

CHIROPRACTICE

COLLEGE OF CHIROPRACTORS OF ONTARIO

Mission

The College of Chiropractors of Ontario is the self-governing body of the chiropractic profession committed to assuring the public of competent, ethical, chiropractic care while recognizing the diversity of the profession.

The College, composed of peer-elected chiropractors and government-appointed public members, examines, registers, regulates and informs the chiropractic profession, and liaises with all health professions' licensing bodies, organizations and government.

Approved: December 9, 2000

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President's Voice

It is with a great deal of pleasure, humility and honour that as CCO's fifth president I make these few remarks.

There has never been a better time in CCO's history to serve and protect the public of Ontario. The Council has an excellent group of professional and public members to achieve this mandate, and to encourage excellence in the practice of chiropractic.

I am frequently awed by the commitment and diligence of Council members in their committee work and the self-governing process of chiropractic that they oversee. I assure you, the public and the profession can be proud of this College's achievements to date.

As many of you know, my telephone lines are always open. In the same spirit of cooperation and involvement in CCO's affairs that my friend and predecessor, Dr. Allan Gotlib, espoused, I encourage each and every chiropractor to participate and get involved in your College. There is tremendous wealth and talent in the diversity of the profession.

In my term as president, I want to see CCO continue to have a remediative focus to its complaints process while being ever mindful of protecting the public, and when appropriate, refer allegations of professional misconduct to the Discipline Committee.

I want to see CCO continue to have open and meaningful dialogue with members across the province.



Dr. Keith Thomson
President

In keeping with the spirit of open and meaningful dialogue, I am happy to report that I was the first member of CCO to be peer assessed under the Quality Assurance Committee's Peer Assessment Program and I survived. Admittedly, I was apprehensive. I could not imagine anyone going through my patient health records, my x-rays, etc. I felt I would be put under a microscope and my greatest fear was I would not measure up.

However, the experience was quite positive. The peer assessor was thorough. She was also friendly and non-judgmental. I commend her for being such a good ambassador for CCO as I trust all our peer assessors will be.

In closing, I'd like to quote Ralph Waldo Emerson, "...to know even one life has breathed easier because you have lived. This is to have succeeded."

May we, as chiropractors, aspire to improve the lives of many.



Dr. Allan Gotlib
Vice President

Message from Immediate Past President

Making a Commitment

Our individualities are our strength. They enrich our profession - oh yes they do! They force us to continually challenge ourselves as a profession and to be vigilant, not just content. Maintaining the status quo or being "good" is simply not enough today. We should strive to be better, to rise to the level of becoming that ever so elusive "perfect" because that is what the public has come to expect, regardless of whether we, as a profession, feel that such expectations are unreasonable or unrealistic.

To make our self-governing process better, it needs your commitment. In the absence of your commitment, our profession will not survive. For example, let's take the Peer Assessment component of our Quality Assurance Program (QAP), which has been implemented and will be fully operational soon. Even in the face of philosophical versus evidenced-based ideology, there is room for common ground - the duty to address the concerns of public safety and protection.

The success of our peer assessment program (and the profession) depends on you, on your participation and your wanting it to be successful. By not participating in the activities of CCO, you will not meet the expectations of your patients.

Ontario's patients - our patients - recognize the diversity in our profession. While they benefit from such diversity, they also ask what protection there is for them when they attend chiropractors whose conduct is unacceptable - whether it relates to a communication problem, a clinical deficiency, incapacity or worse, a behavioural problem. Learning the ropes is beneficial to all parties in the regulatory process - the government, the public, the patients and you - the profession. Not learning the ropes can be disastrous.

For those in the profession who are intolerant and impatient with the views of your colleagues, we will get to where you want to go, but we need to do it one step at a time, ever so mindful of our country's Charter of Rights and Freedoms, which I dearly cherish.

CCO, itself, strives for perfection. Yes we make mistakes but mistakes create opportunity. For those of you who have been content to sit on the sidelines all of these years and not participate, the profession has not benefited collectively from your views. Make the commitment to move CCO to the next level.

We have pilot-tested our QAP and are approaching the full implementation phase of peer assessment. We have refined our Alternate Dispute Resolution process, improved our complaints, investigation and discipline process, maintained unblemished credibility as a regulatory agency, enhanced multidisciplinary provincial relationships via the Federation of Health Regulatory Colleges of Ontario, promoted national chiropractic issues, such

as the national exams administered by the Canadian Chiropractic Examining Board, and facilitated the Canadian Federation of Chiropractic Regulatory Boards, which is functioning extremely well. In addition, we have actively taken the business of CCO to the local society level.

We have improved standards of practice and reinforced the educational user-friendly aspects of self-regulation as opposed to the punitive demeanour in the past. The commitments the Executive Committee members and the Registrar have made have, in fact, moved the profession forward. There are however, continuing challenges facing us and we must be prepared to directly engage those challenges.

What's left to do? Let me tell you. It's getting you involved, it's getting you to make that commitment. Provide us with feedback, contact your district representative with questions or concerns, volunteer as an examiner or peer assessor, express an interest in being a member of a committee - get involved!

Finally, I would like to take this opportunity to thank those who have worked with me so closely in the last two years to ensure our success as an organization. I want to sincerely thank the Executive Committee members, Dr. Keith Thomson, Dr. Drew Potter, Dr. Jacques Laquerre and, particularly, the public representatives, Ms Gail Diamond, Ms Regina Willmann and Mr. Calvin MacPherson, as well as our Registrar, Ms Jo-Ann Willson, who have made extraordinary contributions to our profession.

Registrar's Report

CCO has, at various times, received requests for information about the authority of chiropractors to order various tests. As a way of providing clarification to the issue, the following extracts are from correspondence between myself and an Ontario hospital. The complete letter is available on the CCO web site.

Ordering of Tests by Chiropractors

Chiropractors in Ontario:

- are authorized to order and take x-rays pursuant to the *Healing Arts Radiation Protection Act (HARP)*, as amended;
- may order and perform various tests which involve the performance of a controlled act as defined by S. 27 of the *Regulated Health Professions Act (RHPA)*, 1991, as amended, provided the controlled act is authorized to chiropractors under the *Chiropractic Act*, 1991;
- may order and perform various tests that do not involve the performance of a controlled act(s) (i.e. tests in the public domain) provided the tests are generally consistent with the scope of practice for chiropractic;
- may perform various tests that involve the performance of a controlled act not authorized to chiropractors *if* the performance of the controlled act has been delegated to a chiropractor(s) pursuant to a proper delegation by a health care professional authorized to perform the controlled act; and

- generally may not order tests for an out-patient in a public hospital because of Ss. 11 (3) of Ontario Regulation 965 under the *Public Hospitals Act* which requires that a person be registered in a public hospital as an out-patient on the order of or under the authority of a member of the medical, midwifery, dental or extended class of nursing staff.

Authorization of Chiropractors to Order Tests

From CCO's regulatory perspective, a distinction should be made between three separate procedures, namely:

- ordering or administering radiation;
- ordering or administering contrast medium or the practice of nuclear medicine; and
- ordering or administering other forms of energy, such as diagnostic ultrasound.

Ordering or Administering Radiation

The ordering or administering of radiation is governed by *HARP*. CCO does not have a direct role in the enforcement of *HARP*, although it may review the conduct of a chiropractor who acts in contravention of the statute. Chiropractors are permitted to take x-rays pursuant to S. 5 of *HARP*, and are permitted to order x-rays pursuant to S. 6 of *HARP*.

In addition, chiropractors are permitted to bill the Ontario Health Insurance Plan (OHIP) for the ordering, taking and interpreting of x-rays, pursuant to and in accordance with the *Health Insurance Act (HIA)*.



Ms Jo-Ann Willson

Ordering or Administering Contrast Medium or Practice of Nuclear Medicine

The reason why the ordering or administration of radiation should be distinguished from the ordering or administering of contrast medium or the practice of nuclear medicine, is that the administration of certain substances may involve the performance of a controlled act which is not specifically authorized to chiropractors under the *Chiropractic Act*.

Section 27 of the *RHPA* precludes anyone from performing a controlled act unless they are specifically authorized to perform the controlled act in profession-specific legislation or are otherwise exempted.

Accordingly, chiropractors would be permitted to perform controlled acts as defined in S. 27 of the *RHPA* only if the acts were properly delegated to a chiropractor by a health care professional who is authorized to perform the controlled act under profession specific legislation.

By way of example, if the administration of a contrast medium involves the administration of a substance by injection or inhalation, chiropractors would have to have the particular procedure delegated to them by an authorized health care professional in order to administer the test. It would be logical to assume that

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Registrar's Report (*continued*)

if a chiropractor cannot perform a controlled act, he or she could not order someone else to do so.

