

**College of Chiropractors of Ontario
Peer Assessment Workshop Q & A
January 30, 2010**

These questions and answers are intended as general guidance only. In the event of any inconsistency between this document and the legislation (including standards of practice) which govern chiropractic, the legislation governs.

Acupuncture

1. Is it a requirement to be a member of the Acupuncture Council of Ontario (ACO) in order to provide acupuncture services to patients?

The ACO is a voluntary association that chiropractors may choose to join. It is not a requirement to be a member of ACO in order for members to provide acupuncture services, as an adjunctive therapy, to patients. Chiropractors may provide acupuncture services if they comply with standard of practice S-017: Acupuncture, including obtaining consent from patients.

2. What is an example of acupuncture outside the scope of chiropractic practice?

A member providing acupuncture to a patient must first determine if the condition for which he/she is providing the acupuncture falls within the chiropractic scope of practice, as defined in the *Chiropractic Act, 1991*. If the condition is within the chiropractic scope of practice, acupuncture may be used as an adjunctive therapy, as appropriate.

The treatment of pancreatic cancer with acupuncture is an example of acupuncture outside the scope of chiropractic practice, in compliance with S-017: Acupuncture.

Advertising

3. Can members advertise chiropractic fees? Discounted fees?

Members may advertise chiropractic fees, including discounted fees, only as outlined in standard of practice S-016: Advertising, which reads as follows:

- the advertisement contains accurate, complete and clear disclosure of what is and what is not included in the fee;
- there are no hidden fees/costs;
- the member does not bill a third-party payor for the complimentary portion of the diagnostic or treatment service;

- the advertisement expressly states the timeframe to be honoured for any complimentary or discounted diagnostic or treatment service;
- the advertisement does not limit the offer to a certain number of participants;
- no obligation is placed on the patient for follow-up appointments as a result of the complimentary or discounted diagnostic or treatment service;
- the advertisement is presented in a professional manner that maintains the dignity of the profession.

4. Are chiropractors required to include credentials (D.C.) in advertisements?

No, this is not a requirement under the advertising standard of practice.

5. Should the Advertising Committee be ascertaining what is a legitimate charity and what serves the public interest?

Composed of three chiropractors (two Council members and one non-Council member) and one government-appointed public member (plus an alternate), the Advertising Committee is a non-statutory committee of CCO that reports to the Executive Committee.

The Advertising Committee's decisions are based on input from both public members and chiropractors, and all CCO committees make decisions based on protecting the public interest.

The committee may allow a member to advertise the exchange of products/services for donations to organizations that are not registered charities, but still serve the public interest (i.e., a school or sports team). Full disclosure is required when a member is providing a chiropractic service in support of a charity.

6. What if the member disagrees with the Advertising Committee's decision?

If a member disagrees with the Advertising Committee's decision, he/she must communicate his/her disagreement in writing to the committee.

The committee will consider the member's comments and take one of the following actions:

- advise the member that the committee stands by its original decision;
- advise the member that the committee will revise its original decision; or
- advise the member that the committee will forward the member's letter to the Executive Committee for additional review and consideration.

7. Explain the role of the Advertising Committee and Inquiries, Complaints and Reports Committee (ICRC) when CCO receives a complaint regarding an advertisement.

Complaints forwarded to the ICRC must be in writing and signed. ICRC does not accept anonymous complaints.

If a member, expressing a concern about another member's advertisement prefers to remain anonymous, this member has the option of forwarding his/her concern and the advertisement in question to CCO staff, who then forwards the advertisement to the Advertising Committee. The committee reviews the advertisement and decides if it complies with the standard of practice (S-016). If the advertisement does not comply, the Advertising chair forwards a letter to the said member advising him/her that the advertisement came to CCO's attention and does not comply with the standard. The member is advised to stop using the advertisement and to submit proposed advertisements to the committee for review before publication. If the member continues to publish the questionable advertisement, the Advertising chair has the option of filing a complaint against the member with the ICRC.

8. A member forwards an ad to CCO for an opinion and it goes to the Advertising Committee for review. Subsequently, the ad is not published. If another chiropractor advertised a similar service and a complaint comes in, would that go to the ICRC or the Advertising Committee?

That depends on whether the person who forwards the advertisement sends it as a formal complaint or as a review for the Advertising Committee. As described above, ICRC does not accept a complaint from an individual who wishes to remain anonymous.

