

CHIROPRACTICE

COLLEGE OF CHIROPRACTORS OF ONTARIO

Governing the chiropractic profession in the public interest

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Insert Faxback

President's Voice

Getting the Message Out

As you know, I am committed to communicating with you on a regular basis. It should, however, be a two-way street. Let us hear from you. Get involved - it's your College! Your elected representatives will be much more effective if they are guided with your input. You can no longer be a spectator. You must actively participate in the process of self-regulation.

Elections

On April 15, 2000, I was re-elected president of the College of Chiropractors of Ontario (CCO). Dr. Keith Thomson was re-elected vice president and Dr. Jacques Laquerre re-elected treasurer. As your officers, we have worked hard on your behalf and are committed to continuing the good work of Council.

We welcome to Council Dr. Don Viggiani (Toronto) and Dr. Gilles Lamarche (Timmins), both intensively dedicated and passionate individuals. The profession and Council will benefit immensely from their assistance. Dr. Lamarche will bring the views of Northern Ontario to the table. If he is your representative, you should let him know what issues are important to you and need to be addressed at the Council level.

All of you should be speaking with your elected representatives! Call them! Invite them to speak at your meetings. Have them explain the process, the issues, the expectations. You put them in office to represent you, so communicate with them. Let your voice be heard.

Annual Fees Reduction

In fiscal 1999, we implemented several strategies that allowed the CCO to

lower its 2000 registration fees to \$750 from \$850 (11.7%) at a time when other organizations were raising fees. It was my intention to lower the 2001 fees a further \$100 to \$650 (13.3%).

I am delighted to report that by working diligently with your Council throughout the year we are able to realize this goal again. Each \$100 reduction takes one-quarter million dollars out of our budget. Your 2001 annual fees will be \$650. For those of you in the retired category, the fees have been reduced to \$100 from \$150.

Call your elected representative and thank him/her for working to achieve this realistic goal. They will appreciate your feedback.

Member Participation

If you look at the FYI section, you will see a partial list of doctors who responded to my earlier call for greater participation in the business of the College. You will see changes to the Chiropractic Review Committee (CRC) members and inspectors, to our statutory and non-statutory committees, and to the Clinical Skills examiners for the Canadian Chiropractic Examining Board (CCEB).



Dr. Allan Gotlib

President's Voice *(continued)*

Council has formally approved, and I welcome with great delight and pleasure, all of those colleagues into the circle. On behalf of Council, I would like to thank these doctors for participating and giving back to the profession.

At the CRC, Dr. Michaela Cadeau (Carleton Place), Dr. Allan Horowitz (Richmond Hill) and Dr. Keith Thomson (Peterborough) will bring their years of experience in discipline and complaints to the table. All three are highly respected by the profession and clearly understand procedural fairness and natural justice.

These three doctors will bring the long-awaited transparency, accountability and procedural fairness to the CRC process and more properly implement the standards of chiropractic practice that your Council has established with your input.

I anticipate they will restore the profession's full confidence in the CRC. Invite these committee members to your society meetings as well as the two public representatives. Let them explain the issues to you and how they make decisions. Learn how they are measuring you.

By becoming knowledgeable about the process, you most likely will comply by instituting management strategies that will make you less likely to become the subject of a review.

Quality Assurance

On March 25, 2000, CCO held a Quality Assurance (QA) workshop on peer assessment with 25 practitioners and organizations across the province. Consider becoming involved as peer assessors and x-ray peer

reviewers in the QA Committee peer review program.

We will need 25 to 30 peer assessors who will undergo a training session and then be the



District 1 Election Day, March 2000: Dr. Allan Gotlib flanked by election scrutineers Ms Gail Diamond (L) and Dr. Donald Sutherland (R)

first doctors to be peer assessed under the program before implementation to the profession. Peer assessment may involve random on-site assessments each year of five to 10 per cent of members.

Let us know if this initiative interests you. Collegial interaction enhances mutual respect and raises our credibility and professionalism.

Annual Report and Annual General Meeting

By now you have received the 1999 Annual Report and read how well-positioned the College is financially and how we continue to demonstrate fiscal responsibility.

The College is very proud of all of its Council members, all of whom continue to exercise wisdom and accountability in their decision-making processes. I believe that CCO enjoys the full

confidence of the profession and the public.

At the recent Annual General Meeting, Council had the opportunity to share the experiences of three past presidents of the profession who served as leaders during 1974 to 1988: Dr. Stephen West (Sault Ste. Marie), Dr. Fred Barnes (Clarksburg) and Dr. Robert Wingfield (Burlington).

The meeting was a wonderful success and all Council members thoroughly enjoyed hearing about the events that set the stage for the current process of self-regulation. On behalf of Council and the profession, I want to thank these three colleagues for guiding the profession with their expertise, vision and true leadership.

Get Involved!

Getting involved helps build consensus and, most importantly, professional unity. Do you have the drive to help shape our profession, to define us. If you do, then step up and make it better than it is.

I believe it is every member's duty and obligation to become involved with the CCO, to clearly understand its process and value to the profession. CCO should be perceived as a user-friendly educational resource for all members. This is critical to a successful quality assurance program that involves peer assessors.

Clearly, CCO is not in the business of punishing doctors. CCO is in the business of improving the quality of care received by Ontario's residents.