The administration of some contrast media does not involve the performance of a controlled act. For example, asking a patient to drink a contrast medium would not appear to be a controlled act and would be in the public domain. CCO would have a reasonable expectation in such cases that the chiropractor had appropriate training, knowledge, skills and judgment.

Ordering or Administering Other Forms of Energy, Including Ultrasound

One of the controlled acts under S. 27 of the *RHPA* is "applying or ordering the application of a form of energy prescribed by the regulations." The Forms of Energy Regulation (Ont. Reg. 107/96) under the *RHPA* includes the following forms of energy: electromagnetism for magnetic resonance imaging, and soundwaves for diagnostic ultrasound or lithotripsy.

CCO has urged the Ministry of Health and Long-Term Care to amend the existing regulation, but currently, chiropractors are not permitted to order or apply these forms of energy, subject of course to a proper delegation by an authorized health care professional.

There are chiropractors who order or apply surface electromyography. Surface electromyography involves the recording and study of intrinsic electrical properties of skeletal muscle by means of surface electrodes. No new energy is introduced. Surface electromyography allows chiropractors to "image" muscle spasm,

hypertonicity and symmetry in a non-invasive manner.

CCO has previously expressed the view that the ordering or applying of surface electromyography is not a controlled act pursuant to S. 27 of the *RHPA*, and accordingly, may be both ordered and applied by chiropractors.

Ordering Tests within a Public Hospital

Chiropractors generally may not order tests for an out-patient within a public hospital because of Ss. 11 (3) of Ontario Regulation 965 under the *Public Hospitals Act*, which requires that in order for a person to be registered in a public hospital as an out-patient, the registration must be on the order or under the authority of a member of the medical, midwifery, dental staff or extended class of nursing staff.

CCO understands that there are hospitals in the province which have made local arrangements to permit chiropractors to order x-rays within the hospital. This is done through various methods, including, for example, pursuant to a general medical directive signed by an authorized member of the staff, usually a physician.

From the hospital's perspective, the arrangement makes sense because full use is made of the machinery; from the Chiropractors' perspective, they are able to order tests which they are trained to order and take in contexts outside a public hospital, and, perhaps, most importantly, from the patients' perspective, they have access to important diagnostic tools which will facilitate the patients' health and recovery.

The Canadian Memorial Chiropractic College, a leading educational institution for chiropractors, has arrangements with St. Michael's Hospital, South Riverdale Community Health Centre, Anishnawbe Health Toronto and St. John's Rehabilitation Hospital, such that supervising chiropractors of chiropractic interns may order x-rays for the purpose of delivering care to patients in the various out-patient clinics.

General Comments

A number of issues concerning the ordering of tests were reviewed by the Chiropractic Services Review Committee, which submitted its report to the Ministry of Health and Long-Term Care in November 1994. Included in this report were a number of recommendations proposing expanded access to diagnostic radiology services in hospitals and independent health facilities and access to the ordering of laboratory services from both hospitals and private laboratories.

Regrettably, a number of the recommendations of the report, including those concerning improved access to diagnostic services, have not, to date, been approved for implementation.

There continues to be a strong impetus in the chiropractic community to amend certain legislative provisions to increase chiropractors' access to ordering and performing various tests and procedures in a manner consistent with their scope of practice.

Acting Beyond the Chiropractic Scope of Practice

By Dr. Allan Gotlib
Vice President

In the CCO 2000 Annual Report, I spoke, as president, of how “acting beyond the scope of practice” without the patient being fully informed has continued to cloud professional growth and brought pressure to the concepts of public safety and protection.

While the public recognizes the diversity of our profession, they want assurances that the chiropractic care we deliver is both competent and ethical, and frankly, so do I.

Registrar’s Report (continued)

Extract of Response from the Hospital

Dear Ms Willson:

I would like to formalize my gratitude and appreciation for your extensive response to my query of eligibility of chiropractors to order diagnostic tests in the hospital setting.

The report has pulled together and summarized many of the questions about document and legislative reference, which I had. It offers more clarity for our organization to now move forward and develop our own internal directives for handling this issue.

As per our telephone conversation, I, too, would be pleased if you would share this information with the Ministry of Health and Long-Term Care, College of Physicians and Surgeons, and the College of Medical Radiation Technologists of Ontario. I agree that across the varying legislative bodies and within their own directives exist many inconsistencies. It is my hope that by sharing this formal inquiry with the varying governing bodies that future due attention will be drawn to this issue as deserved.

In the memorandum enclosed with this newsletter, you will see that we are consulting with the profession, the public and other stakeholders on two standards for the purpose of further protecting the public interest. The proposed standards of practice are designed to raise the level of enforceability. They emphasize and reinforce the importance of chiropractors operating within the scope of practice of the profession.

Our scope of practice statement is not a licence. It is a description setting out an

explanation to the public about what we commonly do and what they may expect when attending a chiropractor. What is licensed are the controlled acts. The area in-between a monopoly (the old system) and the licensed controlled acts (new system), where all health professionals practice their profession, must be set out in policies, guidelines and standards of practice. Each self-governing profession must determine those policies, guidelines and standards within their statutory mandate and then articulate them to the profession and the public.

However, many of the services in this in-between area may be provided in the public domain by unregulated



Dr. Allan Gotlib
Vice President

professionals or even non-professional practitioners. This system error, common to all regulated health professions in Ontario, has created confusion for patients and regulated health professionals. Regulated professionals may provide services that are not usual and customary for their particular profession, yet the public assumes they are receiving competent, ethical services from a regulated professional.

The provision of health services falls within the public domain if it does not involve a controlled act. Even when a profession has a standard of practice related to a specific service, a non-regulated practitioner may provide the same service if the service is in the public domain. Even when a practitioner has his/her certificate of registration revoked, he/she is still able to provide health services to the public, services that are in the public domain. This is particularly frustrating to regulatory boards and to those patients who have engaged the disciplinary process.

When we are not clear with our patients and the public at large, there is confusion and complaints emerge from patients, the public or other health care professionals.

The issue of informed consent is well settled in our existing requirements set out in

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Acting Beyond the Chiropractic Scope of Practice (*continued*)

the professional misconduct regulation, many of our standards of practice, policies and guidelines, as well as in case law.

To ensure consent is fully informed and voluntarily given, chiropractors must clearly explain the following to their patients:

- a service being provided is in your capacity as a chiropractor and conforms to the current standards of practice of the profession of chiropractic; or
- a service being provided is in your capacity as a chiropractor but does not conform to the usual and customary standards of practice of the profession of chiropractic and the patient may not have the benefit of malpractice liability protection in the event of an adverse outcome. In this scenario, the chiropractor may receive the patient's consent to undertake a short therapeutic trial of treatment for a particular condition currently not well-supported in the scientific literature with clear, convincing and cogent evidence, but supported by expert clinical opinion or case studies in peer-reviewed scholarly chiropractic literature; or
- a service being provided is not in your capacity as a chiropractor but simply as a practitioner operating in the public domain, does not conform to the standards of practice of the profession of chiropractic, and the patient may not have the benefit of malpractice liability protection in the event of an adverse outcome. In this scenario, services that are

not controlled acts, such as iridology or ear candling, could be provided if the member has appropriate training and expertise.

Current data suggest that approximately 95 per cent of patient interactions relate to the treatment of conditions commonly referred to as neuro-musculoskeletal, while only 5 per cent relate to non-neuro-musculoskeletal conditions.

Confusion arises when patients with serious conditions, such as allergies, cancer or AIDS, believe they are being treated for those particular conditions

when, in fact, the treatment focuses on concurrent secondary neuro-musculoskeletal problems. There is a clear distinction in treating a patient for a condition as opposed to treating a patient with a condition.

The treatment by chiropractors of various pain syndromes (headache, neck pain, back pain) is now well established in the scientific literature. However, the treatment of pediatric conditions, such as colic, enuresis, asthma, otitis media, attention deficit hyperactivity disorder, commonly referred to as non-neuro-musculoskeletal, has yet to be based on unequivocal cogent evidence beyond the expert clinical opinion or case report levels. Also, characterizing some of these conditions as non-neuro-musculoskeletal as opposed to neuro-musculoskeletal is in dispute. These academic arguments are not relevant to the patient -

what is relevant is safety and competent, ethical chiropractic care.

Clearly, the scope of practice statement does not restrict or limit us to only musculoskeletal conditions. The purpose of the *Regulated Health Professions Act (RHPA)* was to provide for the evolution in the role that all regulated professionals, including chiropractors, play in the health care system.

However, in the same breath,

“... I invite the entire profession to provide feedback to Council in formulating standards of practice that address the needs of the public and other stakeholders in addressing chiropractors who act beyond the scope of chiropractic practice.”

the public must be assured about public safety and ethical competent care. How can we address this issue in language that meets the

needs of the profession, the public and all other stakeholders while allowing our evolutionary role to benefit the health care system?

