

## 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

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# CHIROPRACTICE

College of Chiropractors of Ontario

August 2003  
Vol. 12, Issue 1

## President's Voice

### Building Relationships

Understanding chiropractic "the way the public understands chiropractic" has, in my view, historically eluded the profession far too long. Yes, as chiropractors we have our views and our ways and our explanations, but are they resonant with the public? Are we actually speaking the same language? Does the public perceive a chiropractor as a well-educated primary contact health practitioner who provides safe and effective high quality care? Is the public's perception about chiropractic as a profession one that places their confidence and trust in the profession?

Government, regulators and the public must work in harmony to make the system better and that means educating each other to expand the common ground we share. More education, more communication, better decisions - seems simple enough. So why all this misunderstanding!

The privilege of self governance obliges us as a profession to act in the public interest - to do what is best for our patients. The public has placed their confidence in our ability to regulate our profession and make good decisions that advance their interests. Maintaining their confidence is an ongoing task requiring the courage of conviction and clearly is not an empty exercise.

I will acknowledge that it is certainly possible, at times, that while advancing the interests of patients, we can collectively advance the interest of the profession. However, we are charged with administering our statutory mandate as our prime directive.

The RHPA model put in place by government in 1994 is still widely misinterpreted by many individuals who selectively seize on their favoured issues and clearly ignore the broad-based wider benefits of new legislation. Yes - there are legislative areas that can be problematic and the model is not perfect - but changes can be implemented. Criticism is good and provides a basis for issue analysis. But it should not be clouded by personal agendas, groundless supposition and corrosive conjecture.

Regulators must exercise just and rightful authority. They must operate on the basis of procedural fairness, natural justice and due process. In addition, regulators establish and maintain standards of practice and these standards must keep pace with the profession as it evolves with new techniques and technology, integrates with the health system, and collaborates with other professions that are also part of the system.



**Dr. Allan Gotlib**  
President

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## President's Voice (cont.)

While government delegates its authority to regulators, elected officials must be responsive in a timely manner to assist regulators to advance the public interest. To assist regulators, government appoints its representatives to sit on various boards and we are indeed fortunate to have seven excellent government-appointed representatives to fully participate in our decision-making process. They bring tremendous value to the process and will assist us in meeting both the immediate and long term pressures that challenge self regulation.

In the next 12 months, chiropractors and the public can expect the implementation of the comprehensive CCO quality assurance program to rapidly accelerate. This raises the professional platform of chiropractic care. Safety, quality and efficacy are the issues. In addition, new standards of practice will be implemented, addressing issues such as immunization, pediatrics, orthotics, conflict of interest and techniques.

The vision that CCO has for success incorporates language such as honouring our patients, assuring them of quality care, celebrating member compliance with high professional standards, recognition and respect as a full partner in the health care system and enjoying strong public confidence in CCO.

This is the language that will guide CCO in building a credible, trusting and respectful relationship with government and the public - a relationship that is a reflection of our values. Chiropractors are a necessary and essential part of Canada's health care system - a system that sees 4 million Canadians enjoy the benefits of chiropractic care.

Understanding chiropractic the way the public understands chiropractic is a necessary first step. My sincerest thanks go to the seven public appointees who are members of Council for their significant contributions and helping us to build that trusting and credible relationship.

## Elections 2003 Update



**District 4 Election day - March 25, 2003. Dr. James Laws (second from right) congratulates district 4 winner Dr. Marshall Deltoff (third from left). Also present were (from left to right) Ms Clarissa D'Cunha (scrutineer), Dr. Allan Gotlib (scrutineer), Dr. Deltoff, Dr. Laws and Ms Kristina Mulak (scrutineer).**

It is August 2003 and CCO continues to receive ballots for the March 2003 elections. Please ensure your ballots are received on time!

### District 1

Dr. Gilles Lamarche elected by acclamation

### District 3

Dr. John Schellenberg elected by acclamation.

### District 4

Total number of eligible voters	1000
Spoiled ballots	31
Dr. Marshall Deltoff	212
Dr. Brian Gleberzon	80
Dr. James Laws	139

**Member elected: Dr. Marshall Deltoff**

### District 5

Total number of eligible voters	812
Total votes cast	424
Spoiled ballots	12
Dr. Thomas Kalina	165
Dr. Drew Potter	259

**Member elected: Dr. Drew Potter**

# Registrar's Report

## Emphasizing the public in public register!!!

Earlier this year, I received mail personally addressed to me from a member that ended with the words "SHAME ON YOU!" This correspondence was in response to my communication with a newspaper about the results of a discipline hearing. I have become somewhat accustomed to receiving mail (and phone mail messages) from individuals who are irate about an issue. At the root of the concern most often, is a lack of knowledge about CCO's statutory obligations and responsibilities.

One of CCO's responsibilities is to release information to the public - that means all members of the public, including chiropractors, the media, other colleges, patients, complainants, organizations, and anyone else who may have an inquiry. The *Regulated Health Professions Act, 1991 (RHPA)* outlines the information CCO must release, which includes the usual information like business address and telephone number, and class of certificate. It also includes the requirement to release information about any terms, conditions or limitations on the member's certificate, any revocation or suspension which is in effect, all discipline findings within the past six years, all discipline findings involving sexual abuse at any time against a member, and a notation of any findings which are under appeal. The release of information on the public register is not a discretionary matter for CCO.

Colleges under the *RHPA* are permitted to expand the information included on the public register. Some colleges release the allegations against a member before a discipline finding is made. To date, CCO has not expanded the information to be included on the public register and is restricted to the mandatory requirements set out above. In some particularly serious circumstances, however, CCO has issued press releases outlining the results of a discipline proceeding, especially when a matter has received high media attention, as a way of clarifying CCO's role and actions in a local community.

It should come as no surprise that chiropractors, as primary health providers with significant

training, expertise and skill, are under increasing public scrutiny from all corners, particularly in the current environment, which includes the inquest into the death of Mrs. Lana Dale Lewis. CCO receives inquiries on an ongoing basis from a number of individuals and organizations, many of whom monitor and follow any chiropractic-related matter with significant interest.

Some of you may know that the Health Professions Regulatory Advisory Council, responsible for making recommendations to the Minister of Health and Long-Term Care, has recommended that information on the public register be expanded to include a variety of

other information such as information about certain types of complaints. To date, these recommendations have not resulted in changes to the legislation.

Information on the public register is only one way in which CCO is accountable to the public. There are others - public members (appointed by the government) compose up to 49 per cent of college councils and committees, council meetings and discipline hearings are open to the public, information about discipline findings must be included in colleges' annual reports, and the Minister retains ultimate authority over health regulatory colleges.

Some of you will note from CCO's committee composition information that public members chair three of CCO's seven statutory committees - Mrs. Helen Foster chairs the Discipline Committee, Mr. Richard Frame chairs the Patient Relations Committee, and Mrs. Regina Willmann chairs the Quality Assurance Committee. This reflects CCO's strong commitment to the public and to the importance of public representatives on Council.

Currently, CCO is in the process of considering a policy that will outline the circumstances in which CCO should be more proactive in releasing information about members: should there be a



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

**One of CCO's responsibilities is to release information to the public - that means all members of the public, including chiropractors, the media...**

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## Registrar's Report (cont.)

press release after the appeal period for any suspension or revocation has expired? Should notifications to the public be reserved for only "serious" offences? If so, what should be considered serious offences - selling drugs? having sex with patients? defrauding third-party payors? physically abusing a patient?

The fundamental context for this policy, like all of CCO's policies, guidelines and standards of practice, is CCO's statutory mandate to govern chiropractic in the public interest.

There are competing interests. Is it realistic to suggest the college should not release any discipline findings until every avenue of appeal has been exhausted? Is it reasonable for the public to be of the view that the process of exercising choice in their health care includes sufficient information about their provider or potential health care provider to allow them to make a truly informed

**...what should be considered serious offences - selling drugs? having sex with patients?...**

choice? Do the members of the public need to be "protected" from information, which the members of a profession do not want released? Do members need to be protected from the public not truly understanding what really happened when discipline findings are disclosed?

These are difficult questions, and, have to be understood in the context of CCO's role to regulate chiropractic in the public interest. Pending any legislative changes, CCO has and will continue to respond to requests for information in accordance with the governing legislation.

Some of you may wonder about the end of the story. The member who initially wrote to me has since apologized in person for the misunderstanding, and the apology has been completely accepted. Stay tuned for further developments about the public register.



CCO would like to thank the following members who volunteered to be examiners for the Canadian Chiropractic Examining Board's (CCEB) September 2002 and June 2003 sittings:

Dr. Norman Allan (Toronto), Dr. Gerard Arbour (Toronto), Dr. Sterling Armata (Aurora), Dr. Robbie Berman (North York), Dr. Grant Bjornson (Bobcaygeon), Dr. Michael Brickman (Toronto), Dr. Sam Calicchia (Woodbridge), Dr. Percy Chan (Scarborough), Dr. Steven Chiu (Orangeville), Dr. Elise Damecour (Aurora), Dr. Jennifer Drover (Toronto), Dr. Sanjib

## ...examiners!

Ghoshdastidar (Toronto), Dr. Tracey Hehn-Zwicker (Aurora), Dr. Arif Hirji (Hamilton), Dr. David Homer (Toronto), Dr. Tariq Hossain (Brampton), Dr. Normand Houle (Unionville), Dr. Michael Kennedy (Brampton), Dr. Feng Lee (Waterloo), Dr. Christopher Lyn (Markham), Dr. James Mason (Listowel), Dr. David Mattinen (Toronto), Dr. Rosanne Metz (Toronto), Dr. Touraj Najafian (Toronto), Dr. Paul Newton (Nepean), Dr. David Orchard (Waterloo), Dr. Richard Pascoe (Essex), Dr. Ione Puchalski (Ailsa Craig), Dr. Peter Rissis (Markham), Dr. Michael Rodney (North York), Dr. John Schellenberg (Peterborough), Dr. Kelly Schoonderwoerd (Ajax), Dr. Michael Shaughnessy (Orillia), Dr. Shawna Skryzlo (Burlington), Dr. Judith Snider (Richmond Hill), Dr. Richard Stover (London), Dr. Caroline Taylor (Brampton), Dr. Grace Tridico (Sault Ste. Marie), Dr. Terry Tucker (Kingston), Dr. Howard Wasser (Richmond Hill), Dr. Joel Weisberg (Toronto), Dr. Robin Whale (Port Hope), and Dr. Anthony Yearwood (North York).