Thank you all for your commitment to the mission of CCO and for the dedication and passion you have for the profession.

Registrar's Report

There is bad news and good news since my last report to you in February 2000.

First, the bad news:

- complaints to CCO have doubled what they were last year at this time;
- there are a number of outstanding investigations involving allegations of professional misconduct or incompetence;
- there are three outstanding referrals to the Discipline Committee; and
- despite communication with members about CCO's Zero Tolerance Policy on Sexual Abuse of Patients, there continues to be serious sexual abuse matters brought to the attention of CCO which are ultimately addressed at the Discipline Committee level.

It would be relatively easy to become discouraged. There is however, far more good news than bad.

And now the good news!

- All of the recent Discipline Committee referrals have been resolved by way of joint submission, without the time and expense of a full contested hearing.
- The Peer Assessment component of CCO's Quality Assurance Program is proceeding to the implementation phase with the assistance of interested members and elected Council members who are being asked to volunteer to be part of the first group to be "peer-assessed";

- CCO has recently completed a comprehensive Strategic Planning Weekend focussing on mission, vision and strategic goals to ensure everyone is on the "same page";
- CCO has generally been positively reviewed by the consultants for the review body responsible for reporting to the Ministry of Health and Long-Term Care about the College's complaints and discipline procedures, patient relations program, and quality assurance program;
- CCO is financially sound, having managed to achieve a significant year-end surplus for the third consecutive year.

CCO's financial success has not occurred by accident - it has occurred as a result of responsible management and through the considerable efforts of staff and Council.

The reduction in members' dues has occurred during a time when other regulatory colleges and some chiropractic organizations are raising dues, or charging dues in excess of those charged by CCO.

It is a privilege to be self-regulating, and part of that privilege

requires an ability to finance the self-regulatory process, which to date, CCO is proud to have achieved.

Another recent "success" is the well-received 1999 Annual General Meeting and Annual Report, distributed to stakeholders in June 2000. I received positive e-mail and voice mail messages from a wide range of individuals who indicated that this year, they actually read CCO's Annual Report (if you haven't yet read it, you may wish to do so - there is some interesting information in the report).

It was an absolute pleasure to hear from three very fine former presidents of the organization, namely, Dr. Stephen West, Dr. Fred Barnes and Dr. Robert Wingfield at CCO's 1999 Annual General Meeting.

All three are talented speakers and had valuable insight and experience to offer, in addition to being far better dressed than some of their successors (as reflected in one of the photographs contained in

the 1999 Annual Report).

Although CCO faces some difficult challenges in the coming months, Council and staff have absolute confidence that we will be able to face the challenges "head on" while continuing to maintain focus on CCO's role to regulate chiropractic in the public interest.



Ms Jo-Ann Willson



1999 Annual General Meeting (L-R): Dr. Allan Gotlib, Dr. Robert Wingfield, Dr. Fred Barnes, Ms Jo-Ann Willson, Dr. Stephen West

Quality Assurance Committee hosts focus group

The Quality Assurance Committee continued its open dialogue with stakeholders last March when it hosted a focus group to discuss peer assessment and other components of the Quality Assurance program (QAP).

On March 25, 2000, committee members, CCO's president and vice president and the Registrar met with representatives of various chiropractic organizations.

The objectives of the one-day workshop, facilitated by Ms Ursula Lipski of Harry Cummings and Associates, were for the participants to gain a better understanding of where the College is at with respect to the QAP and to provide suggestions for modifications.

First on the agenda was peer assessment. Divided into four groups, participants reviewed and commented on the peer assessment checklist prepared by the QA committee. Topics discussed included what criteria peer assessors should apply in assessing a member's practice, how peer assessors should be chosen and by whom, ways of measuring knowledge, skills and judgment of the member being assessed, and the implementation process.



(Sitting, L-R) Dr. Robert Haig, Dr. Michelle Whitney, Dr. John Schellenberg; (Standing, L-R) Dr. Donald Viggiani, Dr. Jacques Laquerre

Feedback from participants showed support for peer review, and reflected a positive perspective on the QAP. Most participants said the workshop was both informative and productive, they enjoyed meeting the representatives from the various chiropractic organizations, and they enjoyed the interactive format.

Participants agreed that the process should be educational rather than punitive, and it should be "graduated."

CCO would like to acknowledge and thank the following participants who helped make the day a success:



(L-R) Dr. John Mrozek, Dr. Allan Gotlib, Dr. Eric Shrub, Dr. Robert Haig, Dr. Donald Viggiani, Dr. Michelle Whitney, Dr. Michael Brickman, Dr. Jacques Laquerre, Dr. Sil Mior

- Dr. Peter Amlinger, District 5
- Dr. Chris Bardwell, District 2
- Dr. Michael Brickman, District 4
- Dr. Peter Diakow, College of Chiropractic Sciences
- Dr. Robert Haig, Ontario Chiropractic Association
- Dr. Sil Mior, Canadian Memorial Chiropractic College
- Dr. Dennis Mizel, Ontario Chiropractic Association
- Dr. George Moss, Canadian Chiropractic Association
- Dr. John Mrozek, Canadian Memorial Chiropractic College
- Dr. John Schellenberg, District 3
- Dr. Eric Shrub, Chiropractic College of Radiologists
- Dr. Gary Taylor, District 1
- Dr. John Thyret, Canadian Chiropractic Protective Association
- Dr. Alana Way, District 6
- Dr. Michelle Whitney, Chiropractic Awareness Council

Stay tuned for the next phase of the implementation process.



