

## 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, respects the diversity of our profession, and partners with other health professions, licensing bodies, organizations and government, as needed.*

*Approved: April 12, 2003*

## CONTENTS

<b>President's Voice</b>	<b>1</b>
<b>CCO Council and Committee Composition for 2004-2005</b>	<b>2</b>
<b>Registrar's Report</b>	<b>3</b>
<b>In Memorium</b>	<b>3</b>
<b>Meet your New Council Members</b>	<b>4</b>
<b>Elections 2004</b>	<b>4</b>
<b>Meet your Non-Council Members</b>	<b>5</b>
<b>News and Views from CRC</b>	<b>6</b>
<b>Committee Updates</b>	<b>7</b>
<b>Complaints Corner</b>	<b>10</b>
<b>What is the FHRCO?</b>	<b>10</b>
<b>Mandatory Reporting... Members' Obligations</b>	<b>11</b>
<b>2003 Annual General Meeting + Speech Excerpts</b>	<b>14</b>
<b>Always on the Go</b>	<b>15</b>
<b>Professional Incorporation</b>	<b>16</b>
<b>PHIPA - What it means for chiropractors</b>	<b>17</b>
<b>What to do with files when you retire</b>	<b>18</b>
<b>For Your information</b>	<b>20</b>
<b>Registry Update</b>	<b>22</b>
<b>Welcome New Members</b>	<b>23</b>
<b>Council Meeting Highlights</b>	<b>25</b>

# CHIROPRACTICE

College of Chiropractors of Ontario

September 2004

## President's Voice

In this, my first communication to the chiropractic profession in Ontario as president of CCO, I would like to thank you, the members, and members of Council, both elected and appointed, for allowing me the opportunity to serve in this position.

I trust that you all had a pleasant and healthy summer and that we are all now ready to focus on serving the health care needs of the people of Ontario.

The Lewis Inquest is now behind us and CCO has and is implementing those jury recommendations within our mandate.

Our next challenge as a profession will be to deal with the issue of de-listing of chiropractic services from OHIP.

Our patients understand the necessity of chiropractic care (even if the government seems not to), and they will continue to use our services.

The important thing to remember is that de-listing does not mean de-regulation. De-listing means members will no longer be able to bill OHIP for chiropractic services. De-regulation means the profession will no longer be self-governing - another regulatory body will regulate chiropractic. In fact, if we intend to remain as a self-regulating profession in Ontario, it is now imperative that we collectively present ourselves to the government and the public in an ethical and professional manner.

We must continue to practise within the standards and policies of CCO and refrain from making outlandish advertising claims or public statements that cannot be objectively verified. As always, CCO highly recommends that members submit their proposed advertising material to the Advertising Committee for review and approval prior to publication.

Our peer assessment program, under the able guidance of the Quality Assurance Committee chair, Mrs. Regina Willmann, is progressing well and will be expanded in the coming year. The program is primarily a records and knowledge of the standards review and we will be implementing an x-ray component in the fall. The exercise is not intrusive and is very helpful in ascertaining if any areas of record keeping require improvement. Members to be peer assessed are selected randomly and our feedback to date has been that the program is positive and informative.

As you are all aware, the mandate of CCO is to the regulate chiropractic profession in the public interest.



**Dr. Drew Potter**  
President

continued on page 2

## CCO Council and Committee Composition for 2004-2005

### Council

#### Elected

Dr. Drew Potter, *President*  
Dr. Allan Gotlib, *Treasurer*  
Dr. Robbie Berman  
Dr. Marshall Deltoff  
Dr. Gilles Lamarche  
Dr. David Leprich  
Dr. Lynda Montgomery  
Dr. Brian Schut  
Dr. Frazer Smith

#### Appointed Members

Mrs. Regina Willmann, *Vice President*  
Ms Georgia Allan  
Ms Lynn Daigneault  
Ms Clarissa D’Cunha  
Mrs. Helen Foster  
Mr. Richard Frame  
Mr. John Quinney

#### Statutory Committees under the Regulated Health Professions Act

##### Executive

Dr. Drew Potter, *Chair*  
Mrs. Regina Willmann, *Vice Chair*  
Dr. Allan Gotlib, *Treasurer*  
Mrs. Helen Foster  
Mr. Richard Frame  
Dr. Gilles Lamarche  
Dr. Lynda Montgomery

##### Complaints

Dr. Gilles Lamarche, *Chair*  
Ms Clarissa D’Cunha, *alternate*  
Dr. Lezlee Detzler, *non-Council member*  
Dr. Brian Schut  
Mrs. Regina Willmann

### President’s Voice (cont.)

We, at CCO, are always available to listen to your concerns and to provide guidance regarding the regulations.

Finally, I would like to express my sincere appreciation to Dr. Allan Gotlib, our past president, for his guidance and encouragement to myself and all Council members over the past several years.

#### Discipline (all members of Council are potentially members of a Discipline panel)

Dr. David Leprich, *Chair*  
Dr. Michaela Cadeau, *non-Council member*  
Ms Lynn Daigneault  
Mrs. Helen Foster  
Dr. David Gohn, *non-Council member*  
Dr. Lynda Montgomery

#### Fitness to Practise

Dr. Marshall Deltoff, *Chair*  
Dr. David Leprich  
Mr. John Quinney

#### Patient Relations

Mr. Richard Frame, *Chair*  
Ms Georgia Allan  
Dr. Brian Kleinberg, *non-Council member*  
Dr. Brian Schut  
Dr. Robin Whale, *non-Council member*

#### Quality Assurance

Mrs. Regina Willmann, *Chair*  
Mr. Richard Frame  
Dr. Allan Gotlib  
Dr. Jeffrey Lustig, *non-Council member*  
Dr. Frazer Smith

#### Registration

Dr. David Leprich, *Chair*  
Dr. Robbie Berman  
Ms Clarissa D’Cunha

#### Non-Statutory Committee

##### Advertising

Dr. David Leprich, *Chair*  
Ms Georgia Allan  
Dr. Peter Amlinger, *non-Council member*  
Dr. Robbie Berman

#### Chiropractic Review Committee (CRC) under the Health Insurance Act

##### Members

Dr. J. Bruce Walton, *Chair*  
Mr. John Bolus  
Ms Corrine Hardey  
Dr. Dan Higginson  
Dr. David Linden

##### Inspectors

Dr. John Cadieux                      Dr. Rhonda Kirkwood  
Dr. Larry McCarthy                  Dr. Jason Potter  
Dr. Kelly Ramsay

## Registrar's Report

*"If you are going through hell, keep going."*

Winston Churchill

Growing up in a military family gives you a certain perspective on life. I'd summarize the main rules as follows:

- There is no point in getting sick; if you aren't dead, you should be marching.
- Keep your focus on winning the war; don't be discouraged if you lose a battle.
- Keep your boots polished; you never know when you'll be called into action.

### What does this have to do with CCO you ask?

First, chiropractors in Ontario can and do help more than one million people annually to restore and maximize health. Chiropractors are committed, passionate, and effective in providing care to patients.

Second, chiropractors have been in the midst of a number of recent challenges requiring examination and analysis, including the inquest and proposed delisting of chiropractic services. CCO is directly affected by these and other challenges because of the significant public interest issues involved.

These challenges take place in the larger

context of decent, competent chiropractors providing good quality care to patients, and CCO making enormous efforts to exercise its statutory obligations under the *Regulated Health Professions Act, 1991*, and fully implement its proactive programs including the peer assessment component of the quality assurance program.

Does it seem overwhelming at times? I think so. However, I am persuaded individual chiropractors and chiropractic organizations will continue their efforts.

CCO will similarly continue to the best of its ability to meet the challenges, while keeping a firm focus on the organization's mission, vision and strategic goals, and its statutory responsibility to protect the public. To that end, Council members and staff will be participating in a strategic planning session in September 2004, to ensure everyone is "on the same page."

We are entering the strategic planning session with the same staff members as those at the September 2002 session, but with a number of new elected and appointed Council members, all of whom must understand and be prepared to facilitate CCO's movement towards the strategic goals previously agreed upon. If there ever was a time for strategic thinking, it is now!



**Ms Jo-Ann Willson  
Registrar and  
General Counsel**

## In Memorium

As many of you are aware, Dr. Michael Brickman recently passed away. In addition to his significant efforts on behalf of other organizations, Dr. Brickman was a well-respected examiner and peer assessor for CCO. He was committed, honest, and very funny. We gave him the tough situations.

Michael always made the peer assessor days more enjoyable. His only criticism of the last training day was "The lunch had too many carbs. I suggest you all read the South Beach diet!"

He will definitely be missed. Our condolences to everyone who loved and respected him.



**Peer Assessment Workshop - February 28, 2004 (L-R) Drs. Steven Silk, Peter Amlinger, Keith Thomson, Michael Brickman and Frazer Smith**

## Meet your new Council members



**Dr. Robbie J. Berman, Ajax**

Dr. Robbie Berman graduated Summa Cum Laude from the Canadian Memorial Chiropractic College (CMCC) in 1995. In 1999, he became a Fellow of the College of

Chiropractic Rehabilitation Sciences (Canada) and its American counterpart.

Dr. Berman is aware and appreciates the diversity of the chiropractic profession. His thirst for knowledge has propelled him to attend many seminars and teleclasses. He is also an active participant in the profession - he was an examiner for the Canadian Chiropractic Examining Board (from 2001-2003) and is currently on the PMP committee for the Ontario Chiropractic Association. He is a member of CMCC, the Canadian Chiropractic Association and the International Chiropractic Pediatric Association, and an ambassador for the Chiropractic Leadership Alliance.

In the early part of his career, Dr. Berman practised in multi-disciplinary settings, rehabilitation facilities and gyms. He recently opened a family wellness centre in the Durham region.

### **Ms Lynn Daigneault, Toronto**

Ms Lynn Daigneault was appointed a public member in April 2004. She is currently a senior consultant and partner in Resolutions and Designs, Inc., a consulting firm that provides services such as mediation and dispute resolution, coaching, workplace investigations, and human resources consulting and training.