# CCO Council and Committee Composition for 2003-2004

## CCO Council

### Elected

Dr. Allan Gotlib, District 4, *President*  
Dr. Drew Potter, District 5, *Vice President*  
Dr. Jacques Laquerre, District 2, *Treasurer*  
Dr. Marshall Deltoff, District 4  
Dr. Gilles Lamarche, District 1  
Dr. David Leprich, District 5  
Dr. Lynda Montgomery, District 6  
Dr. John Schellenberg, District 3  
Dr. Brian Schut, District 4

### Appointed

Ms Georgia Allan, Ottawa  
Ms Clarissa D’Cunha, Scarborough  
Mrs. Helen Foster, Mississauga  
Mr. Richard Frame, Oakville  
Ms Jane Ann McLachlan, Waterloo  
Mr. John Quinney, London  
Mrs. Regina Willmann, Thunder Bay

## Statutory Committees under the Regulated Health Professions Act

### Executive

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

### Complaints

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

### Discipline

*\* All members of Council are potentially members of the Discipline Committee*

Mrs. Helen Foster, *Chair*  
Dr. Richard Bray, *non-Council member*  
Dr. Douglas Brown, *non-Council member*  
Ms Jane Ann McLachlan  
Dr. Lynda Montgomery  
Dr. John Schellenberg

## Fitness to Practice

Dr. David Leprich, *Chair*  
Dr. John Schellenberg  
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*  
Ms Jane Ann McLachlan  
Dr. Jeffrey Lustig, *non-Council member*  
Dr. Drew Potter  
Dr. John Schellenberg

## Registration

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

## Non-Statutory Committee

### Advertising

Dr. David Leprich, *Chair*  
Dr. Peter Amlinger, *non-Council member*  
Dr. Drew Potter  
Mr. John Quinney

## Statutory Committee under the Health Insurance Act

### Chiropractic Review Committee

Dr. Bruce Walton, *Chair*  
Mr. John Bolus, *public member*  
Ms Corinne Hardey, *public member*  
Dr. Dave Linden  
Dr. Joel Weisberg

### Inspectors

Dr. John Cadieux  
Dr. James Gregg  
Dr. Daniel Higginson  
Dr. Rhonda Kirkwood  
Dr. William McCallum  
Dr. Lawrence McCarthy  
Dr. Jason Potter  
Dr. Kelly Ramsay

# Meet your new Council members

## Ms Georgia Allan, Ottawa

Ms Georgia Allan was born and raised in Smiths Falls, Ontario. Upon moving to Ottawa in 1964, she embarked on a career in dental reception and office management. Ms Allan has dedicated her time to volunteering with various provincial, regional and local political party associations in positions ranging from youth director to president. Having served on the Ontario Progressive Conservative Executive for 10 years, she has experience in organizing and fundraising for related events.

## Dr. Marshall Deltoff, North York

Dr. Marshall Deltoff has a history of involvement in health care education that involves positions as a radiology instructor at the Ontario College of Naturopathic Medicine, chair to the Canadian Memorial Chiropractic College's department of radiology, and professor of radiology at the Université du Québec à Trois-Rivières doctorate program in chiropractic. Currently, Dr. Deltoff is an adjunct post-graduate professor at the Canadian Memorial Chiropractic College and sits on the editorial boards of various journals, including the *Journal of the Canadian Chiropractic Association*. He is an accomplished author and lecturer. Dr. Deltoff practises with the Central Chiropractic Group in Toronto.



## Mr. Richard Frame, Oakville

Mr. Richard Frame was appointed a public member in January 2002. A communications consultant based in Oakville, the former Canadian National Swim Team member has worked with a variety of clients including, The Sports Network and the Government of Ontario. A former University of Waterloo student, Mr. Frame has been involved with various health care, government and community organizations and currently sits on the Board of the Ontario Parent Council and the Ontario Federation of School Athletic Associations (OFSAA). A father of two school-aged children, Mr. Frame is an active and committed member of the Oakville community.

## Mr. John Quinney, London

Mr. John Quinney was general manager of the Pittsburgh Plate Glass Architectural Metal Division until his retirement in 1983. Currently, he volunteers his time to the "Sleeping Children Around the World" organization. He and his wife, Marjorie, have been involved in nine missions to Southeast Asia and Africa to distribute bed kits to destitute children. Mr. Quinney has a history of civic involvement, which includes positions as chair and board member to various health services and housing authority committees. He is a distinguished past president and a distinguished past lieutenant governor of the Kiwanis International.

## Dr. John Schellenberg, Peterborough

Dr. John Schellenberg is currently president of the Central Ontario Chiropractic Society and a board examiner with the Canadian Chiropractic Examining Board. He has dedicated much of his time to his community by volunteering with organizations such as Big Brothers and Big Sisters, the Rotary club and more. On a professional level, Dr. Schellenberg spends his time running his chiropractic practice and contributing to the chiropractic community by presenting at, as well as attending, various seminars, workshops and conferences.



**Council April 2003-2004: From row (L-R): Mrs. Regina Willmann, Dr. Drew Potter, Ms Georgia Allan, Ms Jo-Ann Willson, Dr. John Schellenberg, Ms Jane Ann McLachlan. Back row (L-R): Dr. Jacques Laquerre, Mrs. Helen Foster, Dr. Gilles Lamarche, Dr. Brian Schut, Mr. John Quinney, Dr. David Leprich, Ms Clarissa D'Cunha, Mr. Richard Frame, Dr. Allan Gotlib, Dr. Bruce Walton Not shown: Dr. Marshall Deltoff.**

# Committee Updates

## Advertising Committee

The standard of practice and guideline have changed!

Following intense discussions among Council members and extensive consultation with CCO members and stakeholders, the Advertising Committee successfully recommended amendments to Standard of Practice S-003 and Guideline G-003 at the September 21, 2002, Council meeting.

The committee's intent was to open up advertising as much as possible without contravening the advertising guideline established by the Ministry of Health and Long-Term Care.

Obviously, not everyone will be pleased with the revisions, but they do reflect countless hours of discussion with various stakeholder groups and the opinion of the majority of CCO members. See graph 1 for the breakdown of results.

CCO will distribute the revised standard and guideline to members shortly. Both are currently available on CCO's web site at [www.cco.on.ca](http://www.cco.on.ca).

### Important Changes

Highlights of the more significant changes in the description section. Changes are italicized.

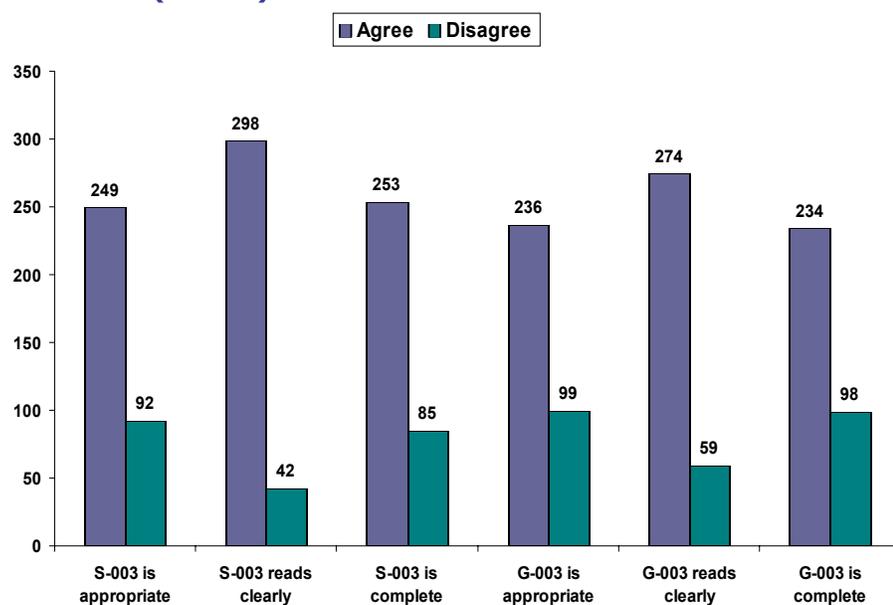
- Any advertising with respect to a member's practice must not contain:
  - a testimonial, *except for a generic testimonial* (generic testimonials are allowed);
  - any comparison to another member's or other health care provider's practice, qualifications or expertise;
  - any reference to a free or discounted diagnostic or treatment service*, except within the member's office (members may advertise

complimentary/ courtesy initial consultations only and they cannot bill OHIP or other third-party payors for these consultations);

- material that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional.*
- A member must not:
    - contact or communicate with or allow any person to contact or communicate with potential patients *via telemarketing methods*;
    - contact or communicate with members of the public through displays with the principal goal of soliciting business* (members may make presentations for educational or informational purposes, but cannot examine people or make appointments while presenting).
  - Banner advertising on the Internet must comply with CCO's standard of practice.
  - A member's web site is considered an extension of a member's office. Information on the member's web site must be informative, educational and professional.

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**Graph 1: Advertising Standard of Practice (S-003) and Guideline (G-003)**



## Committee Updates (cont.)

### DON'Ts

The committee, with Council's approval, has decided that the following "cookie cutter" advertisements are not appropriate and are unprofessional. They contain, among other things, material that is false or misleading, material that, because of their nature, cannot be verified, testimonials that are not generic, a guarantee as to the success of the services provided, comparison to another member's or other health care provider's practice, qualifications or expertise, and a reference to free or discounted diagnostic or treatment services.

*"A doctor's confession to the town of ..."*  
*"Learning from old men and starfish..."*  
*"Why do I use this photo in my articles?"*  
*"The real reason that squirrels bury nuts..."*  
*"They laughed as I stepped up to the podium..."*  
*"What doctors do when they feel rotten..."*  
*"What Colonel Sanders did for 56 years"*  
*"Tell me, who doesn't deserve a second chance?"*  
*"Confidential Report: Low Back Pain"*

### DOs

The committee reminds members to submit proposed advertisements to the Advertising Committee, c/o Sue Gargiulo, Communications Officer, for prior approval before publication/distribution. The turnover time is 10 business days.



**Dr. Bruce Walton,**  
Chair, CRC

### Chiropractic Review Committee

In May 2003, CCO appointed three chiropractors to sit on the Chiropractic Review Committee, including the new chair, Dr. J. Bruce Walton, and five inspectors. The committee

now consists of Dr. Walton (Guelph), Dr. David Linden (Barrie) and Dr. Joel Weisberg (Toronto) joining public members Mr. John Bolus and Ms Corinne Hardey. The new inspectors joining Dr. Rhonda Kirkwood, Dr. Lawrence McCarthy and

Dr. William McCallum are Dr. John Cadieux, Dr. James Gregg, Dr. Daniel Higginson, Dr. Jason Potter and Dr. Kelly Ramsay.

Both CCO and Dr. Walton would like to thank the members who helped make the transition so smooth - former chair Dr. Michaela Cadeau, former committee members Dr. John Schellenberg and Dr. Keith Thomson, the current public members and inspectors, Ms Jill Silk, the administrative assistant, and the committee's legal counsel.

"All of these individuals made the newcomers feel welcome, provided the support needed to ensure work was carried on to the high standards they had set, and were valuable resources in explaining policies, procedures and protocols," said Dr. Walton. "Without these individuals, our orientation session and inspectors' training seminar would not have been as successful as they were."

Dr. Walton and his committee look forward to serving the public and the profession and invite all members of CCO to review their *ChiroCare* binders, especially the section on CRC policies, in tab six, subsection two. This information is also available on CCO's web site at [www.cco.on.ca](http://www.cco.on.ca).