The Health Professions Regulatory Advisory Council (HPRAC), an advisory body to the Minister of Health and Long-Term Care, is addressing some of the challenges relating to the regulation of health care professionals who provide services in the public domain.

CCO looks forward to offering input into any recommendations relating to the difficult issues surrounding health care services that do not fit neatly into the current controlled acts/public domain model of the *RHPA*. In the interim, I invite the entire profession to provide feedback to Council in formulating standards of practice that address the needs of the public and other stakeholders in

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Acting Beyond the Chiropractic Scope of Practice (*continued*)

addressing chiropractors who act beyond the scope of chiropractic practice. The public and other health professions are also stakeholders and we will be seeking their input as well. The final language must have provisions that will accommodate the evolution of the profession and allow for new research and knowledge to be transferred into the clinical setting.

You should review the documents through the eyes of the public - what does the public need to know in terms of efficacy and safety! We need to be absolutely clear with the patient.

Imposing your personal views is not acceptable. It is not about you - it is about the patient. Patients expect safe and effective treatment and their views may not be congruent with what you want. It is not your choice. It is the patient's choice and you should respect that choice.

There are 2,800 chiropractors in this jurisdiction. We must all interact and collaborate with the Ministry of Health and Long-Term Care, the health care system and the other health professions to the benefit of the jointly shared consumers of our services. Chiropractors can no longer remain isolated or marginalized. We must take up our duties in support of the core businesses of our Ministry of Health related to public health, health promotion and wellness, health policy and integrated health care programs.

Chiropractors must be in concert with the Ministry commitments and strategies.

You should not be defensive about this accountability measure. You should view this as providing a more professional service in the best interest of your consumer. You are not the only one providing services to the patient, whether they are acute care services, chronic care,

wellness care or preventative care. All regulated practitioners provide these - we must be collaborative and make the system work better.

It is up to our profession to set standards of practice that provide for competent and ethical care and at the same time assure public safety and protection.

Suggestions:

- read the proposed standards carefully;
- before giving us a defensive response, think about what is best for the patient;
- consult with colleagues and other health professionals;
- give some consideration to the diversity within our profession; and
- give us your views in a manner helpful to the CCO, your patients and Ontario's health care system.

The fax lines are open!

Dispelling the Myths

CCO would like to take the opportunity to set the record straight on a number of issues that have arisen and may be causing concern to some members.

✘ **Myth:** CCO is out to get subluxation-based chiropractors.

✔ **Truth:** Subluxation-based or evidence-based, limited care or full-spectrum care, CCO could not care less, as long as members comply with all CCO standards of practice, policies and guidelines. A range of practitioners serve on CCO Council and committees, and participate as examiners and peer assessors.

✘ **Myth:** CCO does not like treatment plans (i.e., putting patients on long-term care).

✔ **Truth:** Long-term treatment plans may be reasonable when based on therapeutic necessity; appropriate record keeping; chiropractic examination and assessment; x-rays, where necessary; progress evaluation indicating the necessity assessment and further care; and age and condition of the patient.

✘ **Myth:** CCO is against block fees.

✔ **Truth:** Charging a patient a block fee is permissible if: the patient is given the opportunity of paying for each service as it is provided; a unit cost per service is specified; and the member agrees to refund to the patient the unspent portion of the block

fee, calculated by reference to the number of services provided multiplied by the unit cost per service. The patient must be fully informed! (*see R-008: Professional Misconduct, s. 25*)

✘ **Myth:** CCO does not like specialties (e.g., pediatrics).

✔ **Truth:** CCO is a member of the Canadian Federation of Chiropractic Regulatory Boards and fully supports specialties. Efforts are underway at the national level to recognize various specialties across the country instead of on a province-by-province basis. This is particularly important given the mobility of chiropractors under the Agreement on Internal Trade.

Complaints Corner

One of the goals of the Complaints Corner is to inform members of potential scenarios or “problem areas” that could lead to allegations of professional misconduct or incompetence. In the hopes of avoiding complaints of a similar nature in the future, the Complaints Committee has identified the following situations as potentially contentious. CCO reminds members that clear communication and professional, courteous behaviour are some of the best ways to prevent a complaint.

Complaints Committee Top 10 Reminders

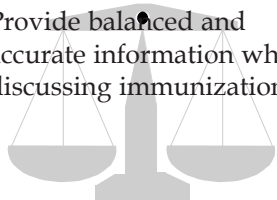
1. Ensure consent is fully informed and voluntarily given before you examine or render chiropractic care to a patient. Remember, informed consent is an ongoing process.

Review Regulation R-008: Professional Misconduct (ChiroCare, tab 3, page 26, item 3) and the various standards of practice referring to consent.

2. Consult the appropriate policy if you use experimental techniques (e.g., Network, Total Body Modification, Neuro Emotional Technique, etc.) in your practice.

Review Policy I-008: Experimental Techniques, Technologies, Devices and Procedures (ChiroCare, tab 6, subsection 3, page 3.4).

3. Provide balanced and accurate information when discussing immunization.



Review Policy P-033: Information on Immunization (ChiroCare, tab 6, subsection 5, page 5.11).

4. Do not charge one fee for regular patients and another, higher fee for Motor Vehicle Accident (MVA) patients.

Review Guideline G-007: Unit Billing (ChiroCare, tab 4, page 63).

5. Always practise record keeping excellence. Are you proud of your record keeping?

Review Standard of Practice S-002: Record Keeping (ChiroCare, tab 5, page 68).

6. If recommending long-term chiropractic care, ask yourself if it is logical, if it is therapeutically necessary, and/or if it is supported by objective examination findings and continuing progress evaluation.

Review Regulation R-008: Professional Misconduct (ChiroCare, tab 3, page 26, especially item 14).

7. When offering prepayment options, make sure you comply with the business practices provisions of the Professional Misconduct regulation.

Review Regulation R-008: Professional Misconduct (ChiroCare, tab 3, page 26, items 23-27).

8. If you provide chiropractic services in a Designated Assessment Centre (DAC), remember your obligation is to the patient, and you are

required to comply with all relevant standards of practice, policies and guidelines of CCO. Furthermore, CCO’s standards of practice govern over any purported “standards” of an insurance company or any other body.

Insurance companies may establish requirements for payment under a plan of insurance, but CCO has the statutory mandate to develop, establish and maintain standards of practice for the profession. Contravening a CCO standard of practice is an act of professional misconduct.

9. Never tell a patient that without chiropractic care, he/she will suffer or die. Do not use fear and/or guilt to motivate a patient to commence or continue chiropractic care.

Review Regulation R-008: Professional Misconduct (ChiroCare, tab 3, page 26, items 5 and 33).

10. Remember that sexual relations with a patient is professional suicide.

Review Policy P-003: Principle of Zero Tolerance (ChiroCare, tab 6, subsection 7, page 7.1).

Bonus:

11. Be careful when billing OHIP for an initial consultation/examination (V101) and a subsequent treatment (V103).

Review Policy P-041: Billing for More Than One Visit on the Same Day (ChiroCare, tab 6, subsection 2, page 2.4).

Thank You Examiners!

CCO would like to express its sincere appreciation to all members who participated as examiners with both the previous Examinations Committee, as well as with the current national examinations conducted by the Canadian Chiropractic Examining Board (CCEB).

With the significant contributions of examiners, CCO is assured that the examinations for new and returning members of the profession are valid, reliable and defensible. Thank you for your efforts!

On behalf of CCO, CCEB conducted clinical skills examinations in Toronto in June and September 2001. A further sitting in Toronto is scheduled for June 2002. If you are in good standing and have been in practice for at least three years and are interested in serving as an examiner, contact the CCEB at 403-230-5997.

Examiners for June and September 2001

Dr. Judy Adler (Toronto), Dr. Norman Allan (Toronto), Dr. Gerard Arbour (Scarborough), Dr. Sterling Armata (Aurora), Dr. Robbie Berman (Toronto), Dr. Grant Bjornson (Bobcaygeon), Dr. Michael Brickman (Downsview), Dr. Percy Chan (Toronto), Dr. Elise Damecour (Aurora), Dr. Alex Dougley (Cambridge), Dr. Bryan Dumanski (Sault Ste. Marie), Dr. Gary Dyck (Barrie), Dr. Douglas Ferries (Mississauga), Dr. Stanley Gorchynski (Willowdale), Dr. Normand Houle (Unionville), Dr. Michael Kennedy (Brampton), Dr. Feng Lee (Waterloo), Dr. Christopher Lyn (Markham), Dr. Bruce Makos (Richmond Hill), Dr. Jason Mason (Listowel), Dr. Dennis Mizel (St. Catharines), Dr. Kelly Moreau (Sault Ste. Marie), Dr. Paul Newton (Nepean), Dr. Virginia Nsitem (Mississauga), Dr. David Orchard (Waterloo), Dr. John Pikula (Brantford), Dr. Ron Pikula (Delhi), Dr. Marty Pszeniczny (Sault Ste. Marie), Dr. Ione Puchalski (Alisa Craig), Dr. Peter Rissis (Markham), Dr. John Schellenberg (Peterborough), Dr. Kelly Schoonderwoerd (Ajax), Dr. Stephen Scott (Sault Ste. Marie), Dr. Gauri Shankar (Prescott), Dr. Michael Shaughnessy (Orillia), Dr. Richard Stover (London), Dr. Shai Tamir (Aurora), Dr. Hans G. Teschel (Barrie), Dr. Keith Thomson (Peterborough), Dr. Grace Tridico (Sault Ste. Marie), Dr. Terry Tucker (Kingston), Dr. Howard Wasser (Richmond Hill) and Dr. Robin Whale (Port Hope).