Prior to her consulting practice, Ms Daigneault was Senior Superintendent of Human Resources with the North York Board of Education, now the Toronto District School Board. She was a representative of Ontario supervisory officers to the Ontario College of Teachers, a member of the first governing council of that College, and a member of its first Investigations and Accreditation Committee.

Ms Daigneault holds a B.A. in French Language and Literature and a M.Ed. in Education Administration from the University of Toronto.

**Dr. Frazer D. Smith, Smiths Falls**



Dr. Frazer Smith is not only active in the profession, he is also an avid athlete (he is a member of the Canadian Ski Patroller) who became familiar with chiropractic at an early age due to sports injuries.

What convinced Dr. Smith to participate in the CCO Council as a representative from district 2 was his experience as a peer assessor in CCO's Peer Assessment Program. A peer assessor since 2001, when the program began, Dr. Smith has assessed more than a dozen members and has been an excellent ambassador for both the program and CCO.

Dr. Smith graduated from Summa Cum Laude from the Canadian Memorial Chiropractic College in 1997.

### **Elections 2004**

#### **District 4**

Dr. Brian Schut elected by acclamation.

#### **District 2**

Dr. Kahlid Mankal 59 votes

Dr. Frazer Smith 123 votes

**Member elected: Dr. Frazer Smith**

#### **District 3 (by-election)**

Dr. Robbie Berman 99 votes

Dr. Timothy Lamon 29 votes

Dr. Hans Teschl 47 votes

**Member elected: Dr. Robbie Berman**

## Meet your non-Council members

### **Dr. Peter J. Amlinger, Mississauga (Advertising Committee)**

Dr. Peter Amlinger was first appointed non-Council member of the Advertising Committee in April 2000, and is now serving his third two-year term. He has made significant contributions to the Advertising Committee, as well as to the Quality Assurance Committee as a well-respected peer assessor.

Dr. Amlinger has devoted a lot of time to educating the public about the benefits of chiropractic. He founded the Wonders of Chiropractic seminars in January 1992 and the Paul Amlinger Life Foundation for the Advancement of Chiropractic in 1997. He is also a hockey coach and sits on the Board of Directors Streetsville Amateur Minor Hockey Association.

### **Dr. Michaela J. Cadeau, Almonte (Discipline Committee)**

Dr. Michaela Cadeau is a familiar face at CCO. The former chair of the Chiropractic Review Committee (CRC) was named non-Council member to the Discipline Committee in June 2004.

Dr. Cadeau served on the Advertising and Complaints committees of the Board of Directors of Chiropractic from 1989-1992 and 1992-1994, respectively. In 1994, she served as an investigator and CCO appointed her chair of CRC for 2000-2003.

Dr. Cadeau has also been active in education. From 2001-2003, she taught the fourth year jurisprudence class at her alma mater, the Canadian Memorial Chiropractic College (CMCC), from where she graduated in 1982.

### **Dr. Lezlee P. Detzler, Milton (Complaints Committee)**

Dr. Lezlee Detzler was appointed non-Council member of the Complaints Committee in April 2003, one of the busiest committees of CCO. She is also an x-ray peer assessor for the Quality Assurance Committee.

Dr. Detzler graduated with honours from CMCC in 1984 and has participated in a variety of continuing education courses. Her practice consists mainly of locums in Southern Ontario, which she has been doing since 1995.

### **Dr. David W. Gohn, Arthur (Discipline Committee)**

Dr. David Gohn was named non-Council member of the Discipline Committee in June 2004. He was trustee of the Upper Grand District School Board in 2000-2003 and served as vice chair in 2003.

Dr. Gohn was a member of the Board of Governors of CMCC from 1988-2000, and served as chair in 1997-1998. He graduated from CMCC in 1961.

### **Dr. Brian Kleinberg, Concord (Patient Relations Committee)**

Dr. Brian Kleinberg was appointed non-Council member of the Patient Relations Committee in April 2000. He is currently serving his third term.

A 1982 graduate of CCMC, Dr. Kleinberg has been running a successful, multi-disciplinary wellness clinic since 1983. He has established a large occupational health practice dealing with the treatment and prevention of workers' injuries.

Dr. Kleinberg has earned an excellent reputation in the field of occupational health and has applied his experience and knowledge while acting as an occupational health consultant to many large corporations.

### **Dr. Jeffrey R. Lustig, Peterborough (Quality Assurance Committee)**

Dr. Jeff Lustig was appointed non-Council member of the Quality Assurance Committee in April 2000, and is now serving his fifth year on the committee.

Dr. Lustig graduated from CMCC in 1982 where he had served on the student council as class representative and then as SAC president. In 1988, he moved his practice from Toronto to Peterborough where he now practises.

Dr. Lustig's first introduction to CCO was as a non-Council member of the Rehabilitation Committee and then the Advertising Committee.

Dr. Lustig has enjoyed being part of the decision making process of the profession. He says although the differences of opinion can lead to passionate debate, it is gratifying to work in an atmosphere of mutual respect with caring public members, CCO staff and colleagues.

continued on page 6

## News and Views from the CRC - "business as usual"



*"Horrible imaginings are worse than present fears."*

*William Shakespeare*

It would appear that with the impending probability of de-listing of government funding, some chiropractors are breathing a sigh of relief. While the Chiropractic Review Committee (CRC) will eventually stop functioning as an auditing body for the Ministry of Health and Long-Term Care, billings to OHIP will continue to be monitored for some time.

In fact, the Ministry's Monitoring and Control Division advised the CRC that it will be "business as usual unless" otherwise advised. That means the Ministry will continue to monitor all billings through OHIP and, when necessary, direct the CRC to investigate for potential irregularities.

The CRC believes the monitoring will continue for quite some time after de-listing because billings are monitored over a range of time periods, usually involving one to three years in arrears.

The CRC would like to remind members that to submit services to OHIP, the service must be rendered by the member, the service must be therapeutically necessary, the service must not be misrepresented, and the service must be done in accordance with established standards and practices.

In addition to performing audits at the request of OHIP's general manager, if requested by a

### Meet your non-Council members (cont.)

#### Dr. Robin D. Whale, Port Hope (Patient Relations)

Dr. Robin Whale was appointed non-Council member of the Patient Relations Committee in April 2002 and is an examiner for the Canadian Chiropractic Examining Board.

A graduate of CMCC, Dr. Whale has participated in many continuing education courses, such as motion palpitation, in which he is certified. Dr. Whale was the in-house chiropractor for the Motion Palpitation Institute at CMCC in 1999-2001.

member, the CRC can review the results of a direct inquiry. Direct inquiries are conducted by the Ministry, essentially bypassing the CRC and going directly to the member under review. No chiropractors are involved in this auditing process. If the member wishes to dispute the findings of the direct inquiry, he/she may request the CRC to audit the review.

Members should know that all investigations conducted by CRC are thorough and in depth. In addition to two public members, CRC is made up of three practising chiropractors just like them. This ensures the members are dealt with fairly and justly.

Finally, even if chiropractic is de-listed and members stop submitting to OHIP, members must continue to practise within the established regulatory standards. Standards of practice are not just "hoops to jump through" on the way to providing care to the community. Standards ensure that this profession is providing the highest quality chiropractic care in the public's interest.

### Dispelling the CRC Myths

- It is a myth that just because a member has been flagged for investigation that he/she has done something wrong. In fact, investigations are requested to understand why a member's billings appear as they do.
- It is a myth that there is a bias against "high-volume" members. The Ministry monitors everyone who submits and is particularly interested in members whose billings are outside the statistical norm.
- It is a myth that the CRC directs recoveries based on volume. If a member provides care to many patients and does so in accordance with the established legislation and standards of practice, then the member should have nothing to worry about.

Of all the things the CRC looks at during an investigation, records are the most critical. If a member has not yet been peer assessed, he/she is urged to volunteer. The peer assessment program is an educational and positive way of ensuring that records are in order in the event of an audit, regardless of the size or style of practice.

# Committee Updates

## Advertising Committee

The Advertising Committee continues to review the advertising standard of practice (S-003: Advertising) and guideline (G-003: Advertising Code) to ensure members are able to advertise effectively and, at the same time, remain compliant.

The review will focus on three areas. First, some members have expressed concerns that the current CCO standard violates the *Canadian Charter of Rights and Freedoms*. The committee has sought a legal opinion regarding the constitutionality of the standard and will review the standard relative to this opinion.

Second, CCO's standard is based on the advertising template provided by the Ministry of Health and Long-Term Care. The committee is reviewing the CCO standard relative to the Ministry template and intends to improve the standard by clarifying ambiguities that exist in that template.

Third, the committee is reviewing the issue of members' websites. Currently, the standard states that member's website is an extension of his/her office and information on the website must be informative, educational and professional. However, the committee has received complaints from members and the general public about material posted on websites. As a result, the committee has sought a legal opinion regarding its jurisdiction over websites.

The committee will keep you informed on these issues.

Finally, the committee would like to remind members that they should submit proposed advertising material for review before publication to avoid difficulties in the future. The turnaround time is approximately 10 business days.

## Quality Assurance Committee

### Peer Assessment Program

It has been a little more than two years since the Quality Assurance (QA) Committee launched the peer assessment program and the response has been tremendous.

Since May 2003, when the committee officially launched the program into the full CCO membership, the peer assessors completed and the committee provided dispositions to 288 members. This number does not include the peer assessment of CCO Council and non-Council members and the members of the Ontario Chiropractic Association's Board of Directors.

Of the 288 assessments, 27 members received a satisfactory disposition. Table 1 illustrates the complete breakdown of dispositions.

The most common overall deficiency among members who have been peer assessed was record keeping. The problems ranged from very minor to significant.

With the more significant deficiencies, the committee recommended that 51 members attend a record keeping workshop.

With the less serious record keeping infractions, the committee recommended that 41 members attend a CCO road show (available through the local chiropractic societies).

With the minor record keeping infractions, such as not having the doctor's name and clinic on every form, the committee simply recommended that the member review the record keeping standard of practice (S-002).