(L-R) Dr. John Thyret, Ms Regina Willmann (public member), Dr. Sil Mior, Dr. Peter Amlinger, Dr. Michael Brickman

Patient Relations Committee addresses sexual abuse

by Dr. Gilles Lamarche, Chair

During the last few years, the issue of sexual abuse of patients by health care practitioners has come increasingly to the forefront. We in the Patient Relations Committee and all of CCO want members to understand that discussion of this issue is a must for every health care provider in Ontario. The responsibility does not lie strictly with the governing bodies - the responsibility is both individual and collective.

One case of sexual misconduct shakes both the profession and the community. Even a claim of abuse due to misunderstanding can destroy a hard-earned reputation. As chiropractors, we touch our patients. This close contact, often in a closed environment, requires that you always be aware of potential difficulties. Therefore, always



Dr. Gilles Lamarche

inform your patients of the procedure to be performed before you perform it and explain why this is necessary and always obtain informed consent. If in doubt, ask an assistant to be in the examining room with you when performing a procedure that could be mistakenly viewed as questionable by the patient.

CCO remains committed to addressing all issues in a pro-active fashion and understands that continuous education is required to keep members informed. For these reasons, we remind you to abide by Policy P-003, Principles of Zero Tolerance, Guideline G-001, Prevention of Sexual Abuse of Patients, and Guideline G-006, Guidelines for Establishing a Personal Relationship with a Patient (i.e. Dating).

see enclosed Press Release

News and views from the CRC



Dr. Michaela Cadeau

by Dr. Michaela Cadeau, Chair

"I didn't know."
"My staff did it without my knowledge."
"It was the computer program."
"It did it automatically."
"I didn't understand."

The Chiropractic Review Committee (CRC) and its inspectors hear the above statements far too often. Therefore, the committee would like to help you avoid ever having to use them. We want to keep you informed and aware of the legislative acts, standards, policies and guidelines that are in place and assist you in the day-to-day practice of chiropractic.

The Ministry of Health and Long-Term Care continues to focus strongly on practitioners who are routinely billing a V103 (initial visit) and a V101 (subsequent visit) on the same day. This billing practice is not permissible except in unusual circumstances.

CRC continues to be surprised by the number of practitioners who seem to be unaware of Policy P-041, Billing for More Than One Visit on the Same Day. This CCO policy provides you, the practitioner, with valuable information that can prevent you from being red-flagged.

As outlined in the OHIP Schedule of Benefits, an initial visit charge includes treatment, if required. Billing for multiple visits on the same day is permitted only if each visit is a separate and distinct appointment. That means separate appointment times, separate entries in your clinical records, and recorded clinical evidence supporting your clinical decision. Failure to comply with this policy can result in a referral from the general manager of OHIP to the CRC, repayment to OHIP of incorrect billings, interest charges, legal fees and referral to CCO's Complaints Committee.

You can find Policy P-041 in your CCO binder in tab 6, page 2.3. I encourage you to read the policy and review it with your staff. Remember, ignorance is not a defence.

CRC members - Mr. John Bolus, Ms Corrine Hardey, Dr. Allan Horowitz and Dr. Keith Thomson.

Have you moved? We need to know!

If is your responsibility to provide CCO with **written** notification of any address changes (work and/or home) within 30 days of your move.

Frequently Asked Questions

Q. Can chiropractors perform otoscopic examinations?

A. Yes. Chiropractors can perform otoscopic examinations provided they do not go beyond the ear canal (S. 27 of the *Regulated Health Professions Act*, RHPA).

Chiropractors have traditionally examined the external ear canal whenever required to observe the health of the tympanic membrane and canal walls and to look for physical obstruction causing conductive hearing loss. But when the “external ear canal” was included in the RHPA, some chiropractors mistakenly believed they could no longer perform otoscopic examinations.

Otoscopic examinations are still taught at chiropractic colleges and are allowed in this jurisdiction. They remain a useful diagnosis tool.

Q. Can chiropractors offer hyperbaric oxygen therapy?

A. Hyperbaric oxygen therapy is beyond the scope of practice of chiropractic because the administration of oxygen, particularly in a

hyperbaric chamber, is a controlled act not authorized to chiropractors.

Chiropractors wanting to offer this type of therapy to patients would need to receive a delegation of that controlled act from a health professional authorized to perform the controlled act of “administering a substance by injection or inhalation” pursuant to Ss. 27 (2).5 of the *Regulated Health Professions Act* (RHPA). A “substance” includes oxygen, a gas that can be inhaled.

In hyperbaric therapy, a high level of oxygen (often 100 per cent) is administered to a patient in a chamber for its potential benefits. However, administering this high level of oxygen through a hyperbaric chamber has significant material risks.

Unlike oxygen bars and oxygen tanks at sports events, viewed as self-administering for non-clinical use, oxygen use through hyperbaric chambers is set up in a clinical setting and the patient is relying on the professional recommendation of the health care provider.