9. What is the difference between advertising (advertisement) and an article written by a chiropractor?

In standard of practice S-016: Advertising, advertising is defined as follows:

“Any message communicated outside a member's office through a public medium that can be seen or heard by the public at large with the intent of influencing a person's choice of service or service provider. This standard applies equally to members acting individually, as a group, or as a professional health corporation.”

The definitions that follow are extracted from Barron's *Dictionary of Marketing Terms*, 4th Edition.

Advertising: Paid form of a nonpersonal message communicated through the various media by industry, business firms, nonprofit organizations, or individuals. Advertising is persuasive and informational and is designed to influence the purchasing behaviour and/or thought patterns of the audience.

Editorial Copy Contributing article written by a staff writer or freelance writer (e.g., chiropractor)

All the reading matter in a publication that is not advertising. Editorial copy is written by the staff or contributing staff (i.e., maybe a chiropractor) of the publication. Advertising copy is prepared by the advertiser or advertising company.

10. What is the process if a member wants to participate in a health fair or trade show?

CCO requires notification, in writing, advising of a public display/ health screening at least three business days prior to the event. The notification must include the names of participating member(s) and the event's date, time and location.

Refer to policy P-016: Advertising Committee Protocol, for detailed information.

11. What constitutes a “health” fair? For example, if a chiropractor and a dentist set up booths in a mall, is that a “fair”?

The Advertising Committee is reviewing this issue (including defining ‘health fair’) and will be providing a response at the earliest opportunity.

A trade show is an exhibit of goods and services for the benefit of individuals or companies involved in a particular trade/profession, such as health care. Generally, trade shows are held in exhibition halls where exhibitors rent space to display goods and services. There is usually an entrance fee.¹

12. Consider a situation where a consortium of several chiropractors has “locked up” the ability to participate in the area’s health shows and fairs. Is this a problem?

This may be a problem only if the chiropractors are not complying with policy P-016: Public Display Protocol or any other CCO standard of practice.

¹ Barron's *Dictionary of Marketing Terms*, 4th Edition.

Categories of Registration

13. What is the definition of ‘practising’ and ‘non-practising’?

There are three subcategories under the ‘General’ registration category (General Active, General Non-practising, and General Non-resident) defined as follows:

The subcategories under ‘General’ registration are:

- **General Active:** actively providing care to patients in Ontario as described in the scope of practice in the *Chiropractic Act, 1991*
- **General Non-practising:** involved in an educational, research, political, administrative or other position with no direct patient contact
- **General Non-resident:** not currently a resident in Ontario, but providing care to patients in a jurisdiction outside of Ontario

Refer to policy P-052: Categories of Registration, for detailed information.

14. What are the implications of moving within the ‘General’ category?

Members in all the three subcategories (General Active, General Non-practising, and General, Non-resident) must maintain a professional portfolio, including completing the self-assessment questionnaire and participating in continuing education activities. Members in the General Non-practising and General Non-resident subcategories must comply with a modified Quality Assurance program.

Refer to policy P-052: Categories of Registration, for detailed information.

15. Define ‘practising’ in the ‘General Active’ subcategory.

Policy P-052: Categories of Registration, defines General, Active as “actively providing care to patients in Ontario as described in the scope of practice in the *Chiropractic Act, 1991*.” The number of patients a member treats has no bearing on the subcategory. If a member treats only one patient per year, he/she is still considered ‘active’ and should be registered in the General, Active subcategory.

16. What is the process for reverting back to ‘General Active’?

The processes of going from one category to another are described in policy P-052: Categories of Registration.

17. What are the implications for registration for members on maternity/parental leave?

The policy has no direct bearing on members on maternity/parental leave. Members may switch to the General Non-practising subcategory while on maternity leave but they will still be paying the same fee as those in the General Active subcategory. If selected to be peer assessed, members on maternity leave may contact CCO and request a deferral.

Alternatively, a member may choose to move into the Inactive category, which means members may not treat patients. The fee is \$475. Members may remain in this category for no more than two years. Otherwise, they would have to comply with several provisions before being permitted to register as General Active.

Refer to policy P-052: Categories of Registration, for more detailed information.