The most significant deficiency for peer assessed members was the professional portfolio. The 75 members who received a significant deficiency in this area did not have a professional portfolio to show the assessor. Members are required to maintain an updated professional portfolio as it is a standard of practice.

In July 2004, the committee randomly selected another 300 members for peer assessment. Those assessments are currently underway.

And the program continues to evolve. The committee hopes to increase the number of assessments to 600 for 2005, depending on budget and other considerations.

Finally, the committee once again would like to emphasize that the program is educational. It is an opportunity for members to make improvements to their practice.

Information obtained during a peer assessment and evaluation is confidential. Peer assessors sign a confidentiality agreement with the Quality Assurance Committee and can only share information with the committee. A breach of this confidentiality would be a serious offence.

continued on page 8

# Committee Updates (cont.)

## DOs and DON'Ts of peer assessment

### DOs

- DO complete the pre-visit questionnaire.
- DO provide a copy of your blank intake forms.
- DO maintain an up-to-date professional portfolio - your assessor will ask to see it.
- DO review the information package - it tells you everything you need to know about the assessment.
- DO contact CCO if you have additional questions or require a professional portfolio and/or sample (the information is also on CCO's website - [www.cco.on.ca](http://www.cco.on.ca)).

### DON'Ts

- DON'T skip questions.
- DON'T send copies of patient files.
- DON'T contact the peer assessor.

The assessor contacts the member to arrange a mutually appropriate time to conduct the assessment. Following the assessment, the assessor will review the checklist with the member and provide the member with a copy of the report form. The assessor forwards the peer assessment material to the QA Committee for review.

If a member has any comments/concerns about the assessment, he/she is encouraged to provide feedback. There are several forms in which to provide feedback, such as the member feedback form and the post-visit questionnaire. Obtaining feedback ensures the program continues to evolve and improve.

Following the review of the peer assessment material (i.e., checklist, report form and member's comments), the committee will make one of the following dispositions:

- that the assessment was satisfactory and no further action is required;
- that the member correct significant deficiencies in the area(s) identified by the assessor;
- that the member correct minor deficiencies in the area(s) identified by the assessor;
- that the member participate in a member enhancement or remediation program.

If a member disagrees with the committee's disposition, he/she should state his/her case in writing to the QA Committee. The committee will review the member's comments.

The member must not contact the assessor following the assessment!

continued on page 9

**Table 1: Peer Assessment Dispositions as at August 2004**

<i>Standard of Practice/Policy/Guideline</i>	<i>Significant Deficiency</i>	<i>Minor Deficiency</i>
Professional Portfolio	75	33
Record Keeping	35	194
Consent	26	64
Communicating a Diagnosis/Clinical Impression	15	43
Advertising	10	8
Technical and Interpretative Components for X-ray	5	20
Chiropractic Care of Animals	5	0
Professional Misconduct re: Business Practices	4	7
Definition of a Chiropractic Visit (i.e., SOAP notes)	3	11
Dual Registrants	2	0
Techniques, Technologies, Devices or Procedures	1	4
Conflict of Interest	1	2
Reporting of Diseases	0	10
Guidelines for the Office Staff of a Chiropractic Office	0	4
Prevention of Sexual Abuse of Patients (i.e., Zero Tolerance)	0	3

## Committee Updates (cont.)

### Record Keeping Workshop

CCO held a record keeping workshop on June 17, 2004, for members required to or interested in improving their record keeping following their peer assessments. Two additional workshops have been scheduled for September 16 and December 11, 2004.

The workshops are lead by Dr. Keith Thomson, former Council member and CCO vice president and current consultant to the QA Committee.

The feedback from the June 17 workshop was very positive, largely due to Dr. Thomson's friendly demeanour and practical approach. Of the 20 members who attended the workshop, 17 rated the workshop as excellent and three rated it as good.

The workshops will be open to everyone. However, because of limited space, CCO will give priority to members who are required to attend following a peer assessment disposition.

If you would like to attend a workshop, please contact Sue Gargiulo, Communications Officer, at 416-922-6355, ext. 106.

CCO will not pay your expenses (travel/accommodation) but will provide breakfast and lunch.

### New Standards of Practice

Following extensive consultation with members and stakeholders, the QA Committee was instrumental in developing two new standards of practice - S-012: Orthotics and S-015: Immunization/Vaccination.

Council approved the orthotics standard in November 2003 and the immunization/vaccination standard in June 2004. Council also approved an explanatory memorandum to accompany the immunization/vaccination standard. CCO has already distributed these documents and they are available on the website ([www.cco.on.ca](http://www.cco.on.ca)).

### Peer Assessment Workshop

Ever mindful of continually improving the peer assessment process, the QA Committee hosted another peer assessment workshop on Saturday, February 28, 2004.



**Peer Assessment Workshop - February 28, 2004(L-R) (seated) Mr. Richard Frame, Dr. Liz Anderson-Peacock, Ms Jo-Ann Willson, Dr. Keith Thomson (standing) Dr. Gilles Lamarche and Dr. Michelle Whitney**



**Peer Assessment Workshop - February 28, 2004 (L-R) Drs. Heather Robson-McInnis, Liz Gabison, Jeffrey Lustig and Joyce Allman**

The objectives of this workshop were to provide assessors with feedback from the committee about the peer assessments conducted to date, to hear feedback from assessors about modifying the program (i.e., what would make it work better), to test the assessors' knowledge and understanding of the program, to maximize consistency and reliability among assessors conducting assessments during the next phase, and to encourage continued enthusiasm for the program.

As with the other workshops, this workshop was well attended (25 out of 30 assessors) and well received - 22 assessors rated the workshop excellent and three assessors rated it good.

The committee thanks the assessors for the outstanding work and dedication to the program.

The committee thanks and bids adieu to a former peer assessor who has relocated to the United States, Dr. John Schellenberg.

Finally, the committee thanks the late Dr. Michael Brickman.

## 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.*

### Care of patients in multidisciplinary clinics

In recent months, a number of issues have arisen regarding care of patients in multidisciplinary clinics. The issues have revolved around delivery of care, informed consent as to type of care provided, and identification of the health care

provider. One of the problems has been poor doctor-patient communication.

If an attending patient requests physiotherapy, the physiotherapist must provide the treatment. If the patient requests chiropractic care, the chiropractor must deliver the care. A patient may not be aware that a chiropractor can provide similar services as a physiotherapist, such as certain forms of physical therapy (i.e., mobilization). Similarly, a patient may not know that a chiropractor may perform soft tissue techniques that the patient may interpret as massage therapy.

If a chiropractor proposes to provide physical therapy or soft tissue massage, the chiropractor must ensure the patient understands he/she is providing the service under chiropractic care and obtain informed consent. Such services should be billed as chiropractic services.

---

## What is the FHRCO?



The Federation of Health Regulatory Colleges of Ontario (FHRCO) is comprised of the 21 health regulatory colleges that regulate health professionals in Ontario.

With representatives from each college, the FHRCO collaborates on issues that affect regulated health professionals in Ontario.

Pictured left is FHRCO's Executive Committee, as at March 2004, comprised of (front row, left to right) Dr. Murray Turnour, Registrar, College of Optometrists, Ms Jo-Ann Willson, Registrar and General Counsel, College of Chiropractors, and Ms Deborah Worrad, Registrar, College of Massage Therapists.

In the back row, from left to right, are Ms Kathy Wilkie, Registrar, College of Medical Laboratory Technologists, Ms Anne Coghlan, Executive Director, College of Nurses, and Ms Jan Robnison, Registrar, College of Physiotherapists and FHRCO president.

# Mandatory Reporting... Members' Obligations

## Are you familiar with the term "mandatory reporting"?

All members of Ontario's regulatory health professions, including chiropractors, must make mandatory reports to the appropriate authority in three areas - child abuse and neglect, sexual abuse of patients and communicable diseases. Failure to make such reports is grounds for professional misconduct and may result in fines of up to \$35,000 in the case of sexual abuse of patients.

But failure to report may not necessarily be due to carelessness or negligence. It may simply be the case of not knowing - not knowing what, when, and/or how to report.

The following provides some information on the reporting processes.

## Child Abuse and Neglect

### What and When to Report

The obligation to report child neglect and abuse falls under the *Child and Family Services Act* (CFSA).

The CFSA defines child abuse as a child "in need of protection" from physical, sexual and emotional abuse, neglect and risk of harm.

Section 72(1) of the CFSA states: "If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information upon which it is based to a children's aid society."

The Act defines "reasonable grounds" as what an average person, given his/her training, background and experience, exercising normal and honest judgment, would suspect.

For more information on the situations that must be reported to a children's aid society, please visit the Ontario Association of Children's Aid Societies website at [www.oacas.org](http://www.oacas.org).

The duty to report is ongoing [CFSA, s.72(2)]. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a children's aid society.

The person who has reasonable grounds to suspect a child is or may be in need of protection may make the report directly to a children's aid society [CFSA, s.72(3)]. The person must not rely on anyone else to report on his/her behalf.

The professional's duty to report overrides the

provisions of other provincial statutes [CFSA, s. 72 (7), (8)]. The professional must report suspected child abuse even if the information is supposed to be confidential or privileged. However, the professional must base his/her report on "reasonable grounds" and must have obtained the information in the course of conducting his/her duties.

Any professional or official who fails to report a suspicion that a child is or may be in need of protection is liable on conviction to a fine of up to \$1,000 [CFSA, s. 72(4), (6.2)].

If a civil action is brought against the professional who made a report, that person will be protected unless he/she acted maliciously or without reasonable grounds for his/her suspicion [CFSA, s. 72(70)].

### How to Report

There are 52 children's aid societies in Ontario. Check the telephone directory for the office closest to you. In some communities, the children's aid society is known as "family and children's services." The societies all have 24-hours-a-day service.

## Sexual Abuse of Patients

### What and When to Report

The obligation to report sexual abuse of patients falls under the *Regulated Health Professions Act* (RHPA).