Q. Can chiropractors perform acupuncture?

A. The short answer is yes. Acupuncture, pursuant to regulation, is exempted from being characterized as a “controlled act” (no distinction is made in the legislation between needle insertion acupuncture and acupressure).

CCO recognizes that no one profession has exclusive jurisdiction over the technique or methodology, that chiropractic is one of the professions that has developed an expertise in acupuncture, that a number of chiropractors have received training in acupuncture, and that a number of members use the technique in their practices as adjunctive and supportive treatment which complements the chiropractic care of patients.

The Ministry of Health and Long-Term Care referred the topic of acupuncture to the Health Professions Regulatory Advisory Council for advice. The position of the Acupuncture Foundation of Canada Institute included a recommendation that acupuncture become a controlled act under the *Regulated Health Professions Act* (RHPA) and that it be authorized to a number of groups including chiropractors. To date, however, there have not been legislative changes to the RHPA.

Have a question? Send it in to Ms Sue Gargiulo, Communications Officer.

CCO seeks peer assessors

CCO is currently seeking approximately 25 to 30 members to become peer assessors for the peer assessment program of the Quality Assurance Committee.

The committee designed the program to enable ‘peer’ assessors to constructively appraise randomly selected members’ practices and identify potential learning opportunities in an educational, non-punitive way. CCO will pay all expenses and an honorarium.

Candidates must:

- be team players with excellent communication/facilitation skills;
- have a minimum five years practice experience; and
- be in good standing.

Selection will be by electoral district. An informal interview and training are required. Applicants from outside Toronto may be interviewed by phone.

Interested members should contact Dr. Glen Roberts, Director of Professional Practice, at (416) 922-6355, ext. 110, or by e-mail at dopp@cco.on.ca.

The deadline is December 8, 2000.

Duty to report child abuse and neglect strengthened

The Ministry of Community and Social Services gave more bite to the legislation that protects children when it amended the *Child and Family Services Act* (CFSA) on March 31, 2000.

The amendments place an increased obligation on professionals (chiropractors included) who work with children as well as members of the public to report suspected cases of child abuse to a children's aid society. The Act defines child abuse as a child "in need of protection" from physical, sexual and emotional abuse, neglect and risk of harm.

The amendments expand the reasons for finding a child in need of protection to encourage earlier action to protect children, and clarify and expand the duty to report children who may be in need of protection.

See table for examples of how the new legislation is stronger.

Ongoing Duty to Report

The duty to report is an ongoing obligation. That means if a professional has filed a report to a children's aid society, he/she must file further reports if additional reasons for suspicion come up. Those who fail to report suspected child abuse could be fined up to \$1,000.

Professional Confidentiality and Protection from Liability

The professional's duty to report overrides the provisions of other provincial statutes. The professional must report suspected

child abuse even if the information is supposed to be confidential or privileged. However, they must base their report on "reasonable grounds" and must have obtained the information in the course of conducting his/her duties.

"Reasonable grounds" constitute what an average person, given his/her training, background and experience, exercising normal and honest judgment, would suspect. If a civil action is brought against the professional who filed a report, that person is protected unless he/she acted maliciously or without reasonable grounds for suspicion.

For More Information

For more information on the situations that must be reported under the CFSA, visit the website <http://www.gov.on.ca/CSS/page/brochure/repchildab.html>.

New Legislation	Old Legislation
<ul style="list-style-type: none">risk that the child is <i>likely</i> to suffer physical harm	<ul style="list-style-type: none">substantial risk of physical harm
<ul style="list-style-type: none"><i>pattern of</i> neglect	<ul style="list-style-type: none">neglect
<ul style="list-style-type: none">child has suffered emotional harm, demonstrated by <i>serious</i> anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or <i>delayed development</i>	<ul style="list-style-type: none">child has suffered emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour

Warning! Penalty for late fees

CCO's annual membership fees are due on January 1 of every year (January 1 and June 1 for those who pay in two installments). Members who do not submit fees on time will incur a \$100 late penalty charge.

CCO notifies these members in mid January that they must submit their fees and late penalty by February 1. Payment can

be made in two installments but both cheques must be sent to the College, with the second cheque postdated to June.

In accordance with CCO's Registration Regulation, CCO will suspend members who do not submit their fees on or about March 1, 2001. This action means the member cannot practice chiropractic in Ontario.

If there are extenuating health or other reasons why a member is unable to pay dues, s/he must provide written notification, including all relevant details, to Ms Maria Simas, Registration Coordinator, so the matter may be considered by the Registration Committee.

Complaints Corner

One of the goals of the Complaints Corner is to inform members of potential scenarios or “problem areas” that could lead to allegations of professional misconduct or incompetence. In the hopes of avoiding complaints of a similar nature in the future, the Complaints Committee has identified the following situation as potentially contentious.

CCO reminds members that clear communication and professional, courteous behaviour are some of the best ways to prevent a complaint.

Burns from Interferential Therapy

Although rare, complaints have been increasing concerning patients suffering burns after having Interferential Current Therapy (IFC). The Complaints Committee has been required to investigate and try to determine the likely cause of these burns.