"As my knowledge and expertise grows I hope to be available to speak at local society meetings on issues related to the CRC," said Dr. Walton. "In addition to our mandated duties of conducting investigations into concerns regarding OHIP billings, I firmly believe that through clear communication, appropriate educational reminders and a spirit of prevention, this committee will serve both the public and the profession well."

For general CRC information, please contact the CRC office at 416-929-0409.

### Patient Relations Committee

#### Dating

How long should a chiropractor wait before he/she begins to date a patient? That was the question the Patient Relations Committee grappled with in September 2002 when it distributed to members a proposed standard of practice that set a one-year time period after the end of the professional relationship. The provision currently exists in a guideline - G-006: Guidelines for Establishing

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## Committee Updates (cont.)

a Personal Relationship with your Patient (i.e., Dating) - with no recommended time period.

The majority of respondents agreed with the proposal to make the guideline into a standard of practice - 80 per cent said the proposed standard was appropriate.

However, the one-year waiting period did not sit well with many members. The Committee is reviewing the guideline and will propose a revised standard of practice shortly.

### Sample Discharge Letter

Dear [\*]:

It saddens me to inform you that you should seek the services of another chiropractor at this time. However, I would like to thank you for having chosen our office to receive your chiropractic care.

You may recall our important discussion during your last visit on [\*] about the importance of being committed to your plan of care. That commitment also includes notifying the office if you are unable to make an appointment. You have consistently missed appointments without notifying our office. I can only conclude from those actions that either our office is inconvenient to your needs or you are not committed to your plan of care and in achieving the results we discussed.

Please contact the Ontario Chiropractic Association at 905-629-8211 if you require assistance in locating a chiropractor in your area. To have your files transferred to your new chiropractor, please provide us with a signed authorization letter.

If, at any time, you wish to reestablish a doctor-patient relationship in our office, it will be imperative that you commit to an agreed care plan.

On behalf of our entire staff and myself, please accept our warmest thank you for having allowed us to serve you and to participate with you in the renewal of your health. Always remember that regular chiropractic care leads to improved health.

Wishing you health and longevity,

### Discharging a Problem Patient

*(extracted from Dispatch, April/May 2003 - publication of the Royal College of Dental Surgeons of Ontario)*

- If a patient is demanding treatment that you do not believe to be in his/her best interest, or that you do not feel comfortable providing, you are not obligated to provide that treatment. Explain your reasons for refusing treatment to the patient.
- If a patient is refusing to accept your treatment recommendations, explain the consequences associated with their refusal and be sure to document fully the discussion.

### Communicate!

Many chiropractors may not realize how complacent or laissez-faire their attitudes become over years of practice. Instructions for disrobing or for exam or treatment procedures may not be clarified for some new patients, especially those who are wary of the whole chiropractic experience.

In fact, an important factor in the success of a chiropractor's practice is clear and precise communication. As a refresher, members may want to review Guideline G-001: Prevention of Sexual Abuse of Patients, which covers such issues as language or conceptual difficulties, the choice of words, body language, communication relating to touch and consent to touch and privacy.

Guideline G-005: Guidelines for the Office Staff of a Chiropractic Office covers robing, as well as using appropriate language and confidentiality.

Remember, lack of or poor communication may lead to allegations of sexual abuse.

### Quality Assurance Committee

#### Peer Assessment Program

The Peer Assessment Program may have run into a few challenges and opportunities since its inception two years ago, but the program is now running smoothly.

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## Committee Updates (cont.)

**Volunteer to be assessed.**

**Thank you to everyone who participated in the Peer Assessment Program!**

The Peer Assessment Program has been officially launched to the full membership, with CCO selecting 310 members to undergo an assessment. As at August 12, 2003, the 31 peer assessors (see Table 1)

have completed 149 assessments. In addition, they assessed CCO Council and several non-Council members, the nine-member Board of Directors of the Ontario Chiropractic Association and a number of volunteers.

The Quality Assurance Committee is pleased to report that the peer assessed members all did relatively well, having referred no one to remediation. The majority of members assessed received a “minor deficiency” rating, primarily in record keeping. Other areas that members needed improvement on were consent, professional portfolio and communicating a diagnosis/clinical impression.

The peer assessment program is educational. Its purpose is to provide members with an opportunity to work with a peer assessor trained to

provide encouragement and advice regarding a number of key areas of chiropractic practice, as identified in the regulations, standards of practice, policies and guidelines (information in the *ChiroCare* binder) and to upgrade their practice, if required.

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.

Members who have been peer assessed should note that just because they have successfully completed the peer assessment process does not necessarily mean their records will withstand the scrutiny of the complaints process or the chiropractic review process or that they are exempt from either process. It is, however, an opportunity to make any necessary improvements in your practice.



### What to Expect

The committee informs the randomly selected member of his/her assessment in writing, describing the program and offering him/her a choice of two peer assessors. The committee also provides the member with an information package that includes a pre-visit questionnaire, self-evaluation test, a peer assessment checklist (the tool the assessor will use to conduct the assessment), the peer assessment brochure, a member feedback form, and a confidential post-visit questionnaire.

The member completes the pre-visit questionnaire, indicating his/her choice of peer assessor, and returns the questionnaire to CCO.

The committee notifies the selected assessor and the assessor calls the member to set up a mutually appropriate time for the assessment. The assessment may occur outside office hours.

The member should plan their schedule to allow for two 30-minute interviews with the assessor before and after the assessment. The member should also identify staff to help the assessor select patient records for review.

At the end of the assessment, the assessor summarizes his/her findings with the member and gives the member the opportunity to clarify any information or discuss any concerns he/she may have.

**Table 1: Peer Assessors**

<b>District 1:</b> Dr. Gilles Lamarche Dr. Peter Picard	Dr. Liz Gabison Dr. Sal Viscomi
<b>District 2:</b> Dr. Paul Newton Dr. Gauri Shankar Dr. Frazer Smith	<b>District 5:</b> Dr. Joyce Allman Dr. Peter Amlinger Dr. Lori Dover Dr. Reginald Gates Dr. Arnon Glatter Dr. Roberta Koch Dr. Dennis Mizel Dr. Heather Robson Dr. Bob Szczerko Dr. Bruce Walton Dr. Michelle Whitney
<b>District 3:</b> Dr. Liz Anderson-Peacock Dr. Ruth Hitchcock Dr. Kenneth Robinson Dr. John Schellenberg Dr. Keith Thomson Dr. David Zurawel	<b>District 6:</b> Dr. Timothy Barnes Dr. Steven Silk Dr. Richard Stover Dr. Dennis Yurkiw
<b>District 4:</b> Dr. Gerard Arbour Dr. Richard Bornstein Dr. Michael Brickman	

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## Committee Updates (cont.)

The assessor finalizes the report and sends a copy to the member and to the committee for review. The committee also urges members to complete the feedback form and post-visit questionnaire after their assessments and return them to CCO.

The committee reviews the assessor's report and the member's comments, if any, and makes one of the following recommendations to the member, in writing:

- no further specific remediative action is required at that time;
- an opportunity exists for the member to correct a minor deficient clinical competency;
- an opportunity exists for the member to correct a major deficient clinical competency; or
- the member is required to participate in a remediation program.

Information about peer assessment, including the checklist, as well as CCO regulations, standards of practice, policies and guidelines are available on CCO's web site at [www.cco.on.ca](http://www.cco.on.ca).

### X-ray Peer Review Program

#### Table 2: X-ray Assessors

Dr. Gary Bovine  
Dr. Percy Chan  
Dr. Scott Colasanti  
Dr. Marc Desjardins  
Dr. Lezlee Detzler  
Dr. Dario Laurenti  
Dr. Lawrence McCarthy  
Dr. Robert Pollock  
Dr. Mark Tulloch  
Dr. Oryst Swyszc

The committee has also launched the X-ray Peer Review Program to the full membership, selected 50 members from Stream A (chiropractors who take their own x-rays) and 100 from Stream B (chiropractors who do not take their own x-rays).

Dr. Marshall Deltoff, a radiology specialist and a consultant to the committee,

helped train the 10 x-ray assessors (see table 2) in a one-day workshop, held by the Quality Assurance Committee on August 23, 2002. Dr. Deltoff presented his "Logical Approach to Film Interpretation," which included information on how members should review pathological radiographs (using "CATBITES") and write radiographic reports (using "ABCS").

### A Logical Approach to Film Interpretation

#### CATBITES:

Congenital:	normal variants, anomalies, dysplasias
Arthritides:	degenerative vs. inflammatory
Tumor:	benign vs. malignant (primary and secondary)
Blood:	hematological disorders: avascular necroses, osteochondroses, anemias
Infection:	osteomyelitis, septic arthritis, septic vs. tuberculosis
Trauma:	named fractures and dislocations
Endocrine:	metabolic conditions, nutritional disorders
Soft Tissue:	abnormal calcifications, vascular, visceral stones

#### ABCS:

Alignment:	static and dynamic posture, roentgenometrics
Bone:	quality, quantity, integrity
Cartilage:	joint space evaluation
Soft tissue:	unusual calcification/ossification

This process is similar to that of the Peer Assessment Program. Similarly, information obtained about a member following an x-ray review or evaluation will be shared with the committee only. No other committee will have access to this information.

### Professional Portfolio

The committee has made two additions to the professional portfolio. First, a request to members to include copies of their recent advertisements when asked to submit the portfolio for review. Second, a new section asking members to plan their continuous learning activities by identifying a learning goal and setting a completion date.

The committee will continue to randomly select members to submit their professional portfolios for review. Portfolios are also reviewed during a peer assessment. Make sure you have yours ready!

continued on page 12

## Committee Updates (cont.)

### New and revised regulations and standards of practice

Over the last several months, the Quality Assurance Committee reviewed, revised, drafted and re-drafted two regulations and several standards of practice relating to quality assurance designed to enhance and promote continuing competence among members.

The months of work and preparation paid off when Council approved the committee's recommendations for revision on the Quality Assurance and Record Keeping regulations and the following standards of practice: S-001: Professional Portfolio, S-002: Record Keeping, S-004: Reporting of Diseases, and S-010: Techniques, Technologies, Devices and Procedures.