The RHPA defines "sexual abuse" of a patient by a regulated health professional as sexual intercourse or other forms of physical relations with a patient/client, touching a patient/client in a sexual manner, or behaviour or remarks of a sexual nature to a patient/client.

Members of regulated health professions, such as chiropractors, must report sexual abuse of patients if they have reasonable grounds - obtained while practising their profession - to believe a member has sexually abused a patient.

Failure to file a report when obligated to do so is a matter of professional misconduct.

If the health professional later abuses or harms other patients, those patients could sue the member for failing to report the alleged abused before those other patients were abused or harmed.

continued on page 12

# Mandatory Reporting (cont.)

## Checklist for Reporting Sexual Abuse

As a chiropractor and member of a regulated health profession, you must report sexual abuse when you answer YES to all six of the following questions: (by Richard Steinecke, L.L.B., "Responsibilities of Employers, Managers and Partners under RHPA")

1. Do you know the name of the alleged abuser?
2. Is the alleged abuser registered with one of the Colleges of a health profession?

If you are uncertain whether the person is registered with a College, you may call the Registrar of the College that regulates that person's health profession.

3. Was the other person involved a patient of the alleged sexual abuser?

The purpose of sexual abuse amendments was to deal with sexual abuse of patients and not to pry into the private activities of practitioners.

4. Did the conduct involve one or more of the following:
  - sexual intercourse or other form of physical sexual relations
  - touching of a sexual nature
  - behaviour or remarks of a sexual nature

The term "sexual nature" does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided. histories or physical examinations do not constitute sexual abuse.

5. Was the information of the alleged sexual abuse obtained in the course of practising your profession?

The reporting requirement is not intended to cover information learned through your private life (e.g., at a cocktail party). However, the information may be obtained from any aspect of your professional practice, including information from a patient, from your co-workers or staff, or from personal observations made during the course of practising your profession (i.e., overheard

conversations). The fact that other registered practitioners were present and have made reports on their own does not relieve you of your obligation to make your own report.

6. Does your information constitute "reasonable grounds"?

This question sometimes involves a judgment call. Mere rumour and innuendo (e.g., when someone who barely knows X says "everyone knows X sleeps with his/her patients" but can provide no particulars) does not constitute reasonable grounds.

However, concrete information from a normally reliable source (e.g., a colleague reports to you that patient Y reported that practitioner X needlessly fondled Y's breasts) would normally constitute reasonable grounds even though you have not spoken to a direct participant of the incident.

Reports to you from a patient of a specific incident involving sexual abuse of that patient would constitute reasonable and 'probable grounds.

## How to Report

- Send the report to the named health professional's college, usually within 30 days.
- If a member has reasonable grounds to believe the named practitioner will continue to sexually abuse patient(s), he/she must file the report immediately.
- If a member is obligated to file a report, he/she must advise the patient of the requirement to do so.

## Communicable Diseases

### What and When to Report

CCO has always been committed to stopping the spread of communicable diseases. CCO has a standard of practice (S-004: Reporting of Diseases) advising members of their obligation to report specified diseases to their local medical officers of health. This obligation is outlined in section 25 of the *Health Protection and Promotion Act*.

continued on page 13

## Mandatory Reporting (cont.)

The duty to report diseases also includes the duty to report identifying information (e.g., the patient's name), notwithstanding the duty of confidentiality owed to the patient.

Chiropractors who fail to comply are liable, on conviction, to a fine of not more than \$5,000 for every day or part of a day on which the offence occurs or continues. Chiropractors are protected from liability for making a report in good faith.

### Continued Commitment to Infection Control

CCO remains committed to infection control. For that reason, CCO encourages its member to review the report, dated March 2004, from the Ministry of Health and Long-Term Care (MOHLTC), entitled "Final Report of the Infection Control Standards Task Force: Non-Acute Institutional Settings -

Preventing Respiratory Illnesses, Protecting Residents and Staff in Non-Acute Care Institutions - Recommended Infection Control and Surveillance Standards for Febrile Respiratory Illness (FRI) in Non-Outbreak Conditions."

The above and other similar documents are available on the MOHLTC website at [www.health.gov.on](http://www.health.gov.on).

### How to Report

- Contact the local medical officer of health.

CCO is aware of the contradiction in chiropractors having the obligation to report diseases but not having access to laboratory services. The contradiction does not relieve members of their obligations under the *Health Protection and Promotion Act*.

### Reportable Diseases under the *Health Protection and Promotion Act*

- Acquired Immunodeficiency Syndrome (AIDS)
- Amebiasis
- Anthrax
- Botulism
- Brucellosis
- Campylobacter enteritis
- Chancroid
- Chickenpox (varicella)
- Chlamydia trachomatis infections
- Cholera
- Cryptosporidiosis
- Cyclosporiasis
- Cytomegalovirus infection, congenital
- Diphtheria
- Ebola virus disease
- Encephalitis, including primary viral, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified
- Food poisoning, all causes
- Gastroenteritis, institutional outbreaks
- Giardiasis, except asymptomatic cases
- Gonorrhoea
- Group A Streptococcal infections, invasive
- Group B Streptococcal infections, neonatal
- Haemophilus influenza B disease, invasive
- Hantavirus
- Hemorrhagic fevers, including Marburg virus disease, other viral causes
- Hepatitis: viral. Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis D (Delta hepatitis)
- Herpes, neonatal
- Influenza
- Lassa Fever
- Legionellosis
- Leprosy
- Listeriosis
- Lyme Disease
- Malaria
- Measles
- Meningitis: acute, bacterial, viral, other
- Meningococcal disease, invasive
- Mumps
- Ophthalmia neonatorum
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- Plague
- Poliomyelitis, acute
- Psittacosis/Ornithosis
- Q Fever
- Rabies
- Respiratory Infection Outbreaks in Institutions
- Rubella
- Rubella Congenital Syndrome
- Salmonellosis
- Severe Acute Respiratory Syndrome
- Shigellosis
- Streptococcal pneumonia, invasive
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Verotoxin-producing E. Coli infection indicator conditions, including Hemolytic Uremic Syndrome (HUS)
- Yellow Fever
- Yersiniosis

## CCO 2003 Annual General Meeting



**(L-R) Mr. Frank Marrocco, Q.C., Dr. Allan Gotlib, Dr. Gilles Lamarche and Mrs. Regina Willmann**

CCO held its 2003 Annual General Meeting on Saturday, June 12, 2004, in the St. Thomas Room of the Windsor Arms Hotel. The guest speaker was Mr. Frank Marrocco, QC, Treasurer, Law Society of Upper Canada.

The topic: *Dynamic Governance for an Active Public.*

The Law Society of Upper Canada is the self-governing body for lawyers in Ontario. Its mandate is to govern the legal profession in the public interest by ensuring that the people of Ontario are served by lawyers who meet high standards of learning, competence and professional conduct, and upholding the independence, integrity and honour of the legal profession, for the purpose of advancing the cause of justice and the rule of law.

Mr. Marrocco spoke on the Law Society's history and its many challenges.

Excerpts from Mr. Marrocco's speech follow.

"The model of a self-governing profession charged with the responsibility of setting standards and enforcing them is a model that is quite well known today in the Province of Ontario. It was, however, quite revolutionary back in 1797, when the Legislature of Upper Canada passed.

"An act for better regulating the practice of law' (the *Law Society Act*). I guess you could say that as a profession, lawyers have had about 124 years longer than you and your colleagues, to determine the best way to fulfill the mandate of their regulatory statute.

"According to our research, while people very often appreciate their own lawyer, they don't necessarily have as good an opinion of the profession as a whole. That said, it seems to be one of modern society's ironies that the same people who revel in lawyer jokes, proudly announce their son or daughter's acceptance to law school.

"Our original and continuing obligation as articulated in the statute can be broken down as follows: secure for the province a learned body... secure to the province an honourable body. Clearly, ethics and discipline are a responsibility. These responsibilities, taken together can be captured under

the broad principles of consumer protection.

"In conclusion, I have tried to tell you a little about ourselves in the hope that you might see some points of common interest. We each have a public responsibility. We each take that responsibility to heart. It stands to reason that we can each benefit from the other's experience."



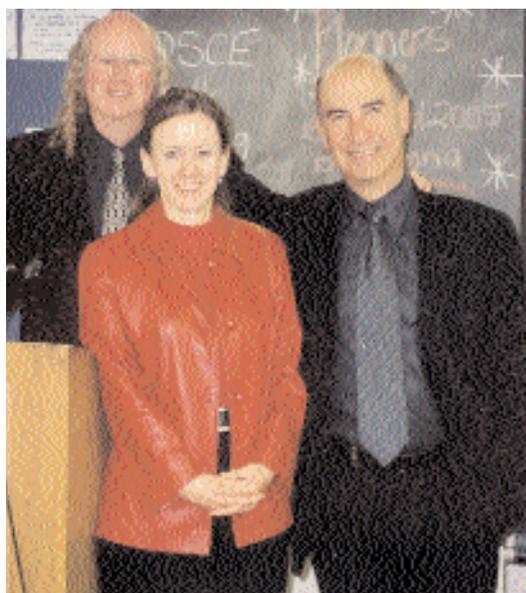
**(L-R) Dr. Allan Gotlib and Mr. Frank Marrocco**

## Always on the go!



**RIGHT - May 11, 2004 - CCO representatives at the Federation Joint Discipline Orientation Session**

**(L-R) (seated) Mrs. Regina Willmann, Ms Jo-Ann Willson (standing) Mr. John Quinney, Dr. Marshall Deltoff, Dr. Bruce Walton, Dr. Frazer Smith.**



**LEFT - May 5, 2004, Canadian Memorial Chiropractic College - (L-R) Dr. Keith Thomson, Ms Jo-Ann Willson and Mr. Allan Freedman present at the last jurisprudence class held at 1900 Bayview Ave.**

**RIGHT - March 2004 - Canadian Federation of Chiropractic Regulatory Boards (CFCRB) meeting in Winnipeg**

**(L-R) Seated: Dr. Wanda Lee MacPhee (CFCRB President), Ms Jo-Ann Willson, and Mrs. Regina Willman.**

**Standing: Dr. Allan Gotlib, Dr. Daniel Saint-Germain (CFCRB Chair), Dr. Keith Thomson (CFCRB Vice President), and Mr. Peter Waite (CFCRB Executive Director)**





## Professional Incorporation: *Making Your Application a Smooth One*

by Richard Steinecke  
Steinecke, Maciura, LeBlanc

Many chiropractors have chosen to incorporate their practices. After discussions with their legal and financial advisers, they have concluded that there are some advantages for them. Having made this important decision, the next task is to prepare the incorporation documents and obtain a certificate of authorization from CCO.