Many members use IFC. Those that do know there are different types of electrode pads. One of the most popular is the self-adhering pad, which requires no contact-enhancing gel. However, self-adhering pads do require moisture to ensure adequate contact. This is especially important as they age because they lose adhesive quality or they dry out.

Case studies indicate that burns may occur if pads are used after they begin to break down, they are not adhering to the skin well, or they are too small (i.e., the current density per square centimetre may be too high and result in burns).

Patient tolerance is usually a good indicator of the current density being too high. In some cases, the IFC anesthetizes the patient's skin so s/he will not notice a burn until the skin blisters.

Members using IFC should check and calibrate the electrotherapy units as well as the quality and size of the electrode pads to the specifications of the manufacturer.

Comings and Goings...

Comings

CCO would like to welcome three new staff members: Ms Kristina Mulak, Ms Tina Perryman and Dr. Glen Roberts, and one new public member: Ms Jane Ann McLaughlan.

Ms Kristina Mulak replaces Ms Christine McKeown as CCO's Investigations/Resolutions Officer. Working with the Complaints Committee, Ms Mulak administers and supervises all investigations directed by the committee, and facilitates the heavy workload of the Complaints Committee.

Before joining CCO in June 2000, Ms Mulak was the Complaints Administrator for the Ontario College of Certified Social Workers, where she managed the complaints, mediation, discipline and professional practice functions.

Assisting Ms Mulak is Ms Tina Perryman, a para-legal who came to CCO from the Law Society of Upper Canada.

As Director of Professional Practice, Dr. Glen Roberts, who graduated from the Canadian Memorial Chiropractic College in 1989, will be a contact and resource person for the Quality Assurance (QA) Committee and will help coordinate the QA program. Reporting directly to the Registrar, he will work with CCO's stakeholders on QA-related issues.

Dr. Roberts brings a strong background in quality assurance to the position. He served on the QA Committee at Peel Memorial Hospital for two years, where he developed the tools to assess quality in health care settings.

Ms Jane Ann McLaughlan, a freelance writer, is from Waterloo, and has extensive experience serving as a public member on another health regulatory college council.

Goings

Council and staff extend their sincere appreciation and thanks to Ms Christine McKeown and Mr. Theodore (Dick) Tyssen, a public member appointed in April 1997.

As Investigations/Resolutions Officer, Ms McKeown was instrumental in bringing the Complaints Committee up-to-date. She resigned her position in June 2000 to be with her family on a full-time basis.

Mr. Tyssen, who resigned on April 30, 2000, was a long-standing member of the Complaints Committee. He is now enjoying his retirement.

For Your Information

Thank You Examiners

On May 19 and 20, 2000, for the first time in Canada, the Canadian Chiropractic Examining Board (CCEB) simultaneously conducted clinical competency examinations in two cities - Toronto and Calgary. The upgraded process was efficient, well received and very successful.

The following Ontario doctors have become Clinical Skills examiners for CCEB: Dr. Judy Adler (Toronto), Dr. Elizabeth Anderson-Peacock (Barrie), Dr. Sterling Armata (Aurora), Dr. Gerald Arbour (Scarborough), Dr. Percy Chan (Scarborough), Dr. Peter Fera (Guelph), Dr. Angela Ganstal (North York), Dr. Louis Garfinkel (Whitby), Dr. Richard Goldford (North York), Dr. Niels Henriksen (Toronto), Dr. Warren Keyes (Toronto), Dr. Susanne Langdon (Niagara-on-the-Lake), Dr. Don Langford (London), Dr. Jacques Laquerre (Ottawa), Dr. Larry McCarthy (Rexdale), Dr. Roger Morito (Scarborough), Dr. Joseph Naiman (Willowdale), Dr. John Pikula (Brantford), Dr. Roy Priesnitz (Toronto), Dr. Dan Proctor (North York), Dr. Barbara Smith (Toronto), Dr. Rick Stover (London), Dr. Roman Tchoryk (Toronto), Dr. Hans Teschl (Barrie), Dr. Keith Thomson (Peterborough) and Dr. Howard Wasser (Richmond Hill).

CCO thanks these doctors for their participation and for giving back to the profession

CCEB also established a new and important committee - the Technical Advisory Committee. The following Ontario doctors are members:

Dr. JoAnne Bennett-Mirsky (Thornhill), Dr. Angela Ganstal (North York) and Dr. Paul Nolet (Guelph).

CCEB Needs Exam Questions

The Canadian Chiropractic Examining Board (CCEB) is looking for members with varied years of practice experience to write potential questions for future examinations. Interested members will be trained in question writing via e-mail.

CCEB will invite members whose questions are used in the national exams to CCEB-sponsored continuing education seminars.

If you are interested, contact Dr. Lori Darroch, Assistant to the Technical Director, at darrochl@cadvision.com.

Advertising

Proposed advertising, including Yellow Page advertising, should be submitted to CCO's Advertising Committee before publication, particularly if the advertisement involves more than publishing the member's name, address and telephone number.

The advertisement must be consistent with both the Advertising Standard of Practice (S-003) and the Advertising Code (G-001), should be clear, informative and educational, and must not contain offers of free services.

Advertisements that have not been reviewed may be the subject matter of a complaint and, in addition, may have broader negative implications for the profession.