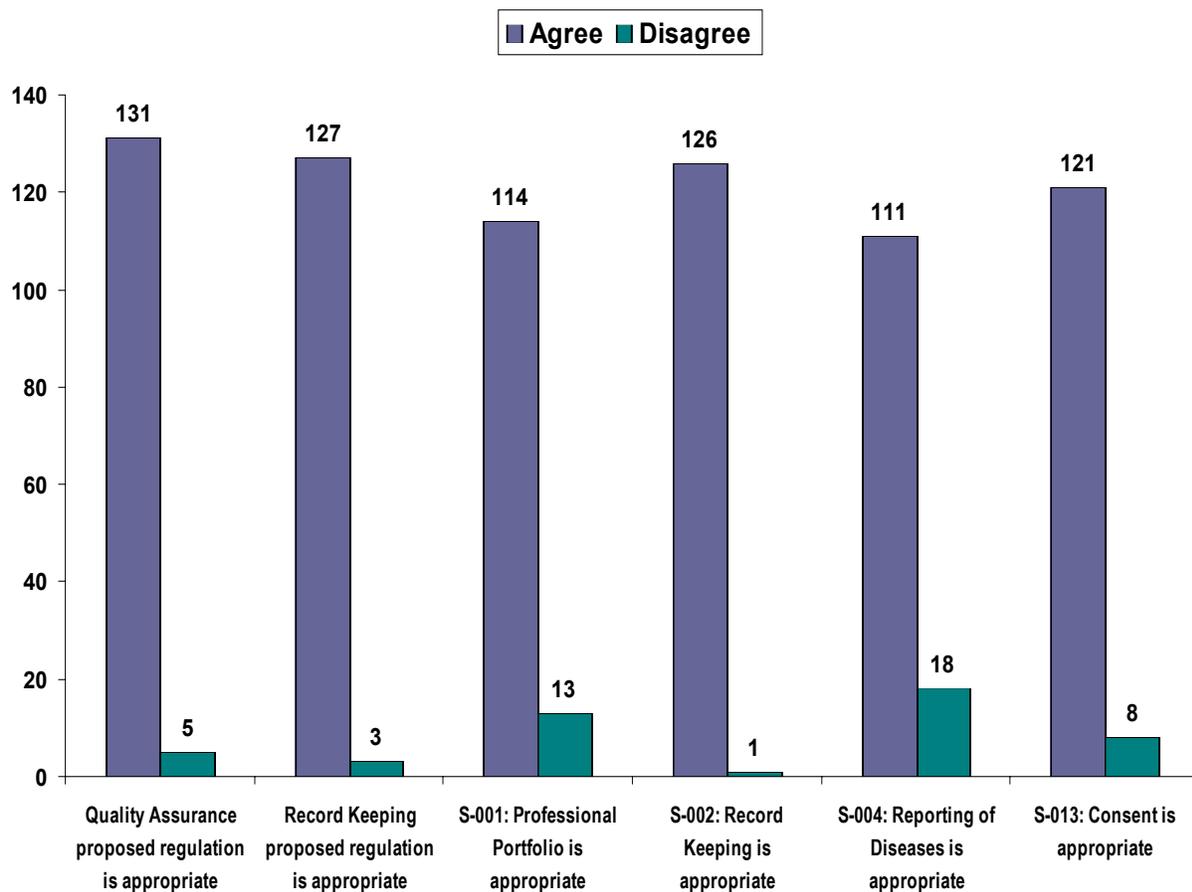
The regulations are now with the Ministry of Health and Long-Term Care for processing.

Council also approved a new standard of practice S-013: Consent, developed by the committee, with input from members and stakeholder organizations.

The main input came from CCO members. Before making recommendations to Council, the committee distributed to members and stakeholders the proposed revisions to the regulations and standards of practice for feedback. The feedback was significant and CCO thanks everyone who responded.

The majority of respondents agreed that the recommended revisions were appropriate (see graph 2).

**Graph 2: Quality Assurance proposed regulations and standards of practice**



## Peer Assessment Workshop

The Quality Assurance Committee hosted a peer assessment workshop on Saturday, March 29, 2003.

The workshop's objective was to help the Committee refine the program by reviewing the feedback from the assessors and the members that were assessed.

The workshop was well attended and well received. There was good exchange of information and ideas, and the food was great.

CCO and the committee thanks the assessors for their extraordinary work and for being such excellent ambassadors of the program.



**(L-R) Dr. Richard Bornstein (district 4), Dr. Allan Gotlib, President, Dr. Reginald Gates (district 5), Dr. Kenneth Robinson (district 3)**



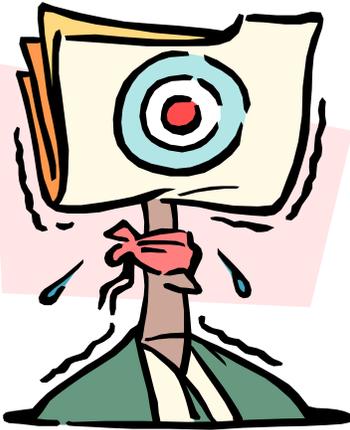
**(L-R) Dr. Gerard Arbour (district 4), Dr. Michael Brickman (district 4), Dr. Sal Viscomi (district 4), Dr. Arnon Glatter (district 5)**



**(L-R) Dr. Dennis Yurkiw (district 6), Dr. Steven Silk (district 6), Dr. Jacques Laquerre, QA Committee member**



**(L-R): Dr. Lori Dover (district 5), Dr. Paul Newton (district 2)**



## Peer assessment - it's not that bad!

**This page is dedicated to members who are anxious about the peer assessment process. What follows are actual quotes from members who have been peer assessed and who have survived and thrived.**

- This was an excellent experience and it really helped me identify the areas of my practice that need improvement. It also helped me identify or reaffirm what I was doing correctly. I found the assessor very personable and this assessment did not feel punitive in any way, shape or form.
- It was an extremely helpful and informative process. The assessor was highly knowledgeable, pleasant and approachable. A lot of important issues were covered. Altogether, a thorough, positive experience.
- Nobody wants to find that they're doing something wrong and especially to have it pointed out by a peer, so there was a level of anxiety associated with the process, but I found it helpful. There were a couple of minor adjustments needed to my record keeping and I am glad that now I know about them.
- The assessment was very informative and materials and suggestions were provided to help weaker areas of record keeping. At no time was there any intimidation concerning areas that need work and, more importantly, there was recognition and praise for areas that are being performed properly by myself.
- An overall good experience. It prompted me to read a few things to refresh my memory on things learned in jurisprudence. This gives me more confidence, something we don't hear enough of.
- My assessor was amicable and informative and very non-threatening. He made the afternoon pass by with very little inconvenience.
- In retrospect, I wish I would have allowed more time for this process. I felt it was a very positive and educational experience.
- I was initially anxious about the assessment, but as the process ensued, I felt much more comfortable. The assessment was carried out in a non-adversarial manner.
- I now realize some of my forms are deficient in some information and I am in the process of updating to ensure completeness. The assessment was very thorough and very informative - it will allow me to utilize some concrete changes to ensure adequate records. Thanks for the opportunity to improve my office procedures.
- I have no recommendations for improving this assessment process. I found the process very helpful in identifying areas that need improvement and the advice for dealing with any deficiencies was helpful. I will be able to apply suggestions for improvement Monday morning.
- I think the assessment was done professionally and was educational for me. It also helped me by letting me know that I was practising within the CCO's guidelines and it gave me a chance to put my portfolio together.
- The concept is obviously a good one and I suppose also necessary. However, I don't think too many chiropractors will look forward to this process with excitement.
- I believe this is a necessary and non-threatening program. We are dealing daily with the health and wellness of the general public and their perception and understanding of chiropractic begins in our office. It is therefore important that standards of practice are well maintained in all offices.

# Incorporation - is it worth it?

by Mrs. Regina Willmann, Public Member

There are a number of factors to be considered about incorporation for a professional prior to making the decision if it works for you or not. Your tax advisor is probably the best individual to provide you with advice in your own personal situation, as each person will have a different set of circumstances.

Two significant tax advantages are the small business deduction and the capital gains exemption for qualifying small business shares. As a PC (Professional Corporation) owned by a professional resident in Ontario, it will be considered a CCPC (Canadian-Controlled Private Corporation) and the corporation may be eligible to obtain the benefit of the small business deduction. CCPC's earning \$200,000 or less of active business income qualify for a reduced income tax rate.

Presently, federal and provincial income tax on the first \$200,000 of active business income is reduced to approximately 19 per cent combined (the limit is actually higher in Ontario - \$280,000 for 2002, increasing to \$400,000 after 2004). Using tax rates announced to date for 2002, income eligible for the deduction will be taxed at 19.1 per cent versus 38.6 per cent (the general corporate tax rate for Ontario for 2002 is 38.6 per cent). If all federal and Ontario corporate tax rate cuts are fully implemented over the next several years, these small business and general tax rates will be approximately 17.1 per cent and 30.1 per cent, respectively.

The second significant tax advantage from incorporation is the capital gains exemption for qualifying small business corporation shares. If you dispose of the shares of your corporation for a gain, up to \$500,000 of gross gains can be exempted. To qualify for the \$500,000 exemption, you must meet the following conditions:

- at the time of the disposition, at least 90 per cent of the corporation's assets must be business assets;
- more than 50 per cent of the corporation's assets must have been used in an active business carried on primarily in Canada throughout the 24-month period immediately before the sale; and
- the shares must not have been owned by anyone other than you or someone related to you during the 24-month period immediately before the sale.

There are several other benefits provided by

the incorporation, which you can discuss with your tax advisor, who will understand you and your practice and be able to help you decide if this will be of benefit to you.

Keep in mind some of the other costs that you may not have considered, such as the actual cost to incorporate, additional annual fees to your regulatory body (these can run anywhere from \$600 to \$1,200 per year), and professional fees associated with corporations for annual filings, such as corporation income tax returns and annual minutes. It is important to get all of the facts and costs before you make a decision.



**Mrs. Regina Willmann**

## Applying for incorporation? Save yourself some time

CCO Council approved the process and application for incorporation of chiropractors on November 30, 2002. The application and the guide on how to apply for incorporation are available on CCO's web site at [www.cco.on.ca](http://www.cco.on.ca).

In reviewing applications for incorporation, CCO relies on the following checklist:

- ✓ signed application form, with all pages, including undertaking forms signed by all shareholders;
- ✓ fee of \$650 payable to the College of Chiropractors of Ontario (in Canadian funds) by certified cheque or money order;
- ✓ statutory declaration by a director of the corporation signed before a commissioner, lawyer or notary public no more than 15 days before the application is submitted;
- ✓ certificate of status from the Ministry of Consumer and Business Services issued not more than 30 days before the application is submitted;
- ✓ certified copy of the articles of incorporation;
- ✓ certified copy of certificate of incorporation;
- ✓ certified copy of every certificate of the corporation that has been endorsed under the *Business Corporations Act* (BCA) as of the date this application is submitted (if applicable); and
- ✓ director and/or shareholders are registered and in good standing with CCO.

To ensure a smooth registration process, make sure you have complied with the above before

## 2002 Annual General Meeting

CCO's 2002 Annual General Meeting was held on Friday, June 20, 2003, in the Bedford Room of the Park Hyatt Hotel. The guest speaker was Dr. Colin D'Cunha.

The topic: the Role of Regulatory Colleges in Addressing Public Health Crises.

Dr. D'Cunha was thought-provoking and his comments were well received.



**At the AGM, CCO honoured Dr. Keith Thomson, who reached his maximum nine-year term as Council member. CCO thanks Dr. Thomson for his extraordinary contributions.**



**Dr. Colin D'Cunha, Guest Speaker  
Commissioner of Public Health  
Director and Chief Medical Officer of Health  
Assistant Deputy Minister, Ministry of  
Health and Long-Term Care**



**Front row only (L-R): Mrs. Gail Diamond, Mrs. Rena Gotlib, Dr. Dennis Mizel, president, Ontario Chiropractic Association, Dr. Stanley Gorchynski, Mr. Gilbert Sharpe**

## On the Road...

Ms Jo-Ann Willson, Registrar and General Counsel, and Dr. Keith Thomson, former Vice President, travel to various locations across Ontario to meet with local chiropractic societies. Topics covered include record keeping, advertising and peer assessment. To date, the feedback has been very positive.