Without the certificate of authorization, the professional corporation cannot practise chiropractic. Keep in mind that there are two separate and distinct processes to follow.

The first step is incorporating your practice with the Ministry of Consumer and Business Services (MCBS). This is primarily a paper process and all that the MCBS looks at is whether the incorporation documents meet corporation law requirements. MCBS does not review the documents for compliance with professional regulation requirements.

The second step is applying for a certificate of authorization from CCO. CCO reviews the documents to ensure that it complies with the regulatory requirements, particularly those set out in the regulations made by the Minister of Health and Long-Term Care. And, yes, CCO does read the entire articles of incorporation.

CCO is noticing that there are a number of applicants whose articles of incorporation are accepted by MCBS for corporate law purposes even though they do not comply with the *Regulated Health Professions Act* regulations. This results in delays and added expense as the articles of incorporation then have to be amended.

To avoid this frustration, members are well advised to download and read carefully the Application for a Certificate of Authorization forms from CCO's website ([www.cco.on.ca](http://www.cco.on.ca)) before incorporating. (A hard copy of the forms can also be obtained by mail from CCO.)

The three most common mistakes in the incorporation of a professional chiropractic corporation are: first, using an improper name. The corporate name can include only the name of the member and the words "Chiropractic Professional Corporation." For example, "Dr. Green

Chiropractic Professional Corporation" is acceptable. You cannot add any other words.

Second, forgetting to restrict the activities of the corporation in article 5 of the articles of incorporation. The articles must state that the activities of the corporation are only to practise chiropractic.

An acceptable wording of article 5 is as follows: "The corporation shall only carry on the business of the practise of chiropractic as regulated by the College of Chiropractors of Ontario and activities related to or ancillary to the practise of chiropractic including the investment of surplus funds."

Related activities refer to things that flow naturally from a chiropractic practice, such as seminars and workshops. Practising another profession, such as naturopathy, is not a related activity and should not be done through a chiropractic professional corporation.

Ancillary activities refer to supporting services such as office management, managing the real estate in which the practice operates, and investment of surplus funds.

Third, suggesting that other corporations, trusts and other entities can be shareholders of the corporation. Only chiropractors registered with CCO can be shareholders of a chiropractic professional corporation.

Holding companies cannot be shareholders of a professional corporation. Some have inserted provisions in articles 8 and 9 of the articles of incorporation that suggest that corporations, trusts and others can be shareholders (often in the context of restricting the number of shareholders to 50 or less).

Never use language that refers to shareholders being a corporation, trust or other entity in any part of the articles of incorporation.

If you do any of the above, you will have to amend your articles of incorporation before CCO will issue a certificate of authorization. Avoid these three mistakes and save time and money.

*A senior partner in the law firm of Steinecke Maciura LeBlanc, Richard Steinecke is the author of A Complete Guide to the Regulated Health Professions Act and has written and spoken extensively on privacy law.*

## What the new *Personal Health Information Protection Act* means for chiropractors

by Richard Steinecke  
Steinecke, Maciura, LeBlanc

Last December, just before the *Personal Information Protection and Electronic Documents Act (PIPEDA)* took effect for most chiropractors, the Ontario government introduced the *Personal Health Information Protection Act, 2004 (PHIPA)*. After some revisions, *PHIPA* was passed this spring and takes effect on November 1, 2004.

The impact for chiropractors is largely positive.

First the bad news. *PHIPA* applies to any collection, use and disclosure of personal health information by a "health information custodian." That means, *PHIPA* applies to any personal health information collected used or disclosed by a custodian (i.e., chiropractors and facilities) regardless of whether the custodian engages in commercial activities. Chiropractors who work for a group practice or health agency will generally be able to fit under their information practices.

This is a significant expansion from *PIPEDA*, which generally applied only to chiropractors working in private practice.

*PHIPA* is enforced by the Ontario Information and Privacy Commissioner. The Commissioner has broad powers of investigation and can order a custodian to comply with their *PHIPA* obligations. Chiropractors are also subject to prosecution for breaches of *PHIPA* and to civil actions for damages, including a maximum of \$10,000 for mental anguish.

In addition, *PHIPA* imposes a few new and perhaps onerous obligations. For example, if there is a privacy breach, custodians have an obligation to notify their client of the theft, loss or unauthorized access. There is also an explicit duty on agents of custodians, like a chiropractor employed by a health agency, to notify the custodian if the agent has been involved in a security breach.

However, the good news is that *PHIPA* clarifies a number of ambiguities that exist under both *PIPEDA* and under the current patchwork quilt of statute and case law.

*PHIPA* provides more workable consent procedures for the collection, use and disclosure of personal health information. Generally implied consent will be sufficient for the collection, use and disclosure of personal health information in the course of providing health care. A poster or

brochure readily available and likely to be seen by a client can be used to support implied consent.

Chiropractors can even assume implied consent for disclosure of personal health information to other custodians who are treating the client. In addition, chiropractors can usually assume that a signed consent form presented to them relating to personal health information is valid. Also, the rules for substituted consent for information handling are very similar to those for substituted consent for treatment.

Some recurring problem areas are also addressed by *PHIPA*. For example, a direction from a client not to record pertinent information is invalid. Also, if a client directs that relevant information not be provided to another custodian, chiropractors can warn the recipient that they are receiving only part of the file.

*PHIPA* provides for more options for using and disclosing personal health information without the client's consent. These include using the information for health care planning and delivery, risk management and education. Disclosure of personal health information can generally be made without consent to others on the health care team, to support families and friends of a deceased client, for audit and accreditation purposes, for serious safety issues and to successor custodians (for example, the purchaser of a chiropractor's practice).

*PHIPA* requires that reasonable safeguards be taken to protect personal health information. Each custodian must appoint an information officer, called a "contact person." As noted above, clients have the right to be advised of privacy breaches.

Information technology suppliers to custodians must comply with certain standards. However, with client consent, records can be reasonably stored at the client's home or at an off-site storage facility.

In addition, *PHIPA* provides for a more health-specific system for client access and correction of their records. For example, access requests can be refused in respect of quality assurance information, for raw data from psychological tests and where there is a risk of significant harm to either the client or others.

Correction requests can be declined for professional opinions and observations and, in many circumstances, where the record was provided by another custodian.

continued on page 18

## PHIPA (cont.)

In addition, custodians do not have to provide copies of corrected records (or statements of disagreements) to those to whom the custodian has previously disclosed the personal health information where the correction would have no impact on the client's care.

Most chiropractors who have developed privacy policies to comply with PIPEDA will only have to make minor adjustments to them as a result of PHIPA.

Accompanying PHIPA is a related statute called the *Quality of Care Information Protection Act, 2004 (QCIPA)*. QCIPA protects certain information from being used against a chiropractor or other custodian in any civil or other proceeding (including discipline proceedings). For example, information compiled by CCO's quality assurance program about a chiropractor is protected.

Even information collected by a chiropractor in order to comply with CCO's quality assurance program cannot be used against the chiropractor. This statute will provide greater assurance to chiropractors that when they take steps to improve their practice or that of their facility, they will not be creating liability for themselves.

*For more information about his upcoming presentation for the Federation of Health Regulatory Colleges on PHIPA and other accountability issues see: [www.sml-law.com/seminars/details.asp?eventID=73](http://www.sml-law.com/seminars/details.asp?eventID=73).*

## Government offering educational seminars

The Ministry of Health and Long-Term Care is hosting several educational seminars across Ontario on the *Health Information Protection Act, 2004*. The seminars will provide an overview of the key elements of the legislation and answer questions from participants.

To obtain an application form, please contact Ms Iryna Bonya at 416-327-5109.

The seminars are two hours long and will take place as follows:

Date	Time	City
Sept. 14	12:30 p.m.	Kingston
Sept. 16	10:30 a.m.	London
Sept. 21	10 a.m.	Toronto
Sept. 23	11 a.m.	Ottawa
Sept. 28	10 a.m.	Windsor
Oct. 5	10 a.m.	Hamilton
Oct. 12	12 p.m.	Sudbury
Oct. 14	10:30 a.m.	Sault Ste. Marie
Oct. 19	11 a.m.	Timmins
Oct. 21	11 a.m.	Thunder Bay
Oct. 26	10:30 a.m.	North Bay
Oct. 28	10 a.m.	Toronto

## What to do with files when you retire

*by Richard Steinecke  
Steinecke, Maciura, LeBlanc*

Sooner or later we all have to stop practising. Usually retirement is viewed as a well-deserved break from the stress of practice, often with a mixture of regret and nostalgia. Sometimes it involves a change of career or a move to volunteer work. The key, of course, is to transition well. In addition to the financial, personal and social aspects of retirement, there are some professional aspects as well.

Chiropractors need to keep in mind that their professional lives can follow them into retirement or their new career. Clients will want information and copies of their charts and referrals for ongoing

treatment. Complaints can still be made and investigations conducted in respect of conduct while registered. CCO has ongoing jurisdiction over former chiropractors. Civil lawsuits can still be launched. Simply closing the doors and obtaining an unlisted home telephone number is not a satisfactory solution. Good planning can help make the transition smooth and uneventful.

As usual, addressing the needs of your clients will solve most problems. Active clients should be advised in advance of the change. It is best to do this by multiple media (e.g., letter, notice posted in the office, notice on the website and, perhaps, a notice in the local paper).

continued on page 19

## What to do with files when you retire (cont.)

Providing sufficient notice to active clients to permit them to make alternative treatment arrangements will avoid allegations of abandonment.

