot call themselves a physiotherapist nor can they hold themselves out as practising physiotherapy unless they are also registered with the CPO (there are a number of dual registrants).

The CCO will continue to engage in a consultative process with the CPO to resolve this issue on a principled policy basis. In the interim, consistent with its public policy mandate and governing mandate, the CCO will process complaints received about its members. As well, members should be aware that the *RHPA* provides a number of methods to enforce title protection, in addition to the complaints process, including prosecution in provincial offences court for a breach of the *RHPA* or profession-specific act, or obtaining an order from a judge of the Superior Court of Justice directing a person to comply with the *RHPA* or a profession-specific act.



Karen Jones
B.A., R.N., J.D., Paliare, Roland

A Handy Reference

Credentiailling: Appropriate Titles For Members to Use

Members are reminded that there are restrictions on the use of certain titles in Ontario. Following is an overview of appropriate titles and restricted titles.

Protected titles for members of CCO

- Chiropractor
- Doctor of chiropractic

Chiropractors may use the doctor title and it must be clear that the member is representing him/herself as a chiropractor.

Restricted use of the term “specialty” or variation

- FCCS(C) - Fellow of the College of Chiropractic Sciences (Canada)
- FCCR(C) - Fellow of the Chiropractic College of Radiologists (Canada)
- FCCSS(C) - Fellow of the Chiropractic College of Sports Sciences (Canada)
- FCCO (C) - Fellow of the College of Chiropractic Orthopedists (Canada)
- FCCRS(C) - Fellow of the College of Chiropractic Rehabilitation Sciences (Canada)

Titles that chiropractors are NOT permitted to use

- Physician
- Osteopath
- Acupuncturist
- Physiotherapist
- Physical therapist
- Massage therapist

Members should note that these restrictions only apply to titles and not terms.

Accessibility for Ontarians with Disabilities Act

What the Act Means to CCO Members

The *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* provides a framework for individuals and organizations who provide goods, services or facilities or employ people in Ontario to establish accessibility standards. These standards must remove barriers to goods and services for Ontarians with disabilities. The definition of disability is taken from the Ontario Human Rights Code and includes any physical, mental, developmental and learning disability.

The Accessibility Standard for Customer Services under the AODA applies to all organizations with one or more employees and requires these organizations to develop and implement a plan that outlines how services to people with disabilities will be provided. Chiropractors who employ individuals as part of their practice must be in compliance with these standards. Compliance may be achieved by identifying current and potential barriers for people with disabilities and identifying methods to remove these barriers.

Office staff must be educated in how to implement the plan to remove barriers. This must include understanding the plan, knowing how to interact with potential clients and patients with disabilities and knowing how to use any equipment or devices to assist people with disabilities.

Chiropractors offering services or employing services in Ontario must comply with the standards under the AODA. The Deputy Minister of Community and Social Services has the power to appoint inspectors to ensure persons and organizations are complying with the accessibility standards, the AODA and its regulations.

Please consult the Ministry of Community and Social Services' resources at www.mcscs.gov.on.ca/en/mcscs/programs/accessibility/index.aspx for further information, guides and templates on how to comply with the AODA, its regulations and accessibility standards.



What's Ahead

Implementation	January 2012
5-year review	2015
5-year review	2020
Full accessibility	2025

2012: Identify areas of non-compliance (assess, identify and prioritize all items required for compliance with all AODA standards)

2015: Create or amend policies and procedures as determined above

2018: Training and communication of policies and procedures to employees and the public as required

2020: Implement policies and procedures as required

Between **2020** and **2025**, further opportunity to address any shortfalls re: full accessibility

La représentation et la protection du public au sein de l'ordre des chiropraticiens de l'ontario



Mme Lise Marin

La Loi de 1991 sur les Professions de la Santé réglementées exige que le public soit représenté dans tous les Ordres qui offrent des services de santé à la population de l'Ontario. Le Conseil de l'Ordre des Chiropraticiens de l'Ontario compte sept membres nommés par le gouvernement de l'Ontario et qui représentent les intérêts et le bien-être des citoyennes et citoyens de la province, ainsi que neuf membres élus

par les chiropraticiennes et chiropraticiens de l'Ontario.

Le Conseil de l'Ordre des Chiropraticiens de l'Ontario comprend sept comités statutaires et un autre comité non statutaire. Il est obligatoire que chaque comité ait au moins un membre représentant le public.

Les membres du public jouent un rôle de tout premier ordre au sein de l'OCO. Tout d'abord, elles ou ils se doivent de collaborer étroitement avec les membres élus afin de s'assurer de la qualité des services rendus à la population de la province, à savoir, le meilleur état de santé et de bien-être possible pour tous et toutes. C'est précisément cet esprit de collaboration qui a rendu possible l'établissement et la mise en oeuvre d'une charte des droits du patient/e et des responsabilités à l'égard du patient/e, créant ainsi, un véritable partenariat des soins de santé.

