I consider it an honour and a privilege to be serving as CCO President for the term 2008/2009.

We are fortunate to have a talented and dedicated team of staff at CCO led by our chief staff officer, Registrar and General Counsel Jo-Ann Willson. My sincere thanks go to them for regularly supporting us beyond the call. As well, the Council of nine elected and seven appointed members are all servants to the cause of protecting the public interest to ensure the public receives the best care possible from the chiropractic community. I would like to acknowledge and thank these individuals for their dedication and continued hard work.

Chiropractors are passionate about delivering their services to Ontarians and we are fortunate to have more than 3,800 chiropractors serving the needs of our families, friends, co-workers, and neighbors in this province. CCO is committed to ensuring high quality, ethical, safe and effective care for Ontarians. Your role as key stakeholders in partnering with CCO is vital. Your contribution in providing patient-centred care leads the way to creating massive change. Opportunity comes to those who serve others and give back selflessly.

All health care practitioners in Ontario share a similar purpose: to relieve pain, restore health, and prolong life. Interprofessional collaboration on all fronts leads to increased health for all concerned. Our commitment to improving patient outcomes and promoting collaborative care is paramount so that all chiropractic patients will be offered the best possible coordinated care whenever needed. I am pleased to report that CCO will be taking regular action steps to remove any recognized barriers to interprofessional collaboration. Play your part and communicate often with our health care partners.

Opportunities present themselves endlessly. Making a difference means taking massive action around opportunity.

I am pleased to highlight some of our past years’ achievements as well as some of the exciting activities that are presently occurring at CCO.

Congratulations to the Advertising Committee for its diligence in ensuring that Council moves forward with the revisions to the proposed regulation, standard of practice, and guideline, after considering numerous submissions from a variety of stakeholders. Council approved the revised advertising documents, as well as the newly created Public Display Protocol, which outlines members’
### Acronyms