(L-R) Dr. Keith Thomson, Dr. Percy Chan, Dr. Stanley Gorchynski, Dr. Gary Dyck and two standardized patients



(L-R) Dr. Joel Kanovsky (Manitoba) and Dr. Clark Konczak (British Columbia)



(L-R) Dr. Grant Bjornson, Dr. Sterling Armata and Dr. Norman Allan

Committee Updates

QA's Peer Assessment Program

The Seminar

After months of planning, preparation and interviews, the Quality Assurance (QA) Committee launched Phase 1 of the Peer Assessment Program on January 20, 2001, when 16 members from across the province participated in the first peer assessment training seminar. The participants were not only the first group to receive peer assessment training but the first members of CCO to be peer-assessed.

The aim of the seminar was to increase participants' understanding and knowledge of the Peer Assessment Program. This included reviewing the Peer Assessment Manual developed for the program and the *ChiroCare* binder containing CCO's regulations, standards of practice, policies and guidelines. The seminar also endeavoured to obtain a level of buy-in from participants. And to that end, it was successful - 10 of the 16 participants rated the seminar as excellent, four rated it as good and two rated it as satisfactory.

The Manual

The peer assessors received a training manual containing information and materials required to conduct an assessment. The purpose of the manual was to:

- educate the assessors about the program;
- familiarize the assessors with the various documents used during the assessment;



(L-R) Dr. Elizabeth Anderson-Peacock and Dr. Dennis Mizel

- alleviate the concerns of the assessors and the members being assessed;
- ensure that all assessments are completed in a timely, reliable and consistent manner; and
- reinforce the educational nature of the peer assessment program.

The manual detailed the peer assessment process, composed of three steps: pre-assessment, assessment and post-assessment.

Step 1: Pre-Assessment

- random selection of members
- member/ assessor match by the Director of Professional Practice (DOPP)
- initial contact with member
- pre-visit questionnaire
- conflict resolution

Step 2: Assessment

- assessor and member schedule assessment

- introductions and practice tour
- peer assessment checklist used for initial consultation
- chart selection and chart review using worksheet
- report preparation
- summary consultation

Step 3: Post-Assessment

- final report preparation (checklist, worksheet and report form)
- assessor provides report to member and QA Committee
- QA Committee informs member of final disposition and gives direction to the DOPP
- post-visit questionnaire and CCO follow-up

Finally, the manual is a living document. CCO will evaluate the effectiveness of all aspects of the program on an ongoing basis.

The Program

The Peer Assessment Program was designed to be educational, not punitive. The program



(L-R) Dr. Dennis Yurkiw and Dr. John Schellenberg

continued on page 11

Committee Updates

QA's Peer Assessment Program (continued)

recognizes that chiropractors are already competent and are responsible for their own competency. It seeks to promote life-long learning and improve the delivery of services. It provides information to members being assessed to improve performance, if required. And it is designed to intrude minimally into the chiropractor-patient relationship.

The QA Committee developed the program with considerable input from all stakeholder groups, including the chiropractic profession, other colleges and the public.

The Assessments - Phase 1

Before assessing CCO Council and committee members, the 16 peer assessors were required to assess each other. Candidates were matched with two assessors based on geographical district, travel distance and type of practice.

The member being assessed could then choose one to be the primary assessor, who would complete the actual assessment, and the other to be the secondary assessor, who would observe and complete a separate chart review. The purpose of assigning two assessors was to test the intra-reliability of the assessors

and ensure they filled out the documents consistently.

Phase 2

In December 2000, CCO put out a call to the entire membership for peer assessors. The response was overwhelming, with more than 250 members expressing interest. The QA Committee hopes that over time, all interested members will have an opportunity to be peer assessors.

During phase 2, the directors of the Ontario Chiropractic Association and a number of Ontario examiners for the Canadian Chiropractic Examining Board have agreed to be assessed.

Acknowledgements

The QA Committee thanks the following individuals for participating in the seminar and for being among the first members to be peer-assessed: Dr. Joyce Allman (Oakville), Dr. Peter Amlinger (Mississauga), Dr. Elizabeth Anderson-Peacock (Barrie), Dr. Michael Brickman



(L-R) Dr. Ruth Hitchcock, Dr. Frazer Smith and Dr. Bruce Walton

(Downsview), Dr. Ruth Hitchcock (Collingwood), Dr. Dennis Mizel (St. Catharines), Dr. Paul Newton (Ottawa), Dr. John Pikula (Brantford), Dr. Heather Robson (Niagara Falls), Dr. John Schellenberg (Peterborough), Dr. Steven Silk (Warton), Dr. Frazer Smith (Smiths Falls), Dr. Bob Szczurko (Thorold), Dr. Bruce Walton (Guelph), Dr. Michelle Whitney (Guelph) and Dr. Dennis Yurkiw (Owen Sound).

Process is Transparent

CCO's peer assessment process is transparent. Visit CCO's web site to view the peer assessor checklist, peer assessment brochure and other relevant documents. Peer assessors will be coming to your office soon!

Election Results

District 5: December 6, 2000

Dr. David Leprich 204 votes
Dr. Bob Szczurko 199 votes
Total votes cast: 403

District 4: March 30, 2001

Dr. Brian Schut 210 votes
Dr. Sterling Armata 148 votes
Total votes cast: 358

Congratulations to Dr. Leprich on his first election to Council and to Dr. Jacques Laquerre, acclaimed (District 2), Dr. Keith Thomson, acclaimed (District 3) and Dr. Brian Schut (District 4) on their return to Council.

Committee Updates



Dr. Gilles Lamarche

*By Dr. Gilles Lamarche
Chair*

Judging from the number of sexual abuse cases currently under investigation or referred to Discipline, it has become increasingly evident that there is a need for our members to review, understand and apply the policies and guidelines developed by the Patient Relations Committee.

Patient Relations Committee issues survey

With this in mind, the committee has developed a survey, enclosed in this distribution, to help us determine how to better communicate with you the message of zero tolerance of sexual abuse of patients. It is our hope that we will receive the necessary feedback that will help get the important messages to our members. It is our goal that registrants will then abide by the policies and guidelines.

We realize your time is valuable and filling out yet another survey is the last thing you would want to do. Yet, we ask you to complete the survey because of the importance of this issue.

How can we better ensure every member of the profession is aware of, applies and practises CCO's standards and policies that make it clear that having sexual relations with a patient will result in the chiropractor losing his/her license?

Remember, if the Discipline Committee finds a member guilty of sexually abusing a patient, CCO is obliged to ensure the patient receives funding for therapy and counselling to a maximum of just over \$10,000.

Do whatever you can to ensure your colleagues and patients fully understand the serious consequences of sexual abuse.



Dr. Michaela Cadeau

*By Dr. Michaela Cadeau
Chair*

The primary responsibility of the Chiropractic Review Committee (CRC) is to assess cases regarding perceived billing irregularities referred to it by the General Manager of OHIP.

The service infractions subject to investigations are:

- billing for services that were not rendered;

News and Views from the CRC

- billing for services that were not therapeutically necessary;
- billing for services that were not provided in accordance with accepted professional standards; and
- misrepresenting the nature of services rendered.

CRC lists the top 10 "red flags" that might trigger the referral of a member to CRC.

1. statistical analysis / volume (i.e., 85 units of service in 1 day, 250 units of service in 3 days, 325 units of service in 4 days, and 1,300 units of service in 1 calendar month);
2. high frequency of repeat visits;
3. high cost/patient ratio

(greater than the provincial average);

4. high frequency initial (V103A) and subsequent visits (V101A) on the same day;
5. negative responses to random flood audits;
6. large number of initial visits at the start of each OHIP year;
7. large number of patients at M4 (maximum OHIP allotment);
8. allegations of inappropriate billings;
9. other unusual billing patterns; and
10. high numbers of x-rays taken (greater than the provincial average).