### **RIGHT - London Chiropractic Society, April 30, 2003**

**Back row, second from left - Mr. John Quinney, Public Member**



### **LEFT - North York Chiropractic Society, June 2, 2003**

### **RIGHT - Orangeville Dundas Chiropractic Society, June 11, 2003**



# Update on Clinical Practice Guidelines

by Mr. Peter Waite, CAE, General Manager  
The CCA/CFCRB Clinical Practice Guidelines  
Development

The Canadian Chiropractic Association (CCA) and the Canadian Federation of Chiropractic Regulatory Boards (CFCRB) are partnering in the development of new Clinical Practice Guidelines.

The CCA and CFCRB recognize that clinical practice guidelines are a necessary part of health care in the 21<sup>st</sup> century. The profession needs to take a leadership role in developing guidelines rather than allowing outside agencies, government bodies or other health care professions to impose them. The profession has the knowledge of relevant research combined with the clinical expertise in chiropractic to develop guidelines that will best serve chiropractors and patients.

Guidelines are developed to assist chiropractors in daily practice by collating the massive amounts of research and clinical expertise that exists within the profession. Guidelines are not to be confused with standards, which dictate practice parameters, but rather serve as a guide and tool for practitioners and the public.

These guidelines will seek greater participation from stakeholder organizations and from the profession in the field than was the case for the Glinerin Guidelines developed by the CCA in the mid 1990s. More than 30 stakeholder organizations from across Canada (including all 11 regulatory boards) have been consulted on the process to be followed and the subject areas to be covered. Unlike the Glinerin Guidelines, these will be subject specific stand-alone documents, published in the *Journal of the Canadian Chiropractic Association* and available to the entire profession via Internet.

A Task Force, with representatives from both the CCA (Dr. Grayden Bridge, Dr. Greg Stewart)

and CFCRB (Dr. Wanda Lee MacPhee, Dr. Keith Thomson), is overseeing the development of Guidelines. The Task Force commissioned a paper on "The Development of Canadian Clinical Practice Guidelines: A Literature Review and Synthesis of Findings." This paper, authored by Mr. Costa Papadopoulos, the former Health Policy

Manager of the CCA, has provided the Task Force with insights into how other professions developed guidelines and what can be useful for the chiropractic profession.

The Task Force has appointed a Guideline

Development Committee with practitioners from across the country. After consulting with stakeholder organizations, public and interprofessional representatives were added to the Committee.

The public representative is Professor Janice Stein, Belzberg Professor of Conflict Management and Negotiation in the Department of Political Science and the Director of the Munk Centre for International Studies at the University of Toronto. She has an international reputation as a Middle East area specialist and is a pioneer in at least three sub-fields of political science - negotiation theory, foreign policy decision making and international conflict and conflict management.

Professor Stein is on the editorial board of several journals, including *Etudes Internationales*, *International Journal*, *Political Psychology*, *Foreign Policy* and *American Political Science Review*. She appears frequently on Canadian television commenting on the Middle East.

The interprofessional representative is Dr. Andrea Furlan who is the Evidence-Based Practice Co-ordinator at the Institute for Work & Health. She obtained her medical degree from the University of São Paulo, Brazil and immigrated to Canada in 1997. She obtained her MSc in Clinical Epidemiology from the Department of Health



**CFCRB Conference in Quebec City, March 2003 (L-R): Dr. Keith Thomson, Dr. Greg Stewart, Mr. Peter Waite, Dr. Grayden Bridge, Dr. Allan Gotlib**

continued on page 19

## Update on Clinical Practice Guidelines (cont.)

Administration at the University of Toronto where she is currently enrolled in a Ph.D. program in Clinical Epidemiology. She has written extensively on guidelines issues and has been involved with the Cochrane Collaboration Back Review.

After reviewing an international list of potential editors, the Task Force has appointed the firm of Eglington Health Communications Inc. to provide editorial services. Thor Eglington, RN BSc BA MSc, president of the firm, has been a health care provider, educator, researcher, policy analyst, program developer, writer and editor. His clients include government, businesses and non-profits.

Working with Mr. Eglington is Dr. B.P. Squires, BA MD PhD, who is a former editor-in-chief of the *Journal of the Canadian Medical Association*. Previously, he served as a professor in the Faculty of Medicine and Director of the Office of Health Sciences Educational Development at the University of Western Ontario. Dr. Squires has an extensive background in the development of guidelines.

As determined by the stakeholder organizations, the first topics that guidelines will be prepared for will deal with Chiropractic Management of the Cervical Spine. After reviewing the applications to serve as Evidence Assessor(s), the Guidelines Development Committee has selected a team led by Dr. Howard Vernon of the Canadian Memorial Chiropractic College (CMCC). Dr. Vernon's team will assess the evidence on these topics and prepare a first draft of a guideline. Following this the guidelines will be submitted to a peer review panel and then posted on The CCA web site for practitioners to review and comment on through the various organizations they are members of.

The Task Force gratefully acknowledges funding for development of guidelines is made possible through a grant provided by the Ontario Ministry of Health and Long Term Care to the Ontario Chiropractic Association.

The CCA web site ([www.ccachiro.org](http://www.ccachiro.org)) will be the practitioner's source for information on the guidelines.

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## Joint Public Statement of CCO and Dr. Donald Viggiani

*The College of Chiropractors of Ontario and Dr. Donald Viggiani together make the following statement concerning December 2002 events.*

Dr. Donald Viggiani has until recently served as a member of the Council of the College. He has also been a member of the College's Executive Committee and chair of the College's Quality Assurance Committee.

Approximately in mid-December 2002, certain issues arose between Dr. Viggiani and the Executive Committee concerning the breach of a document referred to as an Undertaking of Confidentiality.

Notwithstanding Dr. Viggiani's good intentions, he became involved with the complaints and discipline process when he was not a member of either the Complaints Committee or the Discipline Committee. Based on the undertaking entered into by Dr. Viggiani, he should not have been involved in the process of either committee.

Since that time, both Dr. Viggiani and the Executive Committee have carefully considered the matters in issue between them. While this process of consideration was underway, Dr. Viggiani did not participate in the activities of Council, the Quality Assurance Committee or the Executive Committee.

After careful consideration, Dr. Viggiani has come to the conclusion that his ability to effectively carry out his responsibilities as an elected member of Council for district 4 has been substantially impaired by these issues. In all the circumstances, he believes his continued presence on Council will not contribute beneficially to the operations of Council. Accordingly, Dr. Viggiani has tendered his resignation as a Council member and the College has accepted it.

Dr. Viggiani and the College have agreed that their respective consideration of the matters in issue is complete, and that further details, apart from this public statement, should remain confidential.



**Mr. Richard Steinecke**  
**Steinecke, Maciura,**  
**LeBlanc**

## Get ready for privacy legislation in 2004

by Mr. Richard Steinecke

*In a true story reported in the media in late February, a patient had a mammogram and pelvic examination. The laboratory in Ottawa forwarded the reports to the treating practitioner. A few weeks later a copy of the reports showed up on the*

*back of flyers distributed in Toronto for a real estate company. How did it happen? The investigation to date suggests that the hospital forwarded the results to a law firm in Toronto at the request of the patient. Paper picked up from an office building in Toronto was sold to a printer who used the scrap paper for a test run of the flyers. The test run was shipped with the rest of the flyers and distributed to the public. The Ontario Information and Privacy Commissioner said an investigation could not be initiated because the federal Privacy Act does not yet apply. However, the situation would be very different in 2004.*

The *Personal Information Protection and Electronic Documents Act* comes into full force and effect on January 1, 2004. Many health practitioners and organizations will be covered by the Act after that date.

### Who is covered by the Act

The Act applies to the collection, use or disclosure of personal information by an organization in the course of a commercial activity.

The Act defines organization as an association, partnership, person or trade union. The likelihood is that all health practitioners in private practice are covered by the Act even if their services are publicly funded (e.g., through OHIP or Community Care Access Centres).

### Obligations of the Organizations

The first obligation is to collect, use and disclose the personal information only with the consent of the person to whom it relates, unless one of the few exceptions listed in the Act applies. The duty of consent for information handling is different from the consent for treatment. It involves disclosure to the patient as to what information is being collected, why it is needed and how it will be used.

Practitioners need to be careful when dealing directly with patients to explain what the information will be used for and, perhaps in a general way, the secondary uses for the information (e.g., quality assurance, research, human resource planning).

Another obligation is to keep the information reasonably secure. Because of the highly sensitive nature of the information in this case, significant security measures would be expected. The hospital, laboratory and treating practitioner would have to at least consider anonymizing the information before releasing it. This may not be practical in every case, but the organization would have to be able to explain why not. Similarly, all of the organizations would have to have policies and procedures for destroying the information. Staff training and information disposal procedures are critical components to the security requirements of the Act.

Every person or organization covered by the Act must review their privacy practices and have publicly available information handling policies and procedures in place. This includes a description of when personal information will be collected, used and disclosed by the organization, consent procedures, limiting collection and use to what is needed, retention and destruction policies, providing access to the person to whom the information relates, permitting the correction of erroneous information, security practices, designating a contact person and establishing a complaints process.

### Consequences

The consequences of improper handling of personal information may result in a complaint being filed with the Information and Privacy Commissioner of Canada. The commissioner has investigative powers, such as the right to summons witnesses and examine them under oath and compel production of documents (especially if voluntary cooperation is not provided), reporting the results of the investigation to the parties, and making his/her findings public.

After a report is issued, either the complainant or the Information and Privacy Commissioner, on the complainant's behalf, can apply to the Federal Court of Canada for an order to:

continued on page 21

## Get ready for privacy legislation in 2004 (cont.)

- direct the person or organization to correct its information handling practices;
  - publish notice of the corrective action it has taken or plans to take; or
  - award money to the complainant for damages, including humiliation (there is no ceiling on the damages that can be awarded).
- Starting in January 2004, most private practitioners and any other organization engaging in commercial activities need to have clear, appropriate and publicly available information handling policies and procedures in place.

It is anticipated that most complaints will be resolved through agreements and informal action rather than court proceedings, but the potential for litigation is there.

### Lessons Learned

Practitioners should remember the following:

- Personal information that is not stored and destroyed securely can result in embarrassment and, starting on January 1, 2004, significant legal consequences.
- All staff handling personal information must be made aware of the proper ways of collecting, using, disclosing, securing and discarding it.