The following is a list of commonly used acronyms used at CCO. The acronyms, and not the full name, appear in this newsletter.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>ACO</td>
<td>Acupuncture Council of Ontario</td>
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<td>ADM</td>
<td>Assistant Deputy Minister</td>
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<td>AGM</td>
<td>Annual General Meeting</td>
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<td>AHHRDB</td>
<td>Allied Health Human Resources Database</td>
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<tr>
<td>AVCA</td>
<td>American Veterinary Chiropractic Association</td>
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<tr>
<td>BCCA</td>
<td>British Columbia Chiropractic Association</td>
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<tr>
<td>BCCC</td>
<td>British Columbia Chiropractic College</td>
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<tr>
<td>BDC</td>
<td>Board of Directors of Chiropractic</td>
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<tr>
<td>BDDT-N</td>
<td>Board of Directors of Drugless Therapy - Naturopathy</td>
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<tr>
<td>CAC</td>
<td>Chiropractic Awareness Council</td>
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<tr>
<td>CASLPO</td>
<td>College of Audiologists and Speech Language Pathologists of Ontario</td>
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<tr>
<td>CCA</td>
<td>Canadian Chiropractic Association</td>
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<tr>
<td>CCEB</td>
<td>Canadian Chiropractic Examining Board</td>
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<tr>
<td>CCEC</td>
<td>Council on Chiropractic Education (Canada)</td>
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<tr>
<td>CCEI</td>
<td>Councils on Chiropractic Education (International)</td>
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<tr>
<td>CCGPP</td>
<td>Council on Chiropractic Guidelines &amp; Practice Parameters</td>
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<tr>
<td>CCO</td>
<td>College of Chiropractors of Ontario</td>
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<tr>
<td>CCP</td>
<td>Core Competency Project</td>
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<tr>
<td>CCPA</td>
<td>Canadian Chiropractic Protective Association</td>
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<td>CCRF</td>
<td>Canadian Chiropractic Research Foundation</td>
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<tr>
<td>CDO</td>
<td>College of Dietitians of Ontario</td>
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<tr>
<td>CLEAR</td>
<td>Council on Licensure, Enforcement and Regulation</td>
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<tr>
<td>CMCC</td>
<td>Canadian Memorial Chiropractic College</td>
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<tr>
<td>CMLTO</td>
<td>College of Medical Laboratory Technologists of Ontario</td>
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<tr>
<td>CMPA</td>
<td>Canadian Medical Protective Association</td>
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<td>CNO</td>
<td>College of Nurses of Ontario</td>
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<td>COO</td>
<td>College of Opticians of Ontario</td>
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<tr>
<td>COTO</td>
<td>College of Occupational Therapists of Ontario</td>
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<td>CPGs</td>
<td>Clinical Practice Guidelines</td>
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<td>CPSO</td>
<td>College of Physicians and Surgeons of Ontario</td>
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<td>CRC</td>
<td>Chiropractic Review Committee</td>
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<tr>
<td>CSCE</td>
<td>Canadian Society of Chiropractic Evaluators</td>
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<td>CVO</td>
<td>College of Veterinarians of Ontario</td>
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<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tr>
<td>FARPA</td>
<td>Fair Access to Regulated Professions Act, 2006</td>
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<tr>
<td>FCER</td>
<td>Foundation for Chiropractic Education and Research</td>
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<td>FCLB</td>
<td>Federation of Chiropractic Licensing Boards</td>
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<tr>
<td>Federation</td>
<td>Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards</td>
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<td>FHRCO</td>
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<td>HPARB</td>
<td>Health Professions Appeal and Review Board</td>
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<td>HPRAC</td>
<td>Health Professions Regulatory Advisory Council</td>
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<td>HSIA</td>
<td>Health System Improvements Act, 2006</td>
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<tr>
<td>ICRC</td>
<td>Inquiries, Complaints and Reports Committee</td>
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<td>IPC</td>
<td>Information and Privacy Commissioner/Ontario</td>
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<td>LHIN</td>
<td>Local Health Integration Network</td>
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<tr>
<td>MOHLTC</td>
<td>Ministry of Health and Long-Term Care</td>
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<td>MPP</td>
<td>Member of Provincial Parliament</td>
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<tr>
<td>NBCE</td>
<td>National Board of Chiropractic Examiners</td>
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<td>OAND</td>
<td>Ontario Association of Naturopathic Doctors</td>
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<tr>
<td>OCA</td>
<td>Ontario Chiropractic Association</td>
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<td>OCP</td>
<td>Ontario College of Pharmacists</td>
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<tr>
<td>OCT</td>
<td>Ontario College of Teachers</td>
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<td>OFC</td>
<td>Office of the Fairness Commissioner</td>
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<td>OHA</td>
<td>Ontario Hospital Association</td>
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<td>OHIP</td>
<td>Ontario Health Insurance Plan</td>
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<td>Ontario Medical Association</td>
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<td>PHIPA</td>
<td>Personal Health Information Protection Act</td>
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<tr>
<td>PIDAC</td>
<td>Provincal Infections Diseases Advisory Committee</td>
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<tr>
<td>PIPEDA</td>
<td>Personal Information Protection and Electronic Documents Act</td>
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<td>QA</td>
<td>Quality Assurance</td>
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<td>RHPA</td>
<td>Regulated Health Professions Act, 1991</td>
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<tr>
<td>RCDSO</td>
<td>Royal College of Dental Surgeons of Ontario</td>
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<tr>
<td>TCM</td>
<td>Traditional Chinese Medicine</td>
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<tr>
<td>TUP</td>
<td>Technology Upgrade Project</td>
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<tr>
<td>UQTR</td>
<td>Université du Québec à Trois-Rivières</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WSIB</td>
<td>Workplace Safety and Insurance Board</td>
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President’s Voice (cont.)

responsible when engaged in public displays/screenings.

Each committee reviews its regulations, standards, policies and guidelines yearly, and considers whether revisions are required. In fact, these items are living documents that develop and change over time. I would like to thank our members for providing valuable feedback that helped Council develop the standards, etc. We encourage our stakeholders to continue to fully participate in providing useful feedback. This was indeed the case with the advertising documents. Thank you all for your enthusiastic participation.

Congratulations to the Quality Assurance Committee for completing a mountain of activity, including overseeing the peer assessment program, which has proven to be a valuable addition to quality assurance, and the record keeping workshops. Members should note that identification of deficiencies in their offices leads to better patient care. The record keeping workshops have been a great success because of the face-to-face interaction with members.

On June 4, 2009, legislative changes to the RHPA will come into effect that will impact many of CCO’s processes and have a direct impact on members. You will read in this newsletter an article by Mr. Richard Steinecke that will shed light on what to expect. The changes will affect three main areas: mandatory reporting, the register, and complaints.

CCO is presently implementing a technology upgrade program, which will include improvements to the database and web site. CCO requires these upgrades to comply with legislated amendments to the RHPA, improve communications with members and other stakeholders, and facilitate public access to member and college information. Strategies are being developed to implement these technological and communication upgrades and train staff and Council members within the required time period.