Committee Updates

Advertising Corner

By Dr. Drew Potter
Chair

Over the past several months, the Advertising Committee has received an increasing number of questionable advertisements that have been published by members and these are generating complaints from the public, other health care professionals and chiropractors.

CCO supports advertising that is informative, verifiable and professional.

Advertising that does nothing more than put down other professions, hold a member or his/her techniques out to be better than another's or promote "free" or "special" services are ridiculed by the public and demeaning to the profession.

Members are strongly encouraged to review the Advertising Standard of Practice (S-003) and to submit proposed advertising to the CCO for review prior to publication. Remember, the bulk of complaints to CCO about



Dr. Drew Potter

advertising come from chiropractors "down the street" about advertisements that do not comply with the standard.

Advertise the profession and the professional as outlined in the Standard of Practice.

Professional Portfolio

The Quality Assurance (QA) Committee has randomly selected you to be entered in a pool of 200 registrants from which 50 will be asked to submit their professional portfolio booklets for review. The committee will notify you if you are one of the 50 candidates... If you are selected, you will be required to mail your professional portfolio booklet, with all relevant inclusions, to the CCO.

Many of you are not familiar with the above extract from a memo by the chair of the QA Committee, but it is familiar to the 1,000 members who received it in the last three years.

To date, the committee has reviewed and provided feedback to almost 200 members asked to submit their portfolios. And to ensure that they understood the rationale of completing the booklet, the committee asked those members to complete and return a survey, which yielded many interesting comments.

Overall, the results were positive. Out of the 67

respondents, 58 or 87 per cent said CCO communicated effectively the rationale for completing the booklet, 56 or 84 per cent said the booklet communicated the importance of continuous learning, and 44 or 66 per cent said the booklet was easy to complete. See inset for members' comments.

The committee thanks all members for their feedback and will try to address some of the

questions raised in the survey, such as providing more guidelines on how to complete the booklet, particularly the section on continuous learning.

If you have not already done so, take the time to complete and update your professional portfolio, an important component of CCO's QA program. The portfolio is available on CCO's website.

Samples of Members' Comments

- somewhat like nailing Jell-O to a tree
- gave me an opportunity to chronicle my career and reflect on my accomplishments
- an exercise in paperwork
- while it was quite a nuisance gathering all the information for the portfolio, I understand its importance for the profession
- make recommendations as to what would be a reasonable number of continuing education hours per year for us and across what diversification of areas
- time consuming
- I found it most difficult to know what counts and what doesn't - more focus needed
- gave me an overview of what I am doing for myself, my patients and my profession

Frequently Asked Question: Incorporation

Q. Can chiropractors incorporate their practice?

A. Currently, no. In its 2000 budget, the provincial government committed to extend the right to incorporate to professionals regulated under the *Regulated Health Professions Act, 1991*.

In December 2000, the government passed legislation, Bill 152, permitting professionals, including chiropractors, to incorporate, but the bill has not yet been proclaimed. Until proclamation of the bill and supporting regulations and approval of enabling by-laws by the colleges, professionals are not permitted to incorporate the actual practice of the profession, although they are permitted to incorporate a management or technical service corporation to deal with the administrative and technical aspects of the practice.

Once incorporation is permitted, members will be required to obtain a "certificate of authorization." Further, there will be a number of conditions and restrictions on how the corporation may be set up, including:

- all shareholders, officers and directors must be members of the same profession;
- the officers and directors must be shareholders;
- the name of the corporation must include the words "Professional Corporation" (or the French equivalent);
- the corporation can only practise the profession or ancillary services; and
- voting agreements and unanimous shareholder agreements cannot include non-shareholders.

CCO has advised the Ministry of Health and Long-Term Care that only those members with active certificates of registration will be permitted to incorporate. Incorporation will not be permitted for members with retired, temporary or inactive certificates.

The MOHLTC and the Ministry of Finance are developing regulations to support the legislation. Individual colleges will be required to develop by-laws relating to fees and

information reporting requirements.

Members should be aware that incorporation of their practice is a financial/tax-driven decision that does *not* alter the members' obligations to their patients, or their responsibilities with respect to CCO. Members' personal accountability to patients and the college is maintained.

CCO is participating in the efforts of the Federation of Health Regulatory Colleges of Ontario to develop a consistent approach to the regulatory aspects of incorporation and to be as prepared as possible for the implications of the legislation.

The colleges have not received an expected proclamation date. Stay tuned for further information.

Members are encouraged to seek accounting and legal advice from advisors of their choosing with respect to the advantages and disadvantages of incorporating their practice. Ask the fundamental question: *Is it worth it?*



Reminders

Have you heard from...

Mail to the following members has returned to CCO with no forwarding address. If your name or someone you know appears on this list, please contact CCO so we can make the appropriate changes.

Dr. Jodi K. Jackson
Dr. N. Richard Pragnell
Dr. Damon Racicot
Dr. Isaac Murciano

Have you moved? We need to know

It is your responsibility to provide CCO with a written notification of address changes - work and/or home - within 30 days of your move.

For Your Information

The Mutual Recognition Agreement (MRA) under the Agreement on Internal Trade

In November 2000, all chiropractic provincial and territorial regulatory boards, except British Columbia, signed a final version of the MRA under the Agreement on Internal Trade. The critical provision of the MRA provides as follows:

"Current practising registrants of one province, applying to a different province for registration, who can demonstrate past and present good standing, shall be eligible to sit the legislation and ethics exam ..., provide appropriate application doc-

uments, pay licensure fees, and be registered in the new province." The MRA only applies to practising registrants from other Canadian jurisdictions, and that it has not, to date, been signed by the British Columbia regulatory board. Any member wishing to move to another jurisdiction is encouraged to contact the proposed jurisdiction directly to obtain up-to-date registration information.

The Good Samaritan Act, 2001

The recently passed Good Samaritan Act provides protection against civil liability for

negligence for all regulated health professionals who offer first aid assistance in cases of emergency medical need. Be aware, however, that the legislation does not prohibit an individual from taking civil action against a regulated health professional in cases of gross negligence, and does not affect the professional accountability of regulated health professionals under *Regulated Health Professions Act (RHPA)*.

The full text of the legislation can be found at www.ontla.on.ca under Bills.

Committee Composition for April 2001-2002

Statutory Committees under the Regulated Health Professions Act (RHPA)

Executive

Dr. Keith Thomson, *Chair*
Dr. Allan Gotlib, *Vice Chair*
Ms Regina Willmann, *Treasurer*
Ms Gail Diamond
Mr. Calvin MacPherson
Dr. Drew Potter
Dr. Donald Viggiani

Complaints

Dr. Keith Thomson, *Chair*
Dr. Elizabeth Anderson-Peacock, *non-Council member*
Dr. Gilles Lamarche
Ms Regina Willmann
Ms Ruth Mabee, *alternate*

Discipline

Dr. Lynda Montgomery, *Chair*
Dr. Richard Bray, *non-Council member*
Dr. Douglas Brown, *non-Council member*
Ms Gail Diamond
Ms Helen Foster

Dr. Jacques Laquerre
Ms Ruth Mabee, *alternate*
Ms Jane Ann McLachlan, *alternate*

Fitness to Practice

Dr. Brian Schut, *Chair*
Ms Clarissa D'Cunha
Dr. Drew Potter

Patient Relations

Dr. Gilles Lamarche, *Chair*
Ms Gail Diamond
Ms Helen Foster
Dr. Brian Kleinberg, *non-Council member*
Dr. Janit Porter, *non-Council member*

Quality Assurance

Dr. Donald Viggiani, *Chair*
Ms Gail Diamond
Dr. Jacques Laquerre
Dr. Jeffrey Lustig, *non-Council member*
Ms Regina Willmann

Registration

Mr. Calvin MacPherson, *Chair*
Dr. David Leprich
Dr. Lynda Montgomery

Non-Statutory Committee under the RHPA

Advertising

Dr. Drew Potter, *Chair*
Dr. Peter Amlinger, *non-Council member*
Ms Helen Foster
Dr. David Leprich

Chiropractic Review Committee (CRC) under the Health Insurance Act

Members

Dr. Michaela Cadeau, *Chair*
Mr. John Bolus
Ms Corrine Hardey
Dr. Allan Horowitz
Dr. Keith Thomson

Note: All members of Council are potential members of the Discipline Committee.

'Chiropractic 101' Seminar



In view of a full skeleton, two spines, an x-ray view box and an adjusting table, members of CCO and the Canadian Memorial Chiropractic College (CMCC) went back to the basics of chiropractic for members of the Health Professions Appeal and Review Board (HPARB).

On December 1, 2000, Dr. Gilles Lamarche, CCO Council member, Dr. Jean Moss, President, CMCC, and Dr. John Mrozek, Dean of Undergraduate Studies, CMCC, presented on the rudimentary elements of the art, science and philosophy of chiropractic.