It is also wise to assist clients in finding other treatment. It is acceptable to make suggestions, or referrals, using your best judgment (e.g., to other practitioners one respects and who have a similar type of practice). However, it is prudent to give clients options with at least three names (which may not be possible in some smaller and more remote communities).

It is not acceptable to receive any kind of benefit for including a colleague on one's referral list; the choice must be based on the client's interests alone.

Another alternative for assisting clients in active treatment is to sell one's practice. This provides continuity of the practice. However, even here one must give clients a choice. Advance notice of the change of ownership and providing willing assistance to any client who wishes to go elsewhere avoids most difficulties.

Client privacy must also be respected. The new *Personal Health Information Protection Act (PHIPA)* provides some clear rules on how this should be done. Section 42 of that Act identifies the following process for protecting client privacy when selling one's practice:

- The potential purchaser must enter into an agreement with you to keep personal health information confidential and secure (and not to retain the information longer than necessary) when conducting their assessment of your practice (sometimes called "due diligence"). If such an agreement has been entered into, the potential purchaser can review the information necessary to ensure that they know what they are purchasing without client consent.
- If the sale goes through and the purchaser is assuming custody of the client records, you must make "reasonable efforts to give notice" to clients before transferring the records. If for some reason prior notice is impossible, you must give notice as soon as possible after the transfer. This duty to give notice applies not just to active clients, but also in respect of any closed files involved. Reasonable notice for long closed files might not be an individual

letter but, perhaps, by a notice in the local newspaper.

- CCO's record keeping standard goes on to state that reasonable attempts should be made to obtain consent for the transfer of the record.

The other option is for chiropractors to keep the records until they can be destroyed. CCO's record keeping standard requires that clients be told of your plans and be given an opportunity to obtain a copy of their records. It is also prudent for the member to provide a means for clients to contact the member even after retirement to obtain a copy of their records (e.g., a listing in the phone book, clear directions from those taking over the practice to refer such requests to you, accurate and updated contact information in the CCO files).

If you decide to keep the records with a professional storage service after retirement, section 14 of the *PHIPA* requires that you obtain client consent for this, that you use a storage service with reasonable security standards and that you comply with any CCO guidelines that may be developed. It may be wise to obtain the consent from clients now, while you are in active practice, rather than try to obtain it when you are closing up your practice.

It is important to make appropriate arrangements for any record storage. Under ss. 3 (12) of the *PHIPA*, your estate trustee or next-of-kin becomes legally responsible for complying with the obligations under that Act if you die while still having custody of client records.

You are permitted to destroy client records seven years after the client's last visit or, if the client was a minor at the time, when the client turns 25. However, keep in mind there is no time limitation for complaints to CCO, so it may be prudent to retain files for longer than the minimum period.

When retiring you can still be sued. Do not assume that your previous insurance/protection will cover the claim. Speak to your malpractice insurer protection organization about whether you need to take any steps to ensure continuity of coverage after your retirement.

Also, do not forget to tell CCO that you have retired, the effective date of the retirement and how you can be reached for any residual matters.

The above steps can contribute to peace of mind during your retirement years.

## For Your Information

### Lewis Inquest recommendation re: provocative testing

Earlier this year, CCO forwarded to members the unofficial Lewis Inquest Jury Verdict and Recommendations. CCO now brings to members' attention the jury recommendation relating specifically to provocative testing.

The jury recommended... "that practitioners (including chiropractors, physiotherapists and physicians/surgeons) be informed by their respective regulatory bodies that provocative testing (prior to performing high neck manipulation) has not been demonstrated to be of benefit and should not be performed."

CCO is reviewing its standards of practice in light of the recommendations and has communicated with the Hon. George Smitherman, Minister of Health and Long-Term Care, with respect to his ministry.

### Be polite and you'll be more persuasive

CCO has always encouraged and continues to encourage members to provide feedback on issues relevant to CCO and the profession.

The feedback, however, has not always been appropriate. The problem is not that members disagree with CCO's position on various issues. The problem is with how some members provide the feedback. Comments have come in the form of insults, threats and expletives.

Again, it is all right to disagree. But please temper your comments. Be courteous, be professional and be constructive. Your feedback will be far more persuasive to the committee responsible for making recommendations to Council.

Under **no circumstances** is it acceptable for a CCO member to contact a public member of Council directly at their residence and provide him/her with documentation viewed as critical. All feedback must come to CCO.

### Home addresses on the public register

The *Regulated Health Professions Act* requires each regulatory health college, such as CCO, to maintain a register that includes each member's name, business address and business telephone number.

This information is available to members of the public upon request and is published in the CCO directory.

Some members have been upset that CCO has published their home address and telephone number in the directory. This only occurs if CCO does not have a business address/telephone number.

As per the registration renewal form, CCO advises each member of the primary address that is recorded in the official register, that will be used for all official correspondence and printed in the directory. If the information is incorrect or if it is a home address and the member prefers to use his/her business address, it is the member's responsibility to advise CCO. If there is no business address, CCO will publish the home address/telephone number in the directory.

### Core competency

CCO is developing essential core competencies, known as the Core Competency Project, for Ontario chiropractors that will provide a model to ensure safe, effective and ethical outcomes for patients, and help the public in assessing quality care. The core competencies will reflect the knowledge, skills and judgment members require to perform the services and procedures within their scope of practice.

Chaired by Dr. Keith Thomson, former CCO member and current consultant to the Quality Assurance Committee, the group also consists of Dr. Allan Gotlib, Dr. Dennis Mizel, former president of the Ontario Chiropractic Association (OCA) and Mrs. Regina Willmann.

On June 12, 2004, the group met with stakeholders from across Canada, and thanks the following individuals for their ideas and positive feedback - Drs. Stephen Barker (Chiropractic Awareness Council), Annette Bourdon (Canadian Chiropractic Examining Board), Stan Gorchynski (Canadian Chiropractic Association), Wanda Lee McPhee (Canadian Federation of Chiropractic Regulatory Boards), John Mrozek (Canadian Memorial Chiropractic College), Doug Pooley (Council on Chiropractic Education Canada), John Thyret (Canadian Chiropractic Protective Association) and Dean Wright (OCA).

The group will present the draft core competencies at the CCO Council meeting on

continued on page 21

## For Your Information (cont.)

September 11, 2004. CCO will distribute them to members for feedback shortly thereafter.

CCO is looking forward to receiving feedback, especially on the question - What continuing education courses do you feel a member should/must take?

### On the road... still!

Ms Jo-Ann Willson, Registrar and General Counsel, and Dr. Keith Thomson continue to travel across Ontario to meet with local chiropractic societies to discuss a variety of CCO issues - record keeping, peer assessment, immunization/vaccination.

The next road show will be on September 22, 2004, in Thunder Bay.

If you would like to book Ms Willson and Dr. Thomson, please contact CCO at 416-922-6355.

### Billing OHIP when treating children

When a member gives a report of findings to a parent of a child and the child is not present, the member may bill OHIP. A parent or guardian of a child will at times receive a report of findings, plan of management, schedule of care, etc., yet the child may not be present during that office visit. The member's records should reflect that, and all pertinent discussion should be recorded in the child's patient records.

### De-listing and x-ray reports

Members who believe that de-listing of chiropractic from OHIP means they no longer have to do their x-ray reports are mistaken. Members must still comply with CCO's standards of practice on record keeping (S-002: Record Keeping) and x-ray (S-007: Technical and Interpretative Components for X-ray).

Even with the current issue of de-listing, the Chiropractic Review Committee will continue to function for some time.



Grey Bruce Chiropractic Society - April 28, 2004

### Charging "block fees" - take note!

CCO permits members to charge block fees, but members should be careful that they understand the process. For example, a member may place a patient on a schedule of care and charge a block fee. However, if the fee per visit for 50 visits is \$20 and the patient decides to discontinue care for whatever reason, the member cannot then raise the patient fee to the regular office fee of \$35 per visit. This procedure may result in a complaint to CCO. The member should also provide the refund in a timely and efficient manner.

### CCA wants your feedback!

The Canadian Chiropractic Association (CCA) is posting the draft "Chiropractic Clinical Practice Guideline: Evidence-based Treatment of Adult Neck Pain Not Due to Whiplash" on its website in September for review by the profession.

This guideline is being developed as a joint project of CCA and the Canadian Federation of Chiropractic Regulatory Boards, and has involved representatives of 30 chiropractic organizations, including CCO.

This is the first of a series that will deal with cervical spine issues. It will be followed by a guideline on whiplash, structural/functional disorders and headache.