*A senior partner in the law firm of Steinecke Maciura LeBlanc, Richard Steinecke practises exclusively in the area of professional regulation, and represents almost two dozen regulators and associations across many professions.*

*Mr. Steinecke will be a presenter at a seminar on getting ready for the new privacy legislation on October 8, 2003. The seminar is sponsored by the Federation of Health Regulatory Colleges of Ontario and will be broadcast live to seven sites throughout Ontario. For more information, see brochure.*

## And the Beasley Award goes to...



**Canadian Memorial Chiropractic College Graduation, June 21, 2003 - Ms Jo-Ann Willson, left, congratulates Dr. Amanda Jean Ostrowski.**

Dr. Amanda Jean Ostrowski is the 2003 winner of the Dr. Harold Beasley Memorial Award for Excellence in Jurisprudence. Dr. Ostrowski, a graduate of the Canadian Memorial Chiropractic College, received the award for her outstanding performance in the Ontario jurisprudence course. She will have her fees for 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.



**Ms Karen Jones  
Paliare, Roland,  
Rosenberg &  
Rothstein**

## Report from the front lines: The Lewis Inquest

*by Ms Karen Jones*

On September 12, 1996, Mrs. Lana Dale Lewis died in Toronto's Queensway General Hospital after suffering her second stroke in 12 days. Her death was reported to the Coroner's

Office simply because she had received a chiropractic treatment five days before the first stroke.

The Coroner conducted an autopsy that showed Mrs. Lewis had significant atherosclerotic disease of the vertebral arteries, the two arteries at the back of the neck that supply the lower posterior portion of the brain. Mrs. Lewis did not have any dissection or tearing of her vertebral arteries. Dissection is a type of arterial damage that has been associated with chiropractic and stroke.

The Coroner's Office came under intense pressure from Mrs. Lewis' family and a consortium of other people headed by anti-chiropractic crusader Dr. Murray Katz, to hold an inquest into Mrs. Lewis' death. Although the Coroner's Office initially refused to do so on at least two occasions, it announced in November 2000 that it would hold an inquest into Mrs. Lewis' death and particularly the relationship between chiropractic neck manipulation and stroke. The inquest was anticipated to take six to eight weeks.

CCO was granted standing at the inquest in recognition of its role as the regulator of chiropractic in Ontario. It is the only party granted standing by the Coroner that represents the public interest. As such, it has consistently taken the position that the inquest ought to remain focused on determining the manner of Mrs. Lewis' death, and that the jury ought to make its findings and recommendations based on the best scientific and medical evidence available.

The inquest started in April 2002. It rapidly became a proceeding where the profession of chiropractic was under intense scrutiny and attack. The inquest has been marked by lengthy, hostile and often personal attacks on witnesses, procedural delays, and unexpected turns of events.

In December 2002, Dr. John Richardson, a pathologist retained by the Lewis family, testified

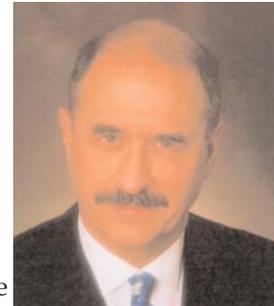
that Mrs. Lewis had bilateral vertebral artery dissections. This evidence was contrary to all his written reports and the evidence of all other pathologists. As Dr. Richardson was the last pathologist scheduled to testify, no other pathologist had the opportunity to comment on the validity of his findings.

The Coroner recognized that Dr. Richardson's change in evidence was very significant. The majority of experts who have testified at the inquest agreed that absent finding a dissection, Mrs. Lewis' strokes could not be legitimately linked in any way to chiropractic. The Coroner therefore agreed that a fresh neuropathological examination was warranted. He adjourned the inquest until his office had an opportunity to retain an independent neuropathologist.

A number of motions were then brought before the Coroner, including a motion brought by the Canadian Memorial Chiropractic College and the Canadian Chiropractic Association to have the Lewis family's lawyer, Ms Amani Oakley, removed as counsel at the inquest. The Coroner refused to remove Ms Oakley, and his decision is being challenged in court this fall.

When the inquest resumes, the jury will hear evidence from a number of new witnesses. The jury will then hear closing submissions, including recommendations directed to avoiding deaths in similar circumstances or respecting any other matter arising out of the inquest. The Lewis family has acknowledged that it is seeking a recommendation or recommendations to limit the practise of chiropractic, including the banning of neck adjustments.

The inquest has attracted intense media scrutiny and provided critics of chiropractic with a very public forum to launch an unprecedented attack on chiropractic as ineffective and unsafe. The Lewis Inquest may be the most important legal proceeding concerning chiropractic in Ontario history. CCO is committed to participating in a manner that is in the public interest and in assisting the jury to make decisions based on accurate, factual and scientifically sound information.



**Mr. Chris Paliare,  
Paliare, Roland,  
Rosenberg &  
Rothstein**

## Techniques, Technologies, Devices or Procedures

On April 12, 2003, Council approved an amendment to standard of practice S-010: Techniques, Technologies, Devices or Procedures.

For a technique, technology, device or procedure to be considered acceptable for clinical purposes, it must be taught in the core curriculum, post-graduate curriculum or continuing education division of one or more colleges accredited by the Council on Chiropractic Education Inc., or in an accredited Canadian or American university, in a manner intended to achieve clinical proficiency, and examination certification or other proof of clinical proficiency is required.

In the previous version, the only acceptable proof of clinical proficiency was examination and certification.

The standard is intended to aid the Complaints Committee when investigating complaints involving techniques, technologies, devices or procedures, and to outline CCO's expectations of members relating to their use. It is also intended to provide some assurance to the public about what is considered acceptable to CCO.

Techniques, technologies, devices or procedures that do not meet the description are not permitted in a clinical setting.

Failing to comply with a standard of practice is an act of professional misconduct.

### What CCO members are using

Chiropractors use a multitude of techniques to treat patients. Table 1, based on self-reporting information from the 2003 registration renewal forms, outlines the techniques used by Ontario chiropractors.

Members are reminded that all techniques, technologies, devices or procedures used in a clinical setting must comply with CCO standard of practice S-010: Techniques, Technologies, Devices or Procedures.

**Table 1: Techniques, technologies, devices or procedures used by CCO members (as self-reported)**

	TOTALS
Diversified	2297
Activator	863
Thompson Terminal Point	521
Gonstead	216
Sacro Occipital	192
Active Release	193
Motion Palpation	165
Soft Tissue Therapy	153
Applied Kinesiology	111
Cox/Flexion-Distraction	88
Upper Cervical	83
Torque Release	80
Chiropractic Biophysics	67
Logan Basic	60
Craniosacral Therapy	47
Network Spinal Analysis	43
Meric	40
Myofascial Release	37
Pierce-Stillwagon	30
Neuro Emotional	18
Total Body Modification	18
Trigenics	18
Matrix	17
Pettibon	15
BEST	12
Crane Occipital Lift	6
Websters	6
Toftness	2
Alphabiotics	1
Atlas Orthogonality	1
Bowen	1
Contact Reflex Analysis	1

### Have you moved? We need to know

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



## For Your Information

### Approaching Council members - what is appropriate?

CCO members may approach elected Council members if they have any general questions or wish to discuss general matters before Council. However, Council members must exercise extreme caution and must not intervene in any member-specific issues, particularly with respect to registration, complaints and discipline. These are confidential matters that can only be addressed by the designated committees to maintain the integrity of the processes and ensure all participants are treated fairly and consistently.

Please do not try to compromise a Council member by asking for his/her involvement in a matter before one of CCO's committees.

### Dark field microscopy is outside the chiropractic scope of practice

Dark field microscopy is a specialized illumination technique that uses oblique (slanted) illumination to increase the visibility of specimens lacking in sufficient contrast that are difficult to observe with standard brightfield microscopy.

Using dark field microscopy to analyze blood samples and other specimens taken from the human body is outside the scope of practice of chiropractic. Taking blood samples, etc., is a controlled act not authorized to chiropractors under the *Regulated Health Professions Act, 1991 (RHPA)*.

Chiropractors may only perform the following authorized acts (section 4, *Chiropractic Act, 1991*):

1. Communicate a diagnosis identifying, as the cause of a person's symptoms:
  - a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
  - a disorder arising from the structures or functions of the joints of the extremities.
2. Move the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Put a finger beyond the anal verge for the purpose of manipulating the tailbone.

Licensed laboratories and collection centres established under the *Laboratory and Specimen Collection Centre Licensing Act* can analyze human blood specimens.

### Just because you learned it in school

Chiropractors are trained to perform a variety of procedures in educational institutions.

However, members should not assume that because they were taught a particular procedure in their educational institution, they are legally permitted to perform the procedure in the jurisdiction in which they practise.

In Ontario, chiropractors may only perform the authorized acts as set out in section 4 of the *Chiropractic Act, 1991*.

In Ontario, chiropractors **cannot** perform: pelvic examinations, prostate examinations, or laboratory testing involving the examination of specimens taken from the human body.

### CCO sets the standards

There are various chiropractic interest groups/associations in Ontario but there is only one that sets the standards - the College of Chiropractors of Ontario.

CCO reminds all interest groups that they cannot make statements that imply they set the standards as this is misleading to the public and is contrary to the provisions of the *Regulated Health Professions Act (RHPA)*.

Under the *RHPA*, CCO has the statutory mandate to develop, establish and maintain standards of practice.

### Thanks for the feedback

CCO would like to thank everyone who provides the College with feedback on its mailings. CCO does not provide individual responses.

However, the respective committees do review all responses and do take all responses into consideration when making recommendations to Council.

# Registry Update *(as at August 8, 2003)*

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

## **Suspended Due to Non-Payment of Dues**

Allen, Lois A. (Brampton)  
Bjornson, Julie K. (Bobcaygeon)  
Bluck, Catherine M. (Toronto)  
Boulianne, Michele (Jonquiere, QC)  
Bryans, Roland G. (Clarenceville, NF)  
Burns, Nancy L. (Toronto)  
Cannon, Robert J. (Burnaby, BC)  
Chu, Chi Kong (Hong Kong)  
Darabi, Mahin (Toronto)  
Donnelly, Jennifer (Brampton)  
Downey, Jennifer L. (Waterloo)  
Fuliere, Fabrizio D. (Mississauga)  
Gill, Navjot (Mississauga)  
Glenn, David A.I. (St. Charles, IL)  
Ho, Michael M. (Markham)  
Horowitz, Michael L. (Richmond Hill)  
Ironsides, Susanna (Vancouver, BC)  
Johnson, Patrick G.E. (Vanderhoof, BC)  
Johnson, W. Roderick (Ingersoll)  
Karner, Stephen J. (Vancouver, BC)  
Leblanc, Charles E. (Bourgel)  
MacLean, Christine N. (Toronto)  
McKay, James W. (Calgary, AB)  
Meredith, Joel W. (Victoria, BC)  
Merrick, Timothy C. (Ottawa, ON)  
Mikazans, Harry G. (Etobicoke)  
Miller, Shannon C. (Victoria, BC)  
Moran, Kim A. (Winnipeg, MB)  
Nasreddine, Mona (Lambert, QC)  
Nasser, Ali (Brampton)  
Neary, Heather A. (Ottawa)  
Parks, J. Edward (Barrie)  
Pilkington, Richard J. (Ajax)  
Postma, Christopher A. (London)  
Randall, Keith A. (Hamilton)  
Reinhart, Edgar R. (Ayr)  
Roy, Raymond J. (Kelowna, BC)  
Saab, Nizar (Edmonton, AB)  
Shih, Clarke C. (Scarborough)  
Smith, Devon R. (Camrose, AB)  
Smith, Tara L. (Sutton, UK)  
Swerdon, Robert I. (Barrie)  
Sykes, William M. (Sudbury)  
Tulbert, David J. (Toronto)  
Voth, Daniel H. (Thorold)  
Woollard, Mark E. (Scarborough)