The presentation was a huge success, as evidenced by a letter to CCO and CMCC from HPARB chair Mr. Dennis Condos.



(L-R) Dr. Gilles Lamarche and Dr. John Mrozek

The Road Shows



October 2000 - Grey Bruce Chiropractic Society, Owen Sound

Dr. Keith Thomson, President, and Ms Jo-Ann Willson, Registrar and General Counsel, continued to meet with local chiropractic societies. They have travelled across Ontario, including Sudbury, North Bay, Peterborough and Owen Sound, where they have met with incredible hospitality from the members.

To book a speaker from CCO, please call Sue Gargiulo, Communications Officer, at (416) 922-6355, ext. 106.

Register Update

Unless otherwise indicated, cities listed are located in Ontario, Canada.

Suspended in 2000-2001 Due to Non-Payment of Fees

Abram, Nancy L., Beamsville
Ashique, Asim, Winnipeg, MB
Beck, Randy, Waterford
Bridges, Lisa A., Mississauga
Burkholder, Willard A., Kitchener
Campbell, Marianne, St. Thomas
Cardin, Andre J., Scarborough
Charles, Raymond, Scottsdale, AZ
Funk, Robert J., Oakville
Gerecke, Kurt, Winnipeg, MB
Giancola, Antonio, Hamilton
Goyeche, Laurie M., St. John's, PE
Hoogeveen, George, Owen Sound
Hudon, Katherine Y., Calgary, AB
Irowa, G. Ozin, Chicago, IL
Kerklaan, Andrew L., Roxboro,
Klymchuk, I. Kirk, Mississauga
Kupa, Lyla, Toronto
Ladanyi, Thomas, Tampa, FL
Leung, David C.K., Macau
McLeod, W. Sean, Lethbridge
McTavish, Jason, Highland
Ranch, CO
Murray, Todd, Ingleside
Nenshi, Alma, Calgary, AB
Nasser, Ali, Burnaby, BC
Nella, Estelle C., Stoney Creek
Nikifork, Robert, North York
Orvitz, Edan, St. Catharines
Pabani, Ashif, Guelph
Pawliw-Fry, John, Guelph
Pilgrim, Barry, Elyria, OH
Rahemtulla, Noorhehan,
Vancouver, BC
Shariff, Alykhan, Thornhill

Silver, Eve B., Thornhill
Skleryk, Robert, Vancouver, BC
Trudel, Tracy, Malone, NY
Webster, Andrew, Toronto,
Wilkie, Harold G., Ridgeway

Revoked Due to Non- Payment of Fees For Two Years

Barber, Audrey J., Brampton
Barber, Neil C., Saskatoon, SK
Barrett, R. Bruce, Winsloe, PE
Beingessner, Melanie L.,
Burnaby, BC
Bousfield, Nancy L., Ridgeville
Burt, Ross S., Madoc
Campana, E. Nino, Sault Ste. Marie
Cheng, Patrick C.,
San Francisco, CA
DaRe, Roberta, Ajax
Donat, Ali M., Windsor
Hardychuk, Dan, Richmond Hill
Keenan, Harry W., Ottawa
Kolybaba, Brent G.,
Vanderhoof, BC
McArthur, Donald G., Niagara
Falls
McLaughlin, Kevin J., Port au
Choix, NF
Meechan, John A., St. Catharines,
Ng, Yuen Yee, Vancouver, BC
Pedersen, Jani N., Toronto
Pfaff, David J., Toronto
Phillips, John S., Toronto
Prowse, Krista M., Toronto
Rhem, Stuart R., New Hamburg
Smith, Barry K., Niagara Falls
Thomas, Gregory K., West Indies
Tse, Dennis K., Ottawa

Resigned

Burgess, Gordon, Alliston
Chicoine, Edouard P.,
Wakefield, QC
Feegel, Eric, Sharon, ON
Gill, Corinne M., Queensland,
Australia
Johnston, Michael, Hilton Beach
Kelly, Tom, Scarborough
Liang, Raymond, Willowdale
Lindsay, Thomas W., Mahone
Bay, NS
Morrow, Robert J., Wallaceburg
Oake, Thomas F., Gravenhurst
Paul, Shannon E., Whistler, BC
Sanders, Norma J., Wawa
Smaye, Sheldon, North York
Vigeant, Leopold J., Lefavre

Note:

Thomas Oake (Gravenhurst) has applied for reinstatement with CCO. He was permitted to resign his certificate of registration with CCO effective October 1998. The details were reported in CCO's 1998 Annual Report. Any person wanting to make representations regarding this application should communicate, in writing, to: Ms Jo-Ann Willson, Registrar, at 130 Bloor St. West, Suite 902, Toronto, ON M5S 1N5.

Warning! Penalty for Late Fees

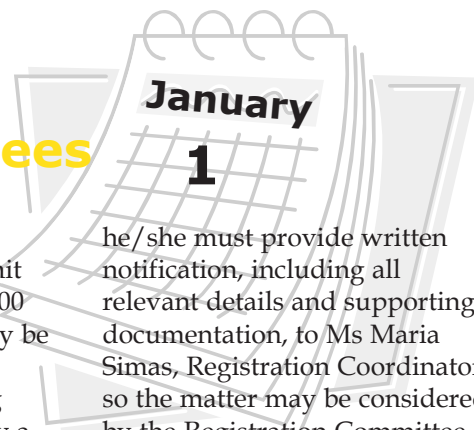
CCO will shortly be sending out the 2002 annual fees notices. The 2002 fee is \$650 for members paying in one installment and \$350 on January 1, 2002, and June 1, 2002, for members paying in two installments.

Membership fees are due on

January 1 of every year. Members who do not submit fees on time will incur a \$100 late penalty charge and may be suspended.

If there are extenuating health or other reasons why a member is unable to pay dues,

he/she must provide written notification, including all relevant details and supporting documentation, to Ms Maria Simas, Registration Coordinator, so the matter may be considered by the Registration Committee.



Welcome to New Members!

CCO welcomes the following new members since November 21, 2000, and wishes them a long and successful career in chiropractic.

Dr. Oudi S. Abouchacra
Dr. Stephanie N. Adams
Dr. Monique M. Andrews
Dr. Adrian R. Anger
Dr. Kim B. Armstrong
Dr. Frank Astri
Dr. Farhad Babakhani
Dr. Alexander Babitsky
Dr. Jason R.G. Baird
Dr. Salim Bandali
Dr. Michelle Basil
Dr. Jeremy T. Beamish
Dr. Michael T. Beck
Dr. Lee S. Belisle
Dr. Dennis J. Berkovic
Dr. Harvinder S. Bhella
Dr. Kevin J. Bloom
Dr. Rhian W.A. Bohunicky
Dr. Anissa M. Boosamra
Dr. Cameron P.A. Borody
Dr. Krista C. Borrowman
Dr. Tracy K. Bown
Dr. Tracy L. Bray
Dr. Paul M. Brezzi
Dr. Daniel B. Bringleston
Dr. Amy L. Brown
Dr. Paul B. Brown
Dr. Nancy L. Burns
Dr. Danielle M. Burtch
Dr. Andrea J. Butt
Dr. Elaine A. Byrtus
Dr. Derek Cain
Dr. Christopher D. Cameron
Dr. Christopher R. Cathers
Dr. Jin-Su Cha
Dr. Selwyn Chin
Dr. David G. Cholewinsky
Dr. Stephanie I.S. Chung
Dr. C. Corey Colhoun
Dr. Robert B. Cornelius
Dr. Matthew P. Corradetti
Dr. Ivano A. Costa
Dr. John A. Cottrell
Dr. Jody L. Cox
Dr. Connie J. D'Astolfo
Dr. Farhan S.W. Damji
Dr. Eric V. Dawtrey
Dr. Carla E. Day
Dr. Lloyd J. Decoff
Dr. Christine M. DeFazio
Dr. Michael A. Delduca

Dr. Jayson P. Dellandrea
Dr. Neil S. Dhalla
Dr. Stana Djurdjevic
Dr. Kelly S. Donnison
Dr. Laura K. Doran
Dr. David W. Doull
Dr. Jennifer L. Downey
Dr. Elaine H. Doyle
Dr. Janice M. Drover
Dr. Adam B. Dubler
Dr. Bryan R. Dumanski
Dr. Jenna M. Eidt
Dr. Susan E. Eldergill
Dr. Dodie L. Elkins
Dr. Barry K. Ellard
Dr. Yolyvette R. Engalla
Dr. Neil J. Ethier
Dr. Michael E. Fagan
Dr. Michelle D. Fagen
Dr. Brian W. Ferguson
Dr. Troy E. Fleming
Dr. Joe E. Flood
Dr. Raymond Y.T. Fok
Dr. Douglas J. Forster
Dr. James J.F. Fung
Dr. Domenic Gagliardi
Dr. Ken G. Gagner
Dr. Vinay Garg
Dr. Stephanie V. Gaston
Dr. Angelo Gavras
Dr. Donald J. Geisler
Dr. David A.I. Glenn
Dr. Dan G. Goldstein
Dr. Aubrey E. Green
Dr. Alanna C. Greib
Dr. Donald G. Guerette
Dr. Adam J. Gulas
Dr. Gina M. Gunraj
Dr. Gary G. Hamilton
Dr. Benjamin J. Hardick
Dr. Heather E. Hay
Dr. Sheila M. Hubscher
Dr. Karen E. Hudes
Dr. M. Dinna Icatar
Dr. Salima Ismail
Dr. Trevor Johnson
Dr. Rob D. Jones
Dr. Margaret Kauric
Dr. Shayla L. Kennedy
Dr. Amir A. Khajavi
Dr. Justin A. Kim