Go to the CCA website ([www.ccachiro.org](http://www.ccachiro.org)) review the guideline and give them your feedback.

continued on page 22

## Registry update (as at August 17, 2004)

**Note: Cities listed are located in Ontario, Canada, unless otherwise indicated.**

### Suspended Due to Non-Payment of Fees

Boynton, David R. (Stoney Creek)  
Buss, Timothy E. (Barrie)  
Chu, Chi Kong (Hong Kong, China)  
DiPasquo, Riccardo N. (Livornia, MI)  
Fortier, Marc A. (Orleans)  
Lebenbaum, Jack R. (North York)  
MacDonald, Denise M. (Nepean)  
Morey, Joanna M. (Naperville, IL)  
Rigg, Melissa E. (Takaka, New Zealand)  
Tschaschnik, Irwin B. (North York)  
Waxman, Earl A. (Hamilton)  
Yorke, Ryan W. (Morphet Vale, Australia)

### Revoked Due to Non-Payment of Fees for Two Years

Bjornson, Julie K. (Bobcaygeon)  
Bryans, Roland G. (Clarenville, NF)  
Burns, Nancy L. (Toronto)  
Cannon, Robert J. (Burnaby, BC)  
Darabi, Mahin (Toronto)  
Donnelly, Jennifer J. (Brampton)  
Downey, Jennifer L. (Waterloo)  
Glenn, David A.I. (St. Charles, IL)  
Ho, Michael M. (Markham)  
Horowitz, Michael L. (Richmond Hill)  
Ironsides, Susanna M. (Vancouver, BC)  
Karner, Stephen J. (Vancouver, BC)  
Leblanc, Charles E. (Bourgel)  
MacLean, Christine N. (Toronto)  
McKay, James W. (Calgary, AB)  
Merrick, Timothy C. (Ottawa)  
Mikazans, Harry G. (Etobicoke)  
Miller, Shannon C. (Victoria, BC)  
Parks, J. Edward (Barrie)

Pilkington, Richard J. (Ajax)  
Postma, Christopher A. (London)  
Roy, Raymond J. (Kelowna, BC)  
Saab, Nizar (Edmonton, AB)  
Smith, Tara L. (Sutton, UK)  
Swerdon, Robert I. (Barrie)  
Voth, Daniel H. (Thorold)  
Woollard, Mark E. (Scarborough)

### Resigned

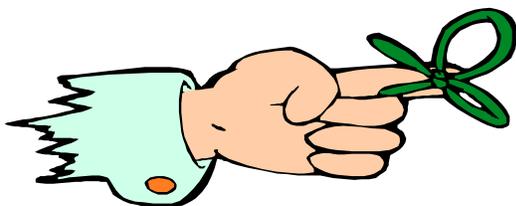
Baker, Marc A.S. (Bedford, NS)  
Bianchi, Nicola (Toronto)  
Bruce, A. Raymond (Port Franks)  
Desneiges, Anne M. (Toronto)  
Kaitila, Keijo R. (Lively)  
Legault, Marie-France (Downsview)  
Marshall, Ronald (Toronto)  
Serafini, Gabrielle M. (Vancouver, BC)  
Shatilla, Kenneth L. (Scarborough)  
Staddon, Caroline D. (Harrow)  
Van Nieuwenhove, Roger L.P. (Niagara-on-the-Lake)  
West, Stephen E. (Sault Ste. Marie)

### For Your Information (cont.)

#### Beasley award winners

Congratulations to the 2004 winners of the Dr. Harold Beasley Memorial Award for Excellence in Jurisprudence - Tara Pearce, DC, and Alison Leitch, DC, graduates from the Canadian Memorial Chiropractic College. CCO will waive their application and registration in Ontario waived for the first year.

The award is open to any student from an accredited chiropractic educational institution in North America who intends to practise in Ontario.



### 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.

# Welcome New Members!

**CCO welcomes the following new members (from July 31, 2003, to August 19, 2004) and wishes them a long and successful career in chiropractic.**

Adams, Shelley K.  
Aggarwal, Saryu K.  
Ainsworth, Erica  
Albert, Joseph J.  
Allen, Hillary J.L.  
Allensen, David M.  
Ashcroft, J. Tyrrell  
Asselin, Rene J.D.  
Au, Waisze  
Avery, Douglas  
Badhwar, Rochak  
Bagnulo, Ernesto A.  
Bajor, Paul A.  
Balchen, Kendall L.  
Balfour, Donna M.  
Barnswell, Ryan L.  
Barriscale, Allison S.  
Basic, Sarah  
Baxter, Laura J.  
Beattie, Jennifer D.  
Berenstein, Michael R.  
Bernat, Yolanda A.  
Bertolo, Duilio  
Birk, Ruminder Singh  
Blumberg, Alisa R.  
Bober, Suzanne M.  
Boonstra, Ian D.  
Bournas, Harriet  
Boutet, Helene  
Boyd, Jacqueline L.  
Brabant, Melanie C.  
Bracken, Scott J.  
Brooker, Bradley R.  
Browne, Sean-Michael  
Buan-Basit, Darlene V.  
Buja-Bijunas, Lily  
Burry, Darren C.  
Campbell, Colin A.  
Carney, Michael P.  
Carreira, Micael P.  
Chahal, Simi K.  
Chan, Ronnie H.Y.  
Chang, Christine  
Charbonneau, Kevin P.  
Chen, Te-chang Alan  
Chohan, Permvir S.  
Chung, Joyce M.  
Chung, Tobias  
Citron, Rena C.

Clarke, Craig R.  
Clarke, Victoria M.  
Coates-Steedman, Janice M.  
Conaway, Chad W.  
Conrad, Shane  
Corner, Jennifer J.  
Costa, Cynthia J.E.  
Courage, Julie C.M.  
Cross, Lisa M.  
Cupp, Laura K.  
Curran, Lisa C.  
Cutler, Lisa  
D'Ugo, Villerma G.  
Daugherty, Alrick  
Davey, Brett J.P.  
David, Angelo B.J.  
Davis, Erin E.  
Demeris, Christopher C.  
DeShane, David  
Dickie, Timothy J.  
Dilkas, Kathleen J.  
Dimakis, Philip  
DiStefano, Fabrizio  
Dobbin, Shane C.  
Dougley, Shauna M.  
Downey, Shara N.  
Dunderdale, Thomas H.N.  
Duong, Mylinh T.  
Dworkin, Rebecca Y.  
Estima, Stephanie A.  
Frey, Michael A.  
Frohlich, Jennifer L.  
Fung, Sharon  
Gagne, Carolyn M.  
Gamble, Geoffrey R.  
Garvey, Jamie S.  
Gate, Stephen J.  
Gelber, Joshua A.  
Getsos, Jim  
Gibson, Michael C.  
Gillies, Joanna  
Goyal, Melanie  
Green, Shawna M.  
Gropp, Elvyn  
Groulx, Paul G.  
Guest, David B.  
Guillet, Sherrie L.M.  
Gunawan, M. Imelda  
Hallman, Randy

Halusky, Andrew J.  
Halusky, Christopher T.  
Hampson, Josline R.  
Harris, Jeffrey N.  
Hartmann, Nicholas  
Hashi, Dahir M.  
Helmstaedt, Christopher B.  
Heubner, Lindsay M.  
Hill, Evan T.  
Hincapie, Cesar A.  
Hirji, Selina B.  
Ho, Anthony K.G.  
Ho, Janet Yuk Kan  
Ho, Sheldon L.S.  
Hoda, Wajid A.  
Honey, Jonathan M.  
Hood, Katherine J.  
Horvat, Robert I.  
Howell, Emily R.  
Hum, Don M.  
Humphrey, Adam M.  
Ibarreta, Xavier I.  
Ipchilar, Ali  
Islami, Afshin  
Jahani-asl, Mahran  
Jess, Michael D.  
Johnston, Sarah C.  
Jones, Lori B.  
Kansal, Shelly  
Kasiban, Mark J.  
Kassam, Shaffana  
Kellen, Helmut G.  
Kempt, Erin D.  
Khan, Usman H.  
Kish, Tracy L.  
Koabel, Michael P.  
Kobrick, Jason M.  
Konopka, Magdalena  
Koski, Kimberly A.  
Kristoff, M. Catherine  
Kwa, Helen C.F.  
Lake, Natasha A.  
Lake, Norbert J.  
Lam, Thomas A.  
Lambropoulos, Angela  
Lardi, Laura  
Lavery, Jennifer M.  
Lazarus, Lelsey D.

continued on page 24

## Welcome New Members! (cont.)

Lehr, Michael S.	Palantzas, Georgia	Spina, Andreo A.
Lennon, Duane W.	Paradis, Pierre P.	Stupar, Maja
Lessey, Mark A.	Patterson, William T.	Sulkowski, Andrew C.
Lewis, Jeanette N. Reis	Paynter, Chris R.	Swain, Jason J.
Lin, Jules C.	Pearce, Tara L.	Taillefer, Paul J.
Listenmaa, Susanna K.	Pessoa, Alexander F.	Tallon, Charles M.W.
Liu, Clement Chong-Hon	Petrie, Karl G.	Tallon, Michelle M.
Liu, Joanne Chung-Yan	Phan, Thai Thong	Tam, Gary
Lundy, Angela E.	Pisani, Nagib S.	Taylor, Janine A.
Macanuel, Kimberley Ann	Price, Tara L.	Teplitsky, Noam M.
MacNeil, Jean D.	Racicot, Sarah J.	Tersigni, Riccardo V.
Malone, Peggy	Rae, John A.	Tham, Laurence J.
Mandzak, Timothy G.	Rajan, Anita A.	Thistle, Shawn M.
Marr, David M.	Rattansi, Hussein	Thomas, Brien D.
Martin, Michael D.	Rayfield, Benjamin W.	Thomas, Kirsten M.
Masellis, James	Reynolds, Vanessa J.	Tiu, Brian
McCrimmon, Scott A.	Rezai, Mana	Travis-Phillipson, Diane E.
McGlashan, Christina J.	Robinson, Amy M.	Truchon, Tamara L.
McIntosh, Kelly M.	Rogers, Gregory C.	Tryphonas, Speros
McKinlay, Peter A.	Rom, Milly	Tsang Chin, Ellen
Mekis, Michael	Rovos, Alex	Turner, Ann M.
Mendelle, Elise D.	Russi, Angel E.	Twardowski, Jason J.
Mendl, Gabriela	Sacks, David H.	Valentino, Alana
Michalakos, Eleni	Saini, Damnish K.	Vickery, Lisa M.
Mickeler, Sarah J.	Sajko, Sandy S.	Watkins, Bradley A.
Mistry, Jayesh	Salgueiro, Nancy M.	Watson, Derick A.
Mohsini, Haroon M.	Saliman, Cyrus	Watson, Dionne M.
Moore, Keith R.	Saratsiotis, John	Wellman, Angela M.
Mueller, Kenneth W.	Scherer, Amy-Lynn M.	Williamson, Malcolm T.
Muir, Brad J.	Schippel, David A.	Wilson, Adrienne M.
Nalborczyk, Andres L.	Schwartz, Michael A.	Wong, Jonathan M.
Neale, George G.	Shadpour, Shirin	Woodburn-Davis, Jenna
Nicely Dawes, Kimberly	Shahani, Shalini	Woodford, Celine L.
Norman, Ronald K.	Sharma, Ruby	Wysotski, Adam N.
O'Brien-Ivankovic, Kelly J.	Shearer, Heather M.	Yip, Justine Y.H.
Oakley, Heidi G.	Shoemaker, Veronica	Zeni, John R.
Oakley, Paul	Skinner, Wade	Zhou, Zhilong
Oishi-Stamatiou, Ailin K.	Sloan, Heather R.	
Oliver, Stephen J.	Snowden, Kelly K.	