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

Ashique, Asim (Winnipeg, MB)  
Beck, Randy W. (Waterford)  
Gerecke, Kurt R. (Winnipeg, MB)  
Hoogeveen, George L. (Owen Sound)  
Kauffeldt, W. Todd (Toronto)  
Klymchuk, I. Kirk (Orangeville)  
Ladanyi, Thomas A. (Tampa, FL)  
McLeod, W. Sean (Lethbridge, AB)  
McTavish, Jason A. (Highland Ranch, CO)  
Murray, Todd D. (Ingleside)  
Nenshi, Alma (Calgary, AB)  
Nikifork, Robert J. (North York)  
Orvitz, Edan F. (St. Catharines)  
Pawliw-Fry, John P. (Guelph)  
Shariff, Alykhan M. (Thornhill)  
Skleryk, Robert S. (Vancouver, BC)  
Trudel, Tracy A. (Malone, NY)  
Webster, Andrew D. (Toronto)

## **Resigned**

Borrowman, Krista Chandler (Bedford, NS)  
Chen, Arthur T. (Ottawa)  
Chinnick, Donald D. (Dawson Creek, BC)  
Colquhoun, Ian R. (Bancroft)  
Gagnon, Martin (Brossard, QC)  
Galbraith, Robert (London)  
Greib, Alanna C. (Sundridge)  
Guthy, Janis (Golden, BC)  
Hamilton, Brian G. (Guelph)  
Kerr, Randal J. (Belleville)  
Livingstone, Mary Jane W. (Windsor)  
MacLeod, Darryl R. (Twinsburg, OH)  
McIlmoyle, Richard T. (Victoria, BC)  
Morrison, Henry B. (Picton)  
Mueller, Eva M. (Port Perry)  
Noble, Ross D. (Maple Ridge, BC)  
Oakes, Timothy P. (Toronto)  
Omel, Richard B. (Southfield, MI)  
Reed, W. Peter (Nanoose Bay, BC)  
Roberts, Thomas E. (Fonthill)  
Schwab, John A. (Point Edward)  
Shaw, Ian H. (Hamilton)  
Stevenson, David A. (Hamilton)  
Stroud, Karen L. (Dorset)  
Swick, Donald W. (Welland)  
Van Bakel, Teresa L. (Iroquois Falls)  
Webster, Shari R. (Phoenix, AZ)  
Wicks, Melissa E. (Cornwall, PE)  
Yan, Michelle (Fairview Park, OH)



## Registry Update: Professional Corporations

**... to Dr. Parnell  
Crook (Kemptonville), the first  
chiropractor in Ontario to  
incorporate.**

As at August 8, 2003, there are 40 chiropractic professional corporations in Ontario. They are: Anthony Adams Chiropractic Professional Corporation, Nicole Albuquerque Chiropractic Professional Corporation, Craig S. Anderson Chiropractic Professional Corporation, Anziano Chiropractic Professional Corporation, Paul Battler Chiropractor Professional Corporation, K. Brough Chiropractic Professional Corporation, Dr. Rodney Brown Chiropractic Professional Corporation, Cochrane Chiropractic Professional Corporation, Cameron B. Colquhoun Chiropractic Professional Corporation, Cordasco Chiropractic Professional Corporation, Dr. Crook Chiropractic Professional Corporation, James A. Dawes Chiropractic Professional Corporation, Michael Flynn Chiropractic Professional Corporation, Gregg Chiropractic Professional Corporation, Dr. B.J. Hardick Chiropractic Professional Corporation, Kalsi Chiropractic Professional Corporation, Amir Khajavi Chiropractic Professional Corporation,

Lubberdink Chiropractic Professional Corporation, Dr. Peter MacDonald Chiropractic Professional Corporation, Ron McAlister Chiropractic Professional Corporation, McQuoid Chiropractic Professional Corporation, Meyer Chiropractic Professional Corporation, Greg Moses Chiropractic Professional Corporation, Varty Murray Professional Chiropractic Corporation, Dr. Suharto Ongko Chiropractic Professional Corporation, John A. Papa Chiropractic Professional Corporation, Partridge Chiropractic Professional Corporation, Dr. Petrus Chiropractic Professional Corporation, Posa Chiropractic Professional Corporation, Doctor Luigi A. Prosia Chiropractic Professional Corporation, Doctor David G. Prosia Chiropractic Professional Corporation, M. Rahemtulla Chiropractic Professional Corporation, Dr. Frank Ramelli Chiropractic Professional Corporation, Susan L. Shaw Chiropractic Professional Corporation, Dr. W. Allen Smith Chiropractic Professional Corporation, Snelgrove Chiropractic Professional Corporation, Dusko Surla Chiropractic Professional Corporation, Trim Chiropractic Professional Corporation, P.T. Walsh Chiropractic Professional Corporation, Wolfs Chiropractic Professional Corporation

## Welcome new members!

**CCO welcomes the following new members (from August 2002 to July 2003) and wishes them a long and successful career in chiropractic.**

Adams, Sarah L.  
Ahokas, John A.  
Alidina, Karim N.  
Alipanahloo, Babak  
Almas, Christopher  
Alyea, Grant V.  
Anderson, Jody J.  
Angelini, Annunciato  
Arabnezhad, Samar  
Arcuri, Joseph A.  
Azizi, Newsha  
Bafia, Stephen J.  
Bain, Zachary M.  
Baker, Marc A.S.  
Balmer, Aaron J.  
Barker, Darrell G.  
Batada, Rahim

Beleutz, Derrick J.  
Benedict, Ryan W.  
Bhullar, Sukhvinder S.  
Bianchi, Nicola  
Boone, Michael R.  
Borovay, Melissa D.  
Bourne, Jason C.  
Brooks, Jared A.  
Bui, Thao T.T.  
Butler, Teri L.  
Calicchia, Sam A.  
Carswell, Benjamin D.  
Cauwenbergs, Peter  
Chacko, Teesha  
Chambers, Tanya  
Chan, Kitty  
Chan, Y.S.

Charbonneau, Angele D.  
Chorostecki, Kendall S.  
Cinicolo, Daniela  
Clark, Peter C.  
Coulter, Leila D.  
Da Silva, Mark A.  
Daramola, Adebola O.  
Davis, Joanne L.  
Deonarine, Kevin A.  
Deschamps, Kevin A.  
Dhawan, Vikas  
Dhillon, Sukvinder  
Dinh, Hoang N.  
Domingues, Rui B.  
Douglas, John P.  
Dubreuil, Mark E.

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## Welcome new members! (cont.)

Dykeman, Blair L.  
Eidt, Tyson E.  
Elk, Jason K.  
Elliott, Jenny L.  
Eltervoog, Michael W.  
Emary, Peter C.  
Erickson, Kenneth J.  
Ericson, Catherine E.  
Eveleigh, Heather  
Falconer, Margaret-Anne  
Falconer, Matthew D.  
Filo, John  
Finoro, Edward E.  
Fonso, Steven  
Fonti, Pietro A.  
Forbes, Johnathan B.  
Fouinetau, Sally  
Fox, Jeffrey K.  
Friesen, Stephen L.  
Garofalo, Ernesto  
Garofalo, Matthew R.  
Ghattas, Maher E.  
Ghorayeb, Joe  
Ghoshdastidar, Sanjib  
Gibson, Trisha  
Giles, Kristen D.  
Goncalves, Danny P.  
Graham, Alison L.  
Gregory, Darryl R.  
Haas, Tara L.  
Hacault, Francois  
Hamilton, Andrew D.  
Hand, Jeff M.  
Hann, Geoffrey D.  
Heaman, Deborah  
Henderson, Jonathan  
Hildebrand, Catherine A.  
Hindocho, Rommel  
Hintz, Tanya L.  
Hotham, Kevin R.  
Hunt, Andrea Marie  
Jagessar, Darren R.  
Jagger, Mark D.  
Kee, Joanna W.  
Khademi, Peyman  
Kim, John  
Kim, Woo Y.  
Kler, Shavneet  
Kuch, William S.  
Lal, Himmat  
Lalonde, Michael E.  
Lau, Edwin  
Lee, Alexander J.  
Lee, Kennet  
Lee, Rex  
Legault, Marie France  
Lehman, Gregory J.  
Lemieux, Jason P.  
Lemmo, Anthony M.  
Liang, Feng  
Liew, Jamie H.Y.  
Liew, Mei Yee  
Lisser, Sidney W.  
Litt, Jason H.  
Lombardi, Anthony  
Longo, Crystal L.  
Lord, Stephanie E.  
Louis, Luella  
Lovas, Monica J.  
Lozej, Marco E.  
Mabee D'Andrea, Marnie  
MacDonald, R. Dale  
Magwood, Michael  
Maleki-Yazdi, Mohammed H.  
Marando, Paul A.  
Marshall, Timothy O.  
Mauch, Willi J.  
Mawer, Jilla K.  
McCarthy, Richard E.  
McDonald, Natalie A.  
McDonnell, Laura J.  
McIntosh, Melanie E.  
Menge, Rick A.  
Merzel, Benjamin I.  
Meyer, Angie J.  
Miartis, Maria  
Miller, Alisa  
Miller, Scott S.J.  
Mitchell, Sarah A.  
Moazami, Mohsen  
Moeller, Kurt J.  
Natgunarajah, Radhika  
Nayeri, Hooman  
Nguyen, Giang T.  
Nguyen, Son T.  
Niemic, Martin  
Norman, Kelly F.  
Olujic, David  
Ostrowski, Amanda J.  
Paiwand, Frozon  
Palkovits, Karen B.J.  
Patriquin, Derek R.  
Peacock, Andrea B.  
Pervez, Omar M.  
Pintaric, Alan M.  
Poschar, Michael F.  
Pringle, Tania C.  
Prokofiew, Konrad A.  
Ramlochan, Emile A.  
Ramos, Gracinda M.  
Redly, Monika T.  
Reidl, Karen E.  
Reine, David H.  
Renzoni, Mark P.  
Reynolds, Sarah J.  
Rezaei, Amir M.  
Rhind, Robert J.  
Richards, James S.  
Rick, David  
Rios, Juan A.  
Rose, David A.  
Ruscica, Paul C.  
Sabaz, Michael  
Saunders, Jonathan J.  
Sawa, Michael P.  
Schloesser, Anuschka C.  
Schultz, Michael J.  
Semerdjian, George  
Serafini, Gabrielle M.  
Serallegrì, Marcella  
Sharda, Amit  
Sheidaei Gandovani, Mahdy  
Sidhu, Anmol  
Sohi, Oscar  
Sole, Jeffrey W.  
Sondhi, Vic  
Sperling, Craig D.  
Stauber, Aaron J.  
Stepaniuk, Stephen A.  
Tabrizi, Nagda  
Tavormina, Alfonso  
Thapar, Namita  
Tse, Keith F.C.  
Tsiapralis, George  
Tsioros, Randy S.  
Tutak, Richard M.  
van der Mark, Cheryl J.  
Vecchio, Melissa K.  
Verratti, Mark G.  
Vitebski, Sagit  
Waddell, Brent A.  
White, Amy K.  
Wiebe, Jason N.  
Woods, Todd N.  
Yen, Steven  
Zarrabian, Mahsa  
Zlot, Lawrence

# Council Meeting Highlights

Council held four regular meetings since the last issue of *ChiroPractice*. At all Council meetings, council reviews information from other chiropractic organizations, health regulatory colleges and the Federation of Health Regulatory Colleges of Ontario to ensure it is kept informed about recent developments, which 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 in some circumstances to discuss financial issues.