Chiropractic Care of Animals**18. Can CCO provide a synopsis of the College of Veterinarians of Ontario's (CVO) position statement regarding chiropractors treating animals?**

It would not be appropriate for CCO to provide a synopsis of another college's position statement. CVO's position statement, entitled "The Practice of Complementary and Alternative Veterinary Medicine" Position Statement from the College of Veterinarians of Ontario," is posted on CVO's website – www.cvo.org – in the "Practice Guidance" section.

A member who provides chiropractic care to animals must comply with CCO's standard of practice S-009: Chiropractic Care of Animals.

19. What is the definition of veterinary medicine?

The *Veterinarians Act, 1990*, section 1(1), defines veterinary medicine as follows:

"...practice of veterinary medicine" includes the practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being..."

20. What if CVO prosecutes a chiropractor who treats animals for practising veterinary medicine without a licence?

If this should occur, it is advisable that the member contact CCO immediately.

CCO cannot guarantee or protect members against any action by another regulator, and members may wish to seek legal advice from a lawyer of their choosing if they provide chiropractic care to animals.

CCO's position is that members who provide chiropractic care to animals must comply with standard of practice S-009: Chiropractic Care of Animals.

Consent

21. Can CCO consider some additional language in the consent standard of practice that addresses coercion? For example, a chiropractor coerces/manipulates a patient for a follow-up appointment.

Standard of practice S-013: Consent, advises members that consent must be fully informed, voluntarily given, and not obtained through fraud or misrepresentation. If a patient feels he/she has been coerced or manipulated in any way, he/she may file a complaint with CCO.

Continuing Education

22. Group and society meetings – structured or unstructured?

Group/society meetings would count as a structured activity only if there is a guest speaker, and only that portion of the meeting should be counted as structured. The other parts of the meeting may be counted as unstructured.

23. Doing a presentation at society meetings – structured or unstructured?

The background research to prepare for the presentation would be considered an unstructured activity.

24. Participation in peer and practice assessment – structured or unstructured?

Participation in a peer and practice assessment (either the peer assessor or the member being assessed) is not a CE activity. Members should maintain the Quality Assurance Disposition Report from the peer and practice assessment in their professional portfolios, and use this report to guide their continuing education.

25. How are the CE hours accumulated?

It is hour for hour. If a member attends a three-hour workshop/seminar, then he/she should note three hours in his/her professional portfolio. If a member attends a two-day seminar, then only that portion of the member's presence in a workshop should be counted as a structured activity.

26. If someone limits himself/herself to 40 hours of CE, is it a 20-20 split?

Members must participate in a total of 40 hours of CE over a two-year period, and a minimum of 20 hours must be structured activities. As long as the 20 hour in structured activities is met, the member may choose to participate in whatever activity he/she chooses for the additional 20 hours.

27. If a member is attending a general conference and specified the sessions they attended, is that okay?

That would be appropriate provided the member identifies the activity as structured or unstructured, and all other sections of the professional portfolio are completed.

28. What is the CE start date?

The CE cycles are as follows:

- 1st Cycle: July 1, 2010 – June 30, 2012
- 2nd Cycle: July 1, 2012 – June 30, 2014
- 3rd Cycle: July 1, 2014 – June 30, 2016

To help members become accustomed to this new process, members are receiving an extra six months prior to the first cycle. This means members may participate in and record CE activities starting in January 2010.

29. What is the statute of limitations for having taken courses prior to January 1, 2010?

Members may participate in and record CE activities as of January 2010. The program is not retroactive and any CE activity prior to that date would not be counted.

30. Is the accompanying folder mandatory now?

Yes, the accompanying folder is mandatory. Members are required to maintain the following items in their portfolios:

- materials they have gathered while fulfilling their CE requirements (e.g., course outlines, brochures from conventions/conferences, certificates, letters of reference, receipts, etc.);
- samples of recent advertisements; and
- the disposition report from the Quality Assurance Committee following their peer and practice assessment.

31. How will CCO monitor if members are complying with the requirements of self assessment and continuing education?

To monitor compliance with the Quality Assurance initiatives, members are required to complete and submit a one-page summary sheet (“Continuing Education and Professional Development Log”) of their CE activities as part of their registration renewal. The first log, which will reflect CE activities between 2010 and 2012, is due with the 2013 registration renewal. This is a signed, self-declaration document, and failure to complete this log may be considered an act of professional misconduct.