## Have you heard from?

Mail sent to the following members' business addresses was returned to CCO with no forwarding address. If you know someone listed here, please have him/her contact CCO.

Ferries, Douglas C. (Toronto)  
Golhassani, Niousha (Etobicoke)  
Hayes, Edward W. (Toronto)

Jones, Mark E. (Font Hill)  
Mitchell, Russell H. (Brooklin)  
Shin, Donald D. (Scarborough)  
Sohi, Oscar (Mississauga)  
Stojkov, Zoran (Mississauga)  
Thai, Truc Lynn (Toronto)  
White, Anthony R. (Louisville, KY)

# Council Meeting Highlights

Council held five regular meetings since the last issue of *ChiroPractice*.

At all meetings, Council reviews information from the Ministry of Health and Long-Term Care (MOHLTC) and other chiropractic organizations, health regulatory colleges and the Federation of Health Regulatory Colleges of Ontario (FHRCO) and monitors legislative changes to ensure it is informed about recent development that relate to CCO's mandate to regulate chiropractic in the public interest.

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.

The past numerous meetings have required in-camera sessions to discuss CCO's participation in the Lewis Inquest and financial matters.

All Council meetings involve a report from every committee as well as the treasurer, and a consideration of the recommendations of each committee.

CCO has regular attendees at its Council meetings, including the chair of the Chiropractic Review Committee (CRC), a representative from the Ontario Chiropractic Association (OCA), and frequently, a representative from MOHLTC.

Council meetings are open to the public. Call CCO or check the website to obtain the dates.

Here are the public portion highlights.

## June 20, 2003

- Council noted appointments and re-appointments to the CRC.
- Council discussed a Code of Conduct for Council members.
- Dr. Allan Gotlib reported that the Executive Committee had approved the request from the Canadian Federation of Chiropractic Regulatory Boards (CFCRB) to support the Declaration of the Quebec Coalition of Chiropractic Patients and Organizations regarding diagnosis.
- Council approved the annual CCO dues of \$30,000 to the Council on Chiropractic Education Canada.

- Council noted the participation of Ms Jo-Ann Willson as a panelist for the Health Professional Regulatory Advisory Council at the 2003 CLEAR Conference in September 2003.
- CCO held its 2002 Annual General Meeting, with Dr. Colin D'Cunha as guest speaker, in the evening.

## September 19, 2003

- Council noted the death of Dr. Richard Bray, a non-Council member of the Discipline Committee, acknowledging his commitment to the profession and dedication to CCO.
- Council approved the allocation of an additional \$50,000 to the 2003 budget of the Quality Assurance Committee.
- Council approved additions to the 2004 CCO registration form relating to hours of practice and x-ray information.
- OCA president Dr. Dennis Mizel addressed the Council on auto insurance reform (Bill 198), effective October 1, 2003.
- As Dr. Mizel term as OCA president expired on September 30, 2004. Dr. Allan Gotlib and Council acknowledged him for contributions to CCO.
- Council noted the report from Dr. Rob Alder, chair, Health Professions Regulatory Advisory Council, entitled "Delegations of Controlled Acts and Procedures under the *RHPA*." CCO will provide a response to the report.
- Council noted invitations to Ms Jo-Ann Willson, Dr. Keith Thomson and Dr. David Leprich from the OCA to present at the OCA's annual general meeting on October 4, 2003. The topics - record keeping, peer assessment and advertising.
- Council noted the CFCRB invitation for CCO representatives to attend the October 31, 2003, board meeting. Dr. Allan Gotlib, Ms Jo-Ann Willson and Dr. Keith Thomson attended.

continued on page 26

## Council Meeting Highlights (cont.)

- Council reviewed the Divisional Court decision that dismissed a member's appeal of CCO's Discipline Committee decision.

### November 28, 2003

- Mr. Richard Steinecke made a presentation to Council on the *Personal Information and Protection of Electronic Documents Act*.
- Council reviewed CCO's draft Voluntary Privacy Code, and approved it in principle.
- Council approved an information package on privacy legislation, including a guide and checklist, for distribution to members.
- Council approved revisions to the registration renewal form to comply with the new privacy legislation.
- Council approved the Executive Committee's recommendation for a fee increase of \$200 (to \$850 from \$650) effective January 1, 2004.
- Council approved the standard of practice on orthotics (S-012).
- Council re-affirmed the following policies/guidelines of the Patient Relations Committee: P-003: Principle of Zero Tolerance, P-018.5: Funding for Therapy and Counselling for Victims of Sexual Abuse, G-001: Prevention of Sexual Abuse of Patients, and G-005: Guidelines for the Office Staff of a Chiropractic Office.
- Council directed Dr. Allan Gotlib and Ms Jo-Ann Willson to schedule a meeting with the new Minister of Health and Long-Term Care, the Hon. George Smitherman.
- Council reviewed the letter from the Canadian Chiropractic Examining Board (CCEB) that, effective March 2004, CCEB would adopt numerous changes to the Written Cognitive Skills Examination.
- Council reviewed the e-mail from Mr. Peter Waite, Executive Director, CFCRB, that the Quebec regulatory body would hold a press conference to promote its efforts to have the

Quebec Chiropractic Act amended to include diagnosis.

- Council noted the participation of Dr. Allan Gotlib and Ms Jo-Ann Willson at the CFCRB Board of Directors meeting in Calgary on October 31, 2003.
- Council approved in principle a cap increase in the CFCRB dues to \$30,000 from \$25,000, effective January 1, 2005.
- Council noted the expected attendance of Drs. Lynda Montgomery and Drew Potter at the Council on Chiropractic Education Canada (CCEC) meeting on December 6, 2003.

### February 10, 2004

- Council reviewed the unofficial jury verdict and recommendations of the Lewis Inquest by the chief coroner, delivered on January 16, 2004, and directed all committees to review their standards of practice, policies and guidelines in light of the recommendations.
- Council reviewed the three versions of the proposed standard of practice on immunization/vaccination (S-015) as well as the voluminous feedback from CCO members and other stakeholders. Council approved version one of the standard, with some revisions.
- Council reviewed the tape from the CBC program, *Marketplace* re: chiropractors and immunization.
- Council approved the recommendation from the Discipline Committee that the core committee, composed two elected members, two public members and two non-Council members, would be identified as such.
- Council reviewed the treasurer's report and approved the proposed budget for 2004.
- Council nominated Dr. Allan Gotlib, Dr. Keith Thomson, Mrs. Regina Willmann and Ms Jo-Ann Willson as directors of the Canadian Federation of Chiropractic Regulatory Boards and approved their attendance at the March 5, 2004, meeting in Winnipeg.

continued on page 27

## Council Meeting Highlights (cont.)

- Council noted the invitation to Ms Jo-Ann Willson to address third-year students of the Canadian Memorial Chiropractic College on April 28, 2004.
- Dr. Lynda Montgomery reported on CCEC's annual general meeting.
- Council reviewed the memo from the Deputy Minister of the Ministry of Health and Long-Term-Care re: the appointment of Dr. Sheila Basrur as Ontario's new Chief Medical Officer of Health and Assistant Deputy Minister of the Public Health Division.
- Council reviewed a sample letter to members who had not yet paid their 2004 dues. This letter was sent to approximately 180 members.
- Council noted the memo to the Executive Committee from Ms Jo-Ann Willson, Registrar and General Council, which identified items to be addressed by the CCO president in correspondence to the Hon. George Smitherman.
- Council noted the memo and enclosures to CCO members and stakeholders, dated January 22, 2003 re: the Lewis Inquest, privacy initiatives and the 2004 election/by-election, and members' feedback.
- Council noted the letter of resignation from Dr. John Schellenberg, the district 3 representative, who is now practising in the U.S. Council thanks Dr. Schellenberg for his commitment to CCO and wishes him all the best.
- Council reviewed submissions on the *Health Information Protection Act* (Bill 31).
- Council reviewed the opinion letter from CCO counsel, Mr. Chris Paliare, regarding the constitutionality of standard S-015. This letter is subject to solicitor/client privilege but Mr. Paliare addressed the main points at the meeting.
- Council welcomed a new public member, Ms Lynn Daigneault, effective April 21, 2004.
- Council noted the reappointment of Drs. Bruce Walton, Dan Higginson and David Linden to the Chiropractic Review Committee, for the period June 1, 2004 to May 31, 2005. Also re-appointed as inspectors were Drs. John Cadieux, Rhonda Kirkwood, Lawrence McCarthy, Jason Potter and Kelly Ramsay.
- Dr. Dean Wright, OCA president, reported on the OCA's initiatives regarding the proposed de-listing of chiropractic services.
- Council noted a letter from Ms Jan Robinson, president of the Federation of Health Regulatory Colleges of Ontario, regarding Ms Jo-Ann Willson's contributions to the Joint Discipline Orientation Group and Executive.
- Council noted a letter from CCEB relating to CCEB's new product, the Practitioner Assessment Examination, designed to assist applicants with re-licensing in Canada at the request of a regulatory board.
- Council noted the letter from Ms Bonnie Adamson, president and CEO of the North York General Hospital, requesting an interview. Ms Willson met with the hospital consultant on May 26.

### June 13, 2004

- Council approved the friendly amendment re: Standard of Practice S-015: Immunization/Vaccination - that the words "express views about immunization" be deleted and replaced with "treat or advise persons with respect to immunization/vaccination."
- Council approved the explanatory memorandum for S-015: Immunization/Vaccination, to be circulated to members with the new standard.
- Council noted the information from the World Federation of Chiropractic outlining the status of their work with the World Health Organization (WHO) regarding future definitions of chiropractic practice and education. Council also reviewed the WHO' draft guidelines on basic training and safety in chiropractic.