Dr. Alejandro Koch
Dr. Fatemeh R. Komeilinejad
Dr. Nancy Korenic
Dr. Christopher M. Kraemer
Dr. Kristina Kuzmich
Dr. Marnie-Jo LaFleur
Dr. Timothy J. Lamon
Dr. Ada Law
Dr. Christopher H. Lee
Dr. Stephan R. Lemak
Dr. Natalie Leone
Dr. Michael D.W. Lewis
Dr. Richard Liem
Dr. Mary Jane W. Livingstone
Dr. Herman K. Lo
Dr. Tonya L. Luby
Dr. Suk-Khuan K. Lum
Dr. Tali Lusthouse-Uditsky
Dr. Susan D. Lyons
Dr. Claudia Machiella
Dr. John A. MacIntosh
Dr. Tamara L. MacIntyre
Dr. Edward Mah
Dr. Marjan Makki
Dr. Katie T. Malone
Dr. Rebecca A. Martin
Dr. Donna M. McAllister
Dr. Ian D. McIntosh
Dr. James W. McKay
Dr. Neil E. McLeod
Dr. Joel W. Meredith
Dr. Trevor E. Middleton
Dr. Dennis P. Milenov
Dr. Shannon C. Miller
Dr. Kimberley D. Mills Mulchey
Dr. John Minardi
Dr. Alfin Mitha
Dr. Jacob D. Morgan
Dr. Jeffrey M. Muir
Dr. Scot A. Mundle
Dr. Kristen L. Murdie
Dr. Michael M. Murgic
Dr. Michael Murphy
Dr. Bradley G. Murray
Dr. Jennifer A. Murray
Dr. Daniel E. Nalborczyk
Dr. Gregory E. Nesterenko
Dr. Oliver Ng
Dr. Stephen P. O'Neil

continued on page 19

Welcome New Members (*continued*)

Dr. Jong-Han Oh
Dr. Oral Okem
Dr. William G. Outerbridge
Dr. Heather C. Pady
Dr. Jason M. Pahl
Dr. Anar Pardhan
Dr. Nima Pardisnia
Dr. Ron P. Pashkewych
Dr. Daniel Patel
Dr. Gary P. Pateman
Dr. Adrina K. Patterson
Dr. Elizabeth Paul
Dr. Karlo M. Pavich
Dr. Eric Periard
Dr. Jamie A. Perlin
Dr. Katherine A. Peto
Dr. Paul M. Pettay
Dr. Joseph S. Piazza
Dr. Lianne H. Pinkney
Dr. Rodney J. Pitblado
Dr. Julia C.R. Plumley
Dr. Michael D. Poyner
Dr. Charles J. Prange
Dr. Michael Prebag
Dr. Nima N. Rahmany
Dr. Lisa H. Raittinen
Dr. Jeffrey J. Randall
Dr. Paul J. Rankin

Dr. Tara K. Rawluck
Dr. Christopher D. Reinhardt
Dr. Lisa Marie Rino
Dr. Aaron A. Rogalski
Dr. Jacqueline E. Rogers
Dr. Shimon Rom
Dr. Lloyd T. Russett
Dr. Nizar Saab
Dr. Joelle Saad
Dr. Dev Sarathy
Dr. Dean D. Schincariol
Dr. Craig D. Schisler
Dr. Tracy E. Schlachta
Dr. Ranjiv R. Sehgal
Dr. Ben Shaw-Bin Shyu
Dr. Kimberly D. Shortt
Dr. Mikhail Shteynberg
Dr. Jeremiah H. Singh
Dr. David V. Skaro
Dr. Jason L. Skolar
Dr. J. Brent Souter
Dr. Charleen A. Squires
Dr. Michelle D. Statton
Dr. John V. Strebul
Dr. Darren S. Strong
Dr. Karen L. Stroud
Dr. John B. Super
Dr. Shawn A.A. Suprun

Dr. Amy E. Thiesburger
Dr. Bryan D. Thirsk
Dr. Brent S. Thompson
Dr. Angela L. Van De Walle
Dr. Eric W. Vandergugten
Dr. Alberto Varela
Dr. Altaf Virani
Dr. Douglas H. Vlaskamp
Dr. Pauline M.Y. Walden
Dr. Johnnie D. Walker
Dr. Michael W. Weber
Dr. Kelly A. Webster
Dr. Susannah Jo Weiss
Dr. Chantal M. Welch
Dr. Joanne L. Welham
Dr. Deborah L. Whillans
Dr. Michael B. White
Dr. Andrew Widdicombe
Dr. Willem S. Wiegiersma
Dr. Eric L. Wiens
Dr. Whitney G. Wihlidal
Dr. Michelle Yan
Dr. Karl D. Yap-Sam
Dr. Lisa E.A. Yerex
Dr. Derek J. Zibin
Dr. Dolores Zingarelli
Dr. Gregory J. Zoldy
Dr. Renata A. Zoretich

Council Meeting Highlights

Council held four regular meetings and the 2000 Annual General Meeting since the last issue of *ChiroPractice*. Here are the public portion highlights:

December 9, 2000

- Council unanimously approved the new mission statement developed during the Strategic Planning Weekend, held October 14-15, 2000.
- Council welcomed the newly elected representative from District 5 (Central West), Dr. David Leprich and newly appointed public

member Ms Jane Ann McLachlan of Waterloo.

- Council reviewed the *Agency Establishment and Accountability Directive* documentation from the Provider Services Branch of the Ministry of Health and Long-Term Care (MOHLTC). This directive classifies all review committees as “adjudicative agencies.”
- Council reviewed the agenda and supporting material for the November 4, 2000, Calgary meeting of the Canadian Federation of

Chiropractic Regulatory Boards (CFCRB), and the draft report from CFCRB's Specialties Transition Committee, chaired by Dr. Norman Danis of Quebec, and the correspondence with the British Columbia College of Chiropractors encouraging them to join CFCRB.

- Council reviewed correspondence exchanged with the Canadian Chiropractic Protective Association (CCPA), which clarified the existing requirements for consent in CCO's governing

continued on page 20

Council Meeting Highlights (*continued*)

legislation, standards of practice and policies.

- Dr. Allan Gotlib and Ms Jo-Ann Willson provided verbal updates on the November 2, 2000, meeting of the Federation of Health Regulatory Colleges of Ontario (FHRCO). Ms Willson advised Council that she accepted a position on FHRCO's Executive Committee.
- Ms Regina Willmann provided a verbal report on her meeting with the Health Professions Regulatory Advisory Council (HPRAC) following an invitation from the chair, Dr. Rob Alder. Topics discussed were *Information about Health Professionals* and *Public Interest and Accountability*.
- Council reviewed HPRAC's 1996 reports on Acupuncture and Naturopathy, released following a Freedom of Information request.

February 24, 2001

- Dr. Gilles Lamarche repeated his "*Chiropractic 101*" presentation to Council, which had been well received by the Health Professions Appeal and Review Board (HPARB).
- Council nominated for re-appointment to the Chiropractic Review Committee (CRC) the following: Dr. Michaela Cadeau (member), Dr. Allan Horowitz (member), Dr. Keith Thomson (member), Dr. Rhonda Kirkwood (inspector), Dr. Zev Kniznik

(inspector), Dr. Natalia Lishchyna (inspector), Dr. William McCallum (inspector), Dr. Larry McCarthy (inspector), Dr. James Thompson (inspector) and Dr. Paul Uchikata (inspector).