CCO and the Health Professions Regulatory Advisory Council (HPRAC) Review

CCO recently participated in a two-day session with HPRAC and the other regulated colleges as part of the system-wide

HPRAC Review of the *Regulated Health Professions Act (RHPA)*.

The topics of discussion pertaining to the current complaints and discipline process included:

- Should the public have access to all information in the complaints process (wider disclosure provisions)?
- In the current system of controlled acts, how should the issue of delegating a controlled act be handled when two or more professions may delegate a shared controlled act but use different standards to delegate (especially the controlled act of adjusting)?
- How do we strengthen the enforcement provisions when unregulated practitioners perform controlled acts on the public?
- Should Alternative Dispute Resolution be used for sexual abuse cases?
- Should the "harm clause" be broadened to include emotional and financial harm?
- Should there be one independent body for all regulated colleges that processes all complaints and discipline and should that body consist of only public representatives?

These are just a sample of the issues under consideration, which have wide-reaching implications. HPRAC is examining how to enhance the RHPA provisions to improve responsiveness to the public and maintain fairness to respondents and complainants.

The College will keep you informed as the process evolves.

continued on page 10

For Your Information *(continued from page 9)*

Conflict of Interest - A Clarification

Section 1 (9) of the Professional Misconduct Regulation provides that it is an act of professional misconduct for a member to practise while in a conflict of interest. That means a member cannot engage in a relationship or arrangement if the member's personal interests could improperly influence his/her professional judgment or conflict with his/her duty to act in the best interest of the patient.

Refer to CCO's Conflict of Interest Proposed Regulation for full details, including the rules relating to receiving gifts, referring patients to suppliers or services and self-referral.

Insurance Recommended

CCO strongly urges all members to ensure they have professional liability insurance coverage or membership in a protective association that provides protection of at least \$3 million per year, including coverage for claims arising after the member ceases to hold a general certificate but relating to occurrences while the member held a general certificate. CCO is awaiting a regulation amendment that will include this as a mandatory condition of registration.

Certificates of Registration update

Suspended in 1999-2000 Due to Non-Payment of Fees

Nancy L. Abram, Beamsville, ON
Audrey J. Barber, Brantford, ON
Neil C. Barber, Saskatoon, SK
R. Bruce Barrett, Winsloe, PE
Melanie L. Beingessner, Burnaby, BC
Nancy L. Bousfield, Ridgeville, ON
Lisa A. Bridges, Mississauga, ON
Willard A. Burkholder, Kitchener, ON
Ross S. Burt, Madoc, ON
E. Nino Campana, Sault Ste. Marie, ON
Andre J. Cardin, Scarborough, ON
Patrick C. Cheng, San Francisco, CA
Robert J. Funk, Oakville, ON
Roberta DaRe, Ajax, ON
Ali M. Donat, Windsor, ON
Antonio Giancola, Hamilton, ON
Laurie M. Goyeche, St. John's, NF
Dan Hardychuk, Richmond Hill, ON
Katherine Y. Hudon, Calgary, AB
G. Ozin Irowa, Chicago, IL
Harry W. Keenan, Ottawa, ON
Andrew L. Kerklaan, Roxboro, QC
Brent G. Kolybaba, Vanderhoof, BC
Lyla Kupa, Toronto, ON
David C.K. Leung, Macau
Donald G. McArthur, Niagara Falls, ON
Kevin J. McLaughlin, Port-au-Choix, NF
John A. Meehan, St. Catharines, ON
Donna J. Morphy, Mount Forest, ON
Estelle C. Nella, Stoney Creek, ON
Yuen Yee Ng, Vancouver, BC
Ashif Pabani, Guelph, ON
Jani N. Pedersen, Toronto, ON
David J. Pfaff, Toronto, ON
John S. Phillips, Toronto, ON

Krista M. Prowse, Toronto, ON
Noorhehan Rahemtulla, Vancouver, BC
Stuart R. Rhem, New Hamburg, ON
Eve B. Silver, Thornhill, ON
Sheldon D. Smaye, North York, ON
Barry K. Smith, Niagara Falls, ON
Gregory K. Thomas, West Indies
Dennis K. Tse, Ottawa, ON
G. Keith Wadman, Toronto, ON
Harold G. Wilkie, Ridgeway, ON

Revoked Due to Non-Payment of Fees For Two Years

Krista R. Boline, Edina, MN
Craig M. Carmichael, Port Hope, ON
Robert S. Deachman, Oakville, ON
Jason A. Geres, Lively, ON
Stacey L. Kramer, Markham, ON
Christine Laliberte, Beauport, QC
Moshe Laub, Rison-Lezion, Israel
Kenneth MacGillivray, Owen Sound, ON
Elaine B. Markovitch, Miami, FL
K. Lea Morgan, Pittsfield, MA
B. Herbert Morphy, Mount Forest, ON
Corina L. Morrison, Toronto, ON
Robert M. O'Dell, Santa Barbara, CA
Joel T. Santy, Scarborough, ON
Robert M. Scott, Fenelon Falls, ON

Resigned in 1999-2000

Keith A. Innes, Scarborough, ON (1999)
R. Glenn Yates, Sault Ste. Marie, ON (1999)

Revoked for Professional Misconduct

Michael Bedard, Chatham, ON (2000)

Council Meeting Highlights

Council has had three regular meetings since the last issue of *ChiroPractice*. Here are the highlights:

April 15, 2000

- Council welcomed re-appointed public members Ms Gail Diamond, Mr. Calvin MacPherson and Mr. Theodore “Dick” Tyssen for three-year terms, newly appointed public members Ms Helen Foster and Ms Clarissa D’Cunha for two- and three-year terms, respectively, newly elected member Dr. Gilles Lamarche (District 1) and returning Council member Dr. Donald Viggiani (District 5).
- Council approved the Mutual Recognition Agreement (MRA) pursuant to the Agreement on Internal Trade provided that appropriate definitions are developed. This will facilitate the movement of chiropractors within Canada.
- Council approved the final draft of the immunization policy.
- Council approved in principle proposed by-law changes for circulation to CCO stakeholders. Following ratification, CCO will request the Ministry of Health and Long-Term Care to revoke several existing regulations.
- Council held internal elections to compose all committees, and appointed the following non-Council members to CCO committees: Dr. Peter Amlinger to the Advertising Committee, Dr. Elizabeth Anderson-Peacock to the Complaints Committee, Dr. Jeffrey Lustig to the Quality Assurance Committee, Dr. Richard Bray and Dr. Douglas Brown to the Discipline Committee, and Dr. Brian Kleinberg and Dr. Janit Porter to the Patient Relations Committee.

June 17, 2000

- Council reviewed CCO’s positive financial situation.
- Council approved a \$100 reduction in annual registration fees for 2001 for active members (to \$650 from \$750) and a \$50 reduction for retired members (to \$100 from \$150).
- Council re-affirmed the following policies without revision: P-009: Dr. Harold Beasley Memorial Award, P-010: Professional Misconduct Relating to Orthopractic, P-011: Conflict of Interest for Council and Committee Members, P-018: Dual Registrants, P-029: Chiropractic Specialties, and P-032: Compilation of Statistics.

- Council re-affirmed the following policies with revision: P-002: Meaningful Consultation and P-036: Billing Practices.
- Council directed the President and the Registrar to attend the Federation of Health Regulatory Colleges of Ontario Fall General Meeting.
- The Ministry of Health and Long-Term Care confirmed to Council the following new appointments to the Chiropractic Review Committee (CRC) - Dr. Michaela Cadeau, Dr. Allan Horowitz and Dr. Terry Watkins - to complement the existing public members - Mr. John Bolus and Ms Corinne Hardey. The Ministry also confirmed the appointment of inspectors to the CRC: Dr. Joyce Allman, Dr. Rhonda Kirkwood, Dr. Zev Kniznik, Dr. Natalia Lishchyna, Dr. Larry McCarthy, Dr. William McCallum, Dr. Jim Thompson and Dr. Paul Uchikata.

October 14, 2000

- Council reviewed and discussed several matters relating to the CRC, including the appointment of CCO Vice President Dr. Keith Thomson to replace Dr. Terry Watkins, who resigned to focus on his practice.
- Ms Jo-Ann Willson and Ms Michaela Cadeau are developing an investigators’ workshop for CCO committee and CRC investigators to ensure all investigators have consistent training and understanding of their respective roles and functions.
- The President, Vice President and Registrar reported on recent interactions with the Canadian Chiropractic Examining Board, including a comprehensive national conference with all Canadian regulatory colleges, held in Toronto in August 2000.
- Council re-affirmed the following policies without revision: P-003: Principle of Zero Tolerance and P-108.5: Funding for Therapy and Counselling for Victims of Sexual Abuse.
- Council re-affirmed the following guidelines with revision: G-005: Guidelines for the Office Staff of a Chiropractic Office and G-006: Guidelines for Establishing a Personal Relationship with A Patient (i.e., Dating).
- Council noted that all provinces, except British Columbia, have now approved the Mutual Recognition Agreement under the Agreement on Internal Trade.