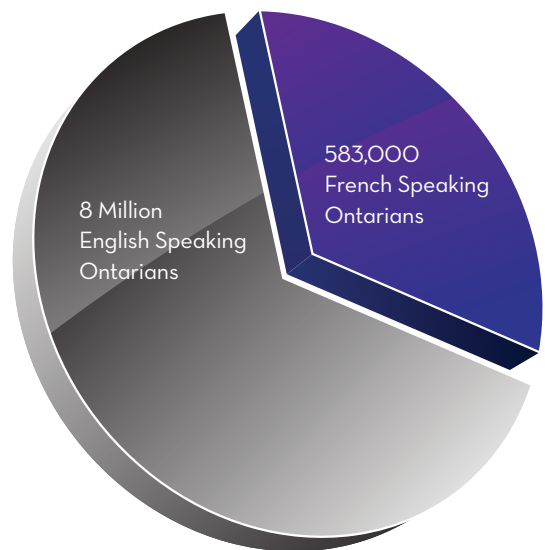
De plus, les membres qui représentent le public ont la responsabilité de veiller et de contribuer à une gestion responsable et efficace des finances du Conseil. Elles ou ils doivent s'impliquer dans toutes les décisions du Conseil afin d'évaluer leurs effets sur la population de la province. Par exemple, comme le veut la Loi, les membres ont la responsabilité de s'assurer à ce que les services à la population soient non seulement disponibles dans les deux langues officielles que sont l'anglais et le français, mais il est également important que des efforts soient

déployés afin de mieux connaître les besoins des autres communautés culturelles et ainsi, mieux les desservir.

Avec leurs collègues du Conseil, les membres représentant le public ont l'obligation de promouvoir une conduite professionnelle éthique irréprochable des chiropraticiennes et chiropraticiens et d'agir à la suite de plaintes, d'irrégularités ou de conduite non professionnelle.

Je suis membre du Conseil de l'Ordre des Chiropraticiens de l'Ontario depuis déjà cinq ans à titre de représentante du public. Je crois que non seulement ça été un honneur pour moi que d'être mandaté par le Gouvernement pour représenter le public mais aussi un privilège de pouvoir servir la population de l'Ontario.

QUI A-T-IL DE PLUS HONORABLE QUE D'ÊTRE AU SERVICE DE SES SEMBLABLES? VOILA!



2006 census by Statistics Canada

Service To Members in French Under the *RHPA*

The *RHPA* outlines the College's responsibilities in providing services in French to its members. Key sections are highlighted in the following chart.

<i>RHPA</i>	ENGLISH	FRENCH
86.1	<p>Right to use French</p> <p>A person has the right to use French in all dealings with the College.</p>	<p>Droit d'utilisation du français</p> <p>Toute personne a le droit d'utiliser le français dans ses rapports avec l'ordre.</p>
86.2	<p>Council to ensure right</p> <p>The Council shall take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College.</p>	<p>Droit garanti par le conseil</p> <p>Le conseil prend toutes les mesures raisonnables et élabore tous les plans raisonnables pour faire en sorte que les personnes puissent utiliser le français dans tous leurs rapports avec l'ordre.</p>
86.3	<p>Definition</p> <p>In this section, "dealings" means any service or procedure available to the public or to members, and includes giving or receiving communications, information or notices, making applications, taking examinations or tests, and participating in programs or in hearings or reviews.</p>	<p>Définition</p> <p>La définition qui suit s'applique au présent article.</p> <p>[rapports] S'entend de tout service offert au public ou aux membres ainsi que de toute formalité administrative, et s'entend en outre du fait de donner ou de recevoir des communications, des renseignements ou des avis, de présenter des demandes, de passer des examens ou des tests, et de prendre part à des audiences ou à des réexamens.</p>
86.4	<p>Limitation</p> <p>A person's right under subsection (1) is subject to the limits that are reasonable in the circumstances. 1991, c. 18, Sched. 2, s. 86 (4).</p>	<p>Droit restreint</p> <p>Le droit prévu au paragraphe (1) est assujéti à des limites qui soient raisonnables dans les circonstances. 1991, chap. 18, annexe 2, par. 86(4)</p>

CCO AGM - June 23, 2011



Dr. Marshall Deltoff, President



Ms Gail Siskind, Consultant, and Ms Tina Perryman, Director, Inquiries, Complaints and Reports



Mr. Martin Ward and Mr. Shakil Akhter (appointed Council members)



Dr. James Laws (elected Council member), Dr. Larry McCarthy (non-Council committee member) and Mr. Rob MacKay (appointed Council member)



Dr. Keith Thomson receiving a Presidential Award of Excellence

Recent CCO Activities



Members of CCO's Discipline Committee and faculty at the Joint Discipline Orientation Session facilitated by the Federation of Health Regulatory Colleges - October 20, 2011



Members of the CFCREAB at the Board meeting in Montreal, Quebec, November 26, 2011