- Council reviewed the list of participants and the positive feedback of the CRC Inspectors/CCO Investigators Workshop, held on January 27, 2001.
- Council approved payment of fees to the CFCRB.
- Council approved the attendance of Dr. Allan Gotlib, Dr. Keith Thomson and Ms Jo-Ann Willson to the CFCRB 2001 Annual Conference in Vancouver, and their appointment as directors to the CFCRB Board.
- Council approved a motion that waived, on a pro-rated basis, the annual registration fees for 2001 for Canadian Chiropractic Examining Board (CCEB) examiners who are members of CCO. The rate is based on the number of examination series in which an examiner is a participant.
- Council approved, in principle, the CCO by-laws, which had been circulated to stakeholders, including the membership.
- Council reviewed HPRAC's reports on: (1) Optometry - Use of Therapeutic Pharmaceutical Agents, (2) Refractometry Scope of Practice and (3) Report on

Medical Imaging - Regulation of Diagnostic Sonographer and MRI Technologies and Expansion of Medical Radiation Technologists' Scope of Practice.

April 21, 2001

- Council reviewed the confirmation of the appointment of CCO's nominations to CRC.
- Council reviewed the letter and enclosures to the CRC chair from Dr. G. Ollson of OHIP re: recent amendments to Regulation 552 of the *Health Insurance Act* (sections 38.0.1 and 38.6).
- Council reviewed the agenda and table of contents for the meeting between the CRC and the Ministry of Health and Long-Term Care (MOHLTC).
- Council reviewed the sample letter requesting repayment from the MOHLTC to practitioners. Dr. Cadeau responded to questions.
- Council reviewed a memo from Ms Marlene Paulin, Ontario Chiropractic Association (OCA) acting executive director, to select OCA members re: OHIP recoveries.
- Council reviewed the letter from Dr. Dennis Mizel, OCA president, to Dr. Wanda Lee MacPhee, CFCRB re: Clinical and Professional Competencies, which included a recommendation that CFCRB form a task force to

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Council Meeting Highlights (*continued*)

- consider the issues raised in the report.
 - Council reviewed the letter from Dr. Ione Puchalski, OCA Insurance Committee, re: increase in concerns and/or complaints from Ontario insurers with respect to chiropractors recommending patients for psychological assessment and care.
 - Council reviewed extracts about strokes: *Stroke Rehabilitation Consensus Panel Report* and *Towards an Integrated Stroke Strategy for Ontario*.
 - Council reviewed the memo from Dr. Ron Brady, chair of the Canadian Memorial Chiropractic College (CMCC) re: the Atkinson Faculty Council of York University had voted 26 to 21 against further pursuing a union with CMCC.
 - Council reviewed the letter from the Mr. Peter Waite, executive director of the Canadian Federation of Chiropractic Regulatory Boards (CFCRB) re: CFCRB's efforts to comply with the provisions of the Agreement on Internal Trade.
 - Council reviewed CFCRB's draft position statement on pediatric chiropractic and CCO Council members were asked to provide feedback.
 - Dr. Gotlib extended an invitation to all Council members to become examiners for the Canadian Chiropractic Examining Board (CCEB).
 - Council reviewed FHRCO's submission to Ontario's Standing Committee on General Government on Bill 159 - *An Act Respecting Personal Health Information and Related Matters*.
 - Council reviewed the MOHLTC memo and attached draft statements relating to incorporation of health care professionals.
 - Ms Willson provided a verbal report and summary notes from the February 19, 2001, information session re: incorporation, hosted by the MOHLTC's Direct Payments and Regulatory Programs Policy Unit.
 - Council reviewed the letter to Ms Willson from Ms Lyn McLeod, MPP re: how the College was responding to articles re: the practice of chiropractic, and Ms Willson's response to Ms McLeod.
 - Dr. Thomson and Ms Willson were thanked for their presentations to the Central Ontario and Niagara society meetings.
 - Council reviewed Ms Willson's letter to Mr. Gordon Framst of Harry Cummings & Associates (consultants to HPRAC) expressing concern about the consultative timeframe which had adversely affected the comprehensiveness of the information and advice ultimately provided to the MOHLTC.
 - Council reviewed the Patient Relations Program Evaluation Final Report and expressed appreciation for the Committee's significant efforts in preparing the report.
 - Council reviewed proposed amendments to the Advertising standard of practice, policy and guideline, and approved distribution to stakeholders, including the membership, for feedback.
 - Council approved in principle a public opinion survey to determine the public's awareness of CCO and its mandate, and a communications plan to be refined based on the survey's results.
 - Dr. James Gregg presented to Council on *Exciting Developments in Chiropractic*. Dr. Gotlib expressed Council's appreciation for the presentation.
 - Ms Willson provided a general overview of the role and responsibilities of directors of non-profit organizations and Council reviewed several orientation articles.
 - Confidentiality undertakings were distributed and signed.
 - Ms Willson supervised the election of officers and striking of committees by Council.
- June 22, 2001 - Annual General Meeting**
- Council expressed its appreciation to the departing president, Dr. Allan Gotlib,

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Council Meeting Highlights (*continued*)



**(L-R) Dr. Doug Lawson and Ms Jo-Ann Willson,
2000 Annual General Meeting**

welcomed the new president, Dr. Keith Thomson, and acknowledged the efforts of all staff members.

- Committee chairs presented their reports.
- The auditor presented the 2000 year-end financial statements and noted CCO had balanced its budget and generated a year-end surplus.
- Dr. Doug Lawson, Director of Examination Services, CCEB, Calgary, addressed Council on the topic: *Examination and Quality Assurance: Our Pledge to Public Protection*. Dr. Lawson raised thought-provoking questions about CCO's Quality Assurance program, including whether clinical vignettes or, possibly, standardized patients should be added to the peer assessment process.

June 23, 2001

- Council reviewed Ms Willson's letter to an Ontario hospital re: the authority of

chiropractors in Ontario to order tests, and the hospital's response expressing gratitude for the comprehensive information.

- Council noted that the correspondence had been forwarded to Dr. John Bonn (Registrar, College of Physicians and Surgeons of Ontario), Ms Sharon Saberson (Registrar, College of Medical Radiation Technologists of Ontario), Dr. Jean Moss (President, CMCC), Dr. Dennis Mizel (President, OCA) and Ms Mary Beth Valentine (Director, Program Policy Branch, MOHLTC).
- Ms Willson provided a verbal report on the meeting with Dr. G. Ollson of the MOHLTC. The CRC chair, Dr. Michaela Cadeau, was also present and responded to questions.
- Council expressed its appreciation to Dr. Cadeau for her regular attendance at Council meetings and her efforts to facilitate communication.

- Council reviewed CFCRB's memo to specialty colleges from Dr. H. Armstrong re: update on the status of the CFCRB Specialties Committee.
- Council reviewed CFCRB's memo and attached documents from Mr. Peter Waite, Executive Director re: official mark protection for the chiropractor title.
- Council reviewed a letter and attachments re: focus groups for the CCEB Validation Project, to be held August 7, 2001, and a report on the June 9-10, 2001, clinical competency exams. Dr. Thomson provided a positive verbal report.
- Ms Willson reported that CCEB regularly reports to CFCRB on the examinations, the process will be monitored, and all provinces are now using CCEB's services.
- Council discussed the memo from Dr. D. Henderson re: the Glenierin CPG Chapter Information and Update. Ms Willson emphasized the importance of providing input on an ongoing basis. Council members were asked to forward concerns/suggestions re: the draft chapters to the president or Ms Willson.
- Ms Willson advised that regulations are currently being developed on incorporation of health professionals, and that CCO is participating in the efforts by all colleges to have consistent by-laws in support of the legislation.

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Council Meeting Highlights (*continued*)

- Council noted CCO's participation in the FHRCO working group on the *Personal Health Information and Privacy Act*.
- Council reviewed a letter to Dr. Allan Gotlib from Mr. Mark Yakabuski, vice president, Insurance Bureau of Canada, requesting advice on whether CCO would release members' registration numbers. The request related to an automobile insurance standard invoice project.
- Council agreed to defer implementation of the release of registrant numbers pending notification of members.
- Council approved the circulation to stakeholders, including membership, of Policy P-018: Dual Registrants and Policy I-008: Experimental Techniques, Technologies, Devices or Procedures as standards of practice.



2001 CCO Council: (front row, L-R) Dr. Gilles Lamarche, Ms Regina Willmann, Dr. Allan Gotlib, Ms Jo-Ann Willson, Dr. Keith Thomson, Ms Jane Ann McLachlan and Dr. Donald Viggiani

(back row, L-R) Dr. Jacques Laquerre, Ms Ruth Mabee, Dr. Drew Potter, Dr. Michaela Cadeau, Ms Clarissa D'Cunha, Ms Gail Diamond, Dr. David Leprich, Ms Helen Foster, Dr. Brian Schut, Mr. Calvin MacPherson and Dr. Lynda Montgomery.

Open Meetings and Hearings

All CCO Council meetings and discipline hearings are open to the public, including members of the profession. Meetings start at 8:30 a.m. and are held at the College of Chiropractors of Ontario. Space is limited. To reserve space, call Sue Gargiulo, Communications Officer, at (416) 922-6355, ext. 106. The next Council meeting is scheduled for December 8, 2001.

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