Welcome to New Members

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

Dr. Stuart W. Adams	Dr. Julie L. Floyd	Dr. Kristne S. Limion	Dr. Geoffrey S. Rawson
Dr. Nitán Arora	Dr. Marc A. Fortier	Dr. Lina E. Liu	Dr. Lynne M. Rawson
Dr. Frank Balovec	Dr. Trevor Foshang	Dr. Antonella R. Longo	Dr. Kevin A. Roberge
Dr. Elizabeth J. Ball	Dr. Ryan R. French	Dr. J. Patrick Lovell	Dr. Sheri L. Robertson
Dr. James D. Barnes	Dr. Martin Gagnon	Dr. Jennifer Lovely	Dr. Michael R. Rodney
Dr. Todd P. Baron	Dr. Sheldon Gana	Dr. Sharon L. Lumley	Dr. Kristen L. Ruttan
Dr. Angela S. Barrow	Dr. Owen J. Gardiner	Dr. G. Christopher Lyn	Dr. Walter F. Salubro
Dr. Robert Baruch	Dr. Thorin E. Gault	Dr. Byron J. Mackay	Dr. Natalie Samson
Dr. Sean W. Batte	Dr. Kurt R. Gerecke	Dr. Christine N. MacLean	Dr. Enrico M. Schirru
Dr. Roger L. Berton	Dr. Mark I. Gonneau	Dr. Greg S. MacLuckie	Dr. Rebecca K. Scott
Dr. Sundeep S. Bhasin	Dr. Tammy L. Grace	Dr. John Malatesta	Dr. Alykhan M. Shariff
Dr. Kristina A. Bosnar	Dr. Kelly Graham	Dr. Erik Mathon	Dr. Neera Sharma
Dr. Robert J. Bouliane	Dr. Sasha K. Green	Dr. Danella Maxwell	Dr. Nick Simsiris
Dr. Joshua L. Brandes	Dr. Bob Grossman	Dr. Mark M. McCue	Dr. Christopher M. Sly
Dr. Nancy Brooks	Dr. Jayson N. Grossman	Dr. Scott K. McGregor	Dr. Geoffrey Q. Smith
Dr. Jason J. Bucknell	Dr. Joanne A. Haines	Dr. Richard McIlmoyle	Dr. Sean P. Smith
Dr. Katarina B. Bulat	Dr. Minh M. Hao	Dr. Gregory A. McLaren	Dr. Angela J. Smith
Dr. Jeffrey M. Campbell	Dr. Betty A. Harbaruk	Dr. Jennifer McLauchlan	Dr. Kevin D. Snelgrove
Dr. Krista K. Carter	Dr. Susan L. Hochstenbach	Dr. Michael R. McLauchlin	Dr. Mohammed R. Solh
Dr. James M. Casserly	Dr. Shawna K. Hord	Dr. Timothy C. Merrick	Dr. Karen Somers
Dr. Davor Cepo	Dr. Michael L. Horowitz	Dr. Amelia V. Mikelenas	Dr. Barbara R. Steele
Dr. Lilian Chau	Dr. Scott D. Howitt	Dr. Amy Miller	Dr. Avi Sterja
Dr. Sabrina F. Chen-See	Dr. Jodi K. Jackson	Dr. Graeme W. Mitchell	Dr. David J. Szaraz
Dr. Steven H. Chiu	Dr. Patrick Johnson	Dr. Joanna M. Morey	Dr. Stephen Tan
Dr. Cynthia G. Chu	Dr. Karen I. Jongedijk	Dr. David J. Morgan	Dr. Craig S. Tarini
Dr. Wei-Kun Chung	Dr. Ismail Joseph	Dr. Chadwick J. Morton	Dr. Balraj S. Thind
Dr. Kimberley A. Clackett	Dr. Kajal A. Joshi	Dr. Karin Moscatelli	Dr. Cheryl Tripp-Thompson
Dr. Craig C. Cocek	Dr. Virinder K. Kasbia	Dr. Isaac Murciano	Dr. Abram L. Udaskin
Dr. Laura A. Cooke	Dr. Karen N. Kasman	Dr. C. Sean Murphy	Dr. Essien O. Udokang
Dr. James A. Corbett	Dr. Ivan I. Kogon	Dr. Ali M. Nasser	Dr. Anthony L. Varsalona
Dr. Douglas W. Creaser	Dr. Paul A. Kominek	Dr. Jeffrey A. Needham	Dr. David F. Vecchio
Dr. Nick Daniels	Dr. André D. Kong	Dr. Scott M. Nurse	Dr. James D. Venneri
Dr. Mahin Darabi	Dr. Julie M. Krus	Dr. Kenneth K. Oda	Dr. Elizabeth A. Viglasky
Dr. Jayesh Daya	Dr. Izmit Kulafowski	Dr. Sara Joy O'Neill	Dr. Gurvinder Chand Virk
Dr. Kapil Deswal	Dr. Sonia M. Kwapisinski	Dr. Heather L. Orenstein-Frankel	Dr. Darren C. Wahby
Dr. Gaetano DiCicco	Dr. Natalie T. Labelle	Dr. Jason A. Pajaczkowski	Dr. William S. Wells
Dr. Craig S. Dingman	Dr. Nguyen T. Lam	Dr. Evie P. Papadimitriou	Dr. J. Paul Weston
Dr. Jennifer J. Donnelly	Dr. Bruce R. Lambert	Dr. Mitresh A. Parmar	Dr. Peter A. Williams
Dr. Dragomir D. Drazic	Dr. Anna Maria Lamon	Dr. Nicole Marie Piazza	Dr. Bradley W. Wilson
Dr. Kari L. Edman	Dr. Hayden M. Landry	Dr. Erin P. Pittman-Bricker	Dr. Jason P. Wilson
Dr. Jonathan T. Eto	Dr. Keith LeBoeuf	Dr. Ian J. Quist	Dr. Sinan Yasarlar
Dr. Pamela L. Fardy	Dr. Rebecca LeSage	Dr. Shaheed Rahman	Dr. Karin Zelinkovsky
Dr. Keith L. Farrugia	Dr. Mordy Levy	Dr. Sharu Rai	
Dr. Santo F. Fera	Dr. Mark G. Libitka		

Open Meetings and Hearings

All CCO Council meetings and discipline hearings are open to the public (which includes members of the profession). Meetings are held at the College of Chiropractors of Ontario, 130 Bloor St. West, Suite 902, Toronto. Space is limited for both Council meetings and hearings. The next Council meeting is scheduled for December 9, 2000, at 8:30 a.m. Please call CCO's Communications Officer, Sue Gargiulo, to reserve space.



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