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 a representative from the Ontario Chiropractic Association, and frequently, a representative from the Ministry of Health and Long-Term Care (MOHLTC).

Here are the public portion highlights.

## September 21, 2002

- This two-day meeting was primarily devoted to developing and refining CCO's vision and strategic goals, as facilitated by Ms Carolyn Everson (see CCO's 2002 Annual Report for the details).

At the business portion of the meeting:

- Mr. Richard Steinecke, one of CCO's outside counsel, presented on the topic "Committee Composition and Disclosure of Information: Administrative Law, Principles of Natural Justice and Procedural Fairness," which was particularly helpful in understanding and emphasizing the importance of confidentiality within council committees.
- Council approved Advertising Standard of Practice S-003 and Advertising Code G-003, as revised.

- Council reviewed a Notice to the Public published in the June 8, 2002, *Kingston Whig-Standard*, from the College of Physiotherapists of Ontario, advising the public about a local physiotherapist who had resigned following allegations of unprofessional misconduct and sexual abuse. This was relevant to CCO's consideration of appropriate publication of discipline related issues.
- Council reviewed summary notes from two consultation meetings (February 20 and August 9, 2002) with the MOHLTC and other stakeholders re: conflict of interest and advertising regulation guidelines.
- Council directed Dr. Gilles Lamarche, representing CCO, and Dr. Keith Thomson, representing the Canadian Federation of Chiropractic Regulatory Boards (CFCRB), to attend the September 28, 2002, Canadian Chiropractic Association/CFCRB Clinical Practice Guidelines Development Conference in New Brunswick.

## November 30, 2002

- Council approved the following incorporation documents, subject to minor formatting changes: Guide to an Application for a Certificate of Authorization for Health Profession Corporations, Initial Application for a Certificate of Authorization for a Professional Corporation, and By-law 15: Professional Corporations.
- Council approved revisions to the following regulations and standards of practice, subject to minor amendments or formatting changes:
  - Registration regulation;
  - Quality Assurance proposed regulation;
  - Record Keeping proposed regulation;
  - Standard of Practice S-001: Professional Portfolio;
  - Standard of Practice S-002: Record Keeping;
  - Standard of Practice S-004: Reporting of Diseases; and
  - Standard of Practice S-013: Consent.

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## Council Meeting Highlights (cont.)

- (Regulations must be submitted and processed by the MOHLTC before they become law).
- Council approved revisions to Policy P-009: Dr. Harold Beasley Memorial Award, to allow students from all accredited chiropractic educational institutions to be eligible to apply.
- Following lengthy discussion and review of relevant documents, Council approved for circulation a standard of practice on immunization that will include the following:
  - chiropractors do not have the training or expertise in the area of immunization/vaccination;
  - immunization/vaccination is not within the scope of chiropractic practice;
  - chiropractors may express personal views about immunization/vaccination, but may not, in their professional capacity, express views about immunization/vaccination as it is outside their area of professional expertise; and
  - chiropractors are required to advise patients to consult with health care providers with expertise in the areas of immunization/vaccination in making informed decisions.
- Council reaffirmed the following, subject to minor amendments, as noted, or formatting changes:
  - Standard of Practice S-006: Technical and Interpretative Components for X-ray;
  - Standard of Practice S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone;
  - Standard of Practice S-008: Communicating a Diagnosis/Clinical Impression;
  - Standard of Practice S-009: Chiropractic Care of Animals;
  - Policy P-010: Professional Misconduct Relating to Orthopractic;
  - Policy P-011: Conflict of Interest for Council and Committee Members;
  - Policy P-020: Adjournment of Discipline Hearings;
  - Policy P-029: Chiropractic Specialties;
  - Policy P-031: Compliance with Time Limitations and Orders Imposed by the Discipline Panel;
- Policy P-036: Billing Practices;
- Policy P-045: CCO's Legislation and Ethics Examination;
- Guideline G-002: Health Care Consent Act;
- Guideline G-007: Unit Billing; and
- Rules of Procedure of the Discipline Committee under the Statutory Powers Procedure Act.
- Council revoked the following policies: Policy P-002: Meaningful Consultation, and Policy P - 032: Compilation of Statistics.
- Council approved the following statement for the 2004 Registration Renewal Form: *"I confirm that I learned every technique, technology or device I use in practice within the core curriculum, post-graduate curriculum or continuing education division of an accredited chiropractic educational institution or Canadian or American university."*
- Council noted the appointment of two new public members for the period of January 1, 2003, to December 31, 2005 - Mr. Richard Frame (Oakville) and Mr. John Quinney (London).

### February 22, 2003

- Council discussed CCO's proposed income and budget and approved the Treasurer's recommendations. In view of the Treasurer's Report and the required call on reserve for the Lewis Inquest, Council approved circulation of a \$100 increase in membership fees starting January 1, 2004, and a further \$100 increase starting January 1, 2005, to restore the fees to their 1999 level. Council noted that CCO's dues are lower than other dues for chiropractic regulatory boards in Canada, lower than other chiropractic organizations in Ontario, and lower than other similar health regulatory colleges in Ontario.
- Council noted that Ms Willson, Registrar and General Counsel, had been appointed to the Ontario Advisory Committee on the Regulation of Naturopathy effective January 1, 2003 to December 31, 2003.

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## Council Meeting Highlights (cont.)

- Council reviewed the Certificate of Authorization for incorporation of Dr. Parnell Crook of Kemptville, the first CCO member to properly submit all necessary forms.
- Dr. Thomson presented the Chiropractic Review Committee report and responded to questions relating to various interactions with the MOHLTC, Provider Services Branch.
- Council approved Dr. Thomson and Ms Willson's attendance and presentation at the Canadian Memorial Chiropractic College.
- Council approved the attendance of Dr. Gotlib, Dr. Thomson and Ms Willson at the Canadian Federation of Chiropractic Regulatory Boards Conference in Quebec City in March 2003.
- Ms Willson reported on the status of contract negotiations between CCO and the Council on Chiropractic Education Canada.
- Council noted the reaffirmation of accreditation of the Doctor of Chiropractic program at the Université du Québec à Trois-Rivières. The next review will be in 2005.
- Council noted an announcement that the American Federal Court ruled in favour of Life University Chiropractic College against the Council on Chiropractic Education - US and granted an immediate injunction to restore the college's accreditation.
- Council noted the reappointment of Ms Clarissa D'Cunha as a public member for the period January 1, 2003 until December 31, 2005. Council also accepted with regret the resignation of Mrs. Ruth Mabee, a former Council member.
- Dr. Gotlib emphasized that Council members must exercise extreme caution and must not intervene in any member-specific issues, particularly with respect to the complaints and discipline processes.
- Council approved the revisions to Policy P-036: Billing Practices, as follows:

*"Registrants may not bill any payor fees in excess of his/her usual fee billed to a private patient for similar services. The practice of having one fee for patients and a higher fee for a third-party payor, or various fees for different third-party payors (e.g., dependent upon the amount of coverage) is unacceptable."*
- Council approved the implementation of the X-ray Peer Review Program. Five per cent of total registrants (150) will be randomly selected annually to participate in the program, 50 from stream A (members who take their own x-rays) and 100 from stream B (members who do not take their own x-rays).
- Council approved a fee of \$300 for record keeping file review for those members requiring remediation.
- Council members were directed to review CCO's Strategic Planning 2003-2005: Sustaining the Momentum document, in preparation for a facilitated session on action steps arising from the strategic plan.
- Council noted the election by acclamation of Dr. Gilles Lamarche and Dr. John Schellenberg.

### April 12, 2003

- New Council members Dr. John Schellenberg and Mr. John Quinney were welcomed to the council table.
- Ms Carolyn Everson facilitated a session entitled "From Planning to Action - Launching successful implementation of our leadership priorities," arising from Council's work at the September 2002 Strategic Planning Session. Council adopted a revised mission statement, and a three-year vision statement (detailed in CCO's 2002 Annual Report).
- Council acknowledged the significant efforts of Dr. Michaela Cadeau, former Chair, Chiropractic Review Committee and presented her with an appropriate gift.

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## Council Meeting Highlights (cont.)

- Council noted the election of Dr. Marshall Deltoff and Dr. Drew Potter, and approved destruction of the March 26 and March 27, 2003, ballots and election materials.
- Ms Willson provided various legislative updates including the privacy legislation and auto insurance reform.
- Council reviewed CCO's comprehensive report to the CFCRB. Dr. Gotlib, Dr. Thomson and Ms Willson reported on their attendance at the CFCRB meeting in March 2003 in Quebec City.
- Council welcomed Dr. Doug Pooley, Ontario's representative and vice president of the Council on Chiropractic Education - Canada.
- Council approved the agreement between CCO and CCE(C), which was duly signed by Dr. Gotlib and Dr. Grayden Bridge, President, CCE(C).
- Council approved in principle the draft policy on Disclosure of Decisions by the Commission on Accreditation.
- Council noted Life University Chiropractic College's accreditation status.
- Council directed the Patient Relations Committee to obtain further information before considering the recommended revisions to Guideline G - 006: Guidelines for Establishing a Personal Relationship with your Patient (i.e. Dating).
- Council approved a revision to Standard of Practice - S-010: Techniques, Technologies, Devices or Procedures to provide that examination/certification or other proof of clinical proficiency is required.
- Council approved the discontinuation of the Self-Assessment Survey as it currently exists.
- The April 2003 afternoon meeting was devoted to an orientation of Council members on their roles and responsibilities, and the striking of committees and election of officers, conducted by Ms Willson with the assistance of Dr. Thomson as scrutineer.



## Calling on all photographers...

CCO announces a photo contest in which the selected photographs will be included in the 2003 Annual Report or other publications. Members will receive \$50 off their

2004 registration dues for every photograph selected.

The theme: interesting chiropractic offices and/or people engaged in activities that require chiropractic services (e.g., rock climbing, gardening, sports) - use your imagination. Photographs can be in colour or black and white.

Please note - photographs cannot be returned. CCO thanks everyone for their submissions.