CCO will not evaluate the specifics of the activities in the first cycle, but will review each individual log to ensure members comply with the 40 CE hours. Members will be advised if there are any changes.

32. How should the peer assessor review the professional portfolio of the member selected for a peer and practice assessment?

As the program progresses, peer assessors will review the professional portfolios of members selected for a peer and practice assessment. For the 2010 assessments, assessors will advise members to review the CD-ROM and to begin participating in and recording CE activities. If the member undergoing the peer and practice assessment has begun recording their CE activities, the peer assessor may review this material for general comment and feedback.

33. What if a member is not comfortable with technology and the fillable forms?

All materials are printable. Please contact CCO if hard copies of any document are required.

Fees**34. A patient wishes to cancel treatment before the end of the payment plan. What is the refund?**

A member may charge a block fee and/or payment plan provided:

- the patient is given the option of paying for each service as it is provided
- a unit cost per service is specified
- 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 member must refund to the patient any unused portion of the block fee and/or payment plan calculated by multiplying the number of services provided by the established unit cost per service of the block fee/payment plan agreement.

Example of calculation of refund:

- Block fee/payment plan agreement unit cost per service is \$20
- Normal unit cost per service is \$30
- Refund = total amount of block fee minus the block fee/payment plan unit cost per service (\$20) times number of services provided

Please note: a patient may choose to opt out of a block fee and/or payment plan at any time during the treatment, even if an agreement were signed.

Refer to regulation R-008: Professional Misconduct, and guideline G-008: Business Practices, for detailed information.

35. Some practices charge an hourly rate for services. What is CCO's position on this?

CCO does not have a position on this issue. What matters is that fees (including fees not payable by the patient) are disclosed to patients before any service is provided.

36. Some chiropractors are facilitating the process of patients getting a loan from a financial institution (e.g., providing paperwork). Is this appropriate?

A chiropractor who provides this service to his/her patients must ensure the patient does not feel coerced in any way into accepting this arrangement. The chiropractor must also consider who will pay the loan administration cost. For example, there may be situations where the chiropractor has an agreement with the financial institution that he/she is paying the administration fee. If the patient wants out of the arrangement, the patient cannot be charged a financial penalty. Any fee that is involved in the transaction is between the chiropractor and the financial institution, not the patient.

“Going Digital”

37. What will the peer assessors receive from CCO?

The peer assessors will receive the following peer and practice assessment forms on CD-ROM or a USB flash drive:

- Member/Assessor Identification Form
- Peer Assessor Report Form
- Peer and Practice Assessment Checklist
- Record Keeping Worksheet
- Per Diem and Expenses Invoice

The forms are fillable (i.e., the assessor can complete the forms on their computers) and can also be printed.

38. What are the peer assessors required to return to CCO?

Peer assessors must submit materials to CCO, either by mail or by e-mail (*only if encrypted*), as outlined in the chart below:

Materials to submit to CCO	E-mail	Mail
• Member/Assessor Identification Form	✓	✓
• Peer Assessor Report Form	✓	✓
• Peer and Practice Assessment Checklist	✓	✓
• Record Keeping Worksheet	✓	✓
• Per Diem and Expenses Invoice (+ original receipts)		✓

39. Will the forms be posted to the website for downloading?

The forms will be posted on CCO's website (www.cco.on.ca) for downloading, but these forms will not be fillable.

40. Should an acknowledgement from CCO be received by a peer assessor before the files are deleted from the peer assessor's computer?

When submitting the peer and practice assessment materials via e-mail, please do not delete the items from your computer until CCO staff has acknowledged receipt thereof.

To ensure there are no privacy breaches, peer assessors will have to clean their computer hard drives at the appropriate time.

41. Consider adding a one-hour workshop for computer-illiterate peer assessors at next year's peer assessment workshop.

Noted. Thank you.

If you have any questions, please contact Sue Gargiulo at 416-922-6355, ext. 106, or cco.info@cco.on.ca.

Independent Chiropractic Evaluations

42. Is 3-5 years being contemplated for the training requirement?

Standard of practice S-018: Third Party Independent Chiropractic Evaluations, was distributed to members for review and feedback in September 2009, and approved by Council on February 23, 2010. The standard is posted on CCO's website – www.cco.on.ca.