It is clear that our lives are not a dress rehearsal for something else. We have one chance to make a difference. We never know when the final moment of our life may occur. Taking every opportunity to make each day count as if it were our last will give you an extraordinary life. Serving others as a chiropractor is a noble act. Thank you for making a difference.

Live an extraordinary life!

Election Results

Congratulations to Dr. James Laws (district 4) and Dr. Peter Amlinger (district 5) who were elected by acclamation.

Congratulations to Dr. Douglas Pooley, who was elected in district 6. Thank you to Dr. Raelynn Cancel and Dr. Calvin Neely from district 6 for allowing their names to stand for election to CCO Council, and for their willingness to participate in the self-regulation of the chiropractic profession.

The members will serve for three-year terms, beginning in April 2008.

Spoiled ballots

For the 2008 elections, CCO received several spoiled ballots. For example, no information on the white return ballot, such as no name, address, registration number or signature.

White return envelopes with no member signatures are spoiled. Members must sign their ballots.

If a member is hesitant to mail an envelope with his/her signature on the outside, he/she may place the signed return envelope inside another envelope for mailing. Ballots with an illegible signature and no other information identifying the member are spoiled. Late ballots are also spoiled.

CCO advises members to review the timetable for deadlines, published in both the Notice of Election and Nomination Guide and the Voting Guide.

In 2009, elections will be held in districts 1, 4 and 5. Information will be distributed early in the new year. Make sure your vote counts!

<table>
<thead>
<tr>
<th>District 6</th>
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<tbody>
<tr>
<td>Dr. Raelynn Cancel</td>
<td>42</td>
</tr>
<tr>
<td>Dr. Calvin Neely</td>
<td>52</td>
</tr>
<tr>
<td><strong>Dr. Douglas Pooley</strong></td>
<td>111</td>
</tr>
<tr>
<td>Votes cast</td>
<td>205</td>
</tr>
<tr>
<td>Total number of eligible voters</td>
<td>424</td>
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</table>
Registrar’s Report

Strategic Planning Pot-pourri

Guess what we’re doing in September? We are having a strategic planning session for Council members and staff, and a Council meeting in our nation’s capital, Ottawa, on September 12 -14, 2008.

If you are like most people, when you hear “strategic planning,” you think to yourself, “Oh no, this is something we’re supposed to do as an organization, but I don’t know if I can actually review the mission, vision and leadership goals one more time. Where is that last report anyway?”

CCO has held a strategic planning session every two years since at least 1993. I have been at every one of those sessions. Some have been good, some have been not very memorable, and some, quite frankly, have been a bit dysfunctional in terms of trying to make sure all Council and staff members were moving in the same direction and feeling assured of being part of a team assigned the important task of regulating chiropractic in the public interest in Ontario.

CCO is in a different position than many organizations in that to a large extent, CCO’s mission, vision and leadership goals are set out in legislation. The legislation relating to the regulation of health care in Ontario has recently changed, and we know a number of action steps are a priority, including changing the committee structures to deal with the amendments to the RHPA, reviewing and, where required, reducing barriers to the registration of competent ethical chiropractors, increasing transparency and accountability by putting more information on the public register, and improving the technology needed to implement the changes.

This time, we’re trying something different with the two days devoted to strategic planning. It is always a gamble to try something new. However, when I mentioned to the Executive Committee members the possibility of not having a facilitator, but instead, having focused sessions facilitated by individuals and organizations with expertise (including some people sitting around the table) about a number of topics requiring debate and action, they were enthusiastic about the idea!

Over the past several years, CCO has identified a number of areas that require some in-depth discussion and decision making. Given the size of Council agendas, coupled with the fact that CCO was not properly constituted for several months in early 2008 (being short one public member), it has been very difficult to devote the time to meaningful discussion and debate about a number of items at a Council meeting. Therefore, here is the pot-pourri of topics we intend to begin to tackle at strategic planning in September 2008:

• continuing education;
• interprofessional collaboration;
• government relations;
• scope of practice review;
• funding of third parties (research, other chiropractic organizations, national initiatives); and
• media relations.

Do you have views on where CCO should be going with these topics? My guess is that everyone around the table will also have views. The debates will be interesting and lively. I’m really looking forward to strategic planning this year, and look forward to updating everyone about CCO’s direction and action