The standard states that assessors “have necessary and relevant education, training, experience, and expertise to offer an opinion regarding the issue in dispute.”

In addition, an independent chiropractic examiner “shall participate in ongoing continuing education.”

43. A peer assessor gets a call from someone who was in practice for 25 years and now works in chiropractic research. Can he/she do assessments? Would this situation keep him/her from doing assessments?

Please review S-018: Third Party Independent Chiropractic Evaluations.

Peer Assessment

44. How are locums handled vis-à-vis peer assessment?

All members, including locums, registered as in the General Active subcategory must participate in all Quality Assurance initiatives. The locum chiropractor has the option of providing the peer assessor with 10 patient files to which he/she has access. If the locum does not have access to any patient file, he/she will be assessed on his/her knowledge of the CCO regulations, standards of practice, policies and guidelines.

45. How is the peer assessment of insurance chiropractors handled (i.e., they do not have files)?

“Insurance” chiropractors should have 10 patient files or must have access to them. If not, he/she will be assessed on his/her knowledge of the CCO regulations, standards of practice, policies and guidelines (known as a modified peer and practice assessment).

Peer assessors are asked to contact CCO if they require additional information.

46. Clarify what “Active Non-practising” means for the benefit of peer assessors.

Active Non-practising (the correct term is General Non-practising) are members involved in an educational, research, political, administrative or other position with no direct patient contact. This should not affect the peer and practice assessment as these members will be assessed on his/her knowledge of the CCO regulations, standards of practice, policies and guidelines.

47. How do peer assessors go in to a peer assessment in a way that is non-threatening?

Members selected to undergo a peer and practice assessment are concerned and anxious about the process. These members are advised that the program is educational, not punitive, and are provided with the materials the peer assessors will review prior to the actual assessment. Subsequently, it is the assessor’s responsibility to contact the member, set up a time for the assessment, and assure the member that the program is educational and the information is confidential within the Quality Assurance Committee.

48. Is there any consideration for other languages in which members might ask to be peer assessed (i.e., not English or French)?

The official languages of Ontario are English and French. CCO is not obligated to provide a peer and practice assessment in any other language. Please notify CCO if you are able to conduct the peer and practice assessment in French.

Orthotics**49. If a chiropractor is selling orthotics in his/her office, is this a conflict of interest?**

A conflict of interest may arise when a member refers patients to facilities, services or suppliers in which the member or the member’s immediate family has an interest or gains a benefit.

A member may make such a referral provided that he/she:

- discloses to the patient that he/she or his/her immediate family member has an interest or gains a benefit from the referral;
- assures his/her patient that his/her choice of services or suppliers will not affect the quality of health care services provided by the member;
- informs his/her patients that he/she has an option of using alternative facilities, services or suppliers; and
- upon request, advises CCO of any conflict of interest referral.

Refer to standard of practice S-012: Orthotics, for more detailed information.

50. A patient comes in, requests orthotics, a full work-up is done, and then the patient changes his/her mind, can the chiropractor bill the patient?

CCO strongly recommends that the issue of payment for the orthotics be discussed and consented to by the patient before the service is provided. For example, providing the patient of the breakdown of fees (i.e., itemized account), including fees not payable by the patient, and the non-refundable portion of the service.

51. Is there CE for orthotics? What is the definition of CE for orthotics?

Standard of practice S-012: Orthotics, recommends that members participate in appropriate ongoing continuing education. For example, programs offered by accredited chiropractic educational institutions and orthotics manufacturers. Members may select such courses at their discretion.

Record Keeping / X-rays

52. How is a situation handled where a patient requests his/her x-ray and the image cannot be duplicated easily?

If a patient requests his/her x-ray image, the member should provide the x-ray image to the patient and note this in the patient file.

Refer to standard of practice S-002: Record Keeping, for detailed information.

Other

53. Is the posting of discipline referrals, decisions, etc. to the CCO website retroactive?

Discipline decisions are posted as of June 2003.

54. Consider formulating a committee to deal with women's issues (e.g., reduced payment of fees for women on maternity leave).

This will be considered.

The *Regulated Health Professions Act, 1991*, requires all colleges to have seven statutory committees. These committees are considered fundamental to the work of all health regulatory colleges who regulate health professions in the public interest. Other committees are entirely optional and are considered within the context of CCO's statutory mandate, agreed upon strategic goals and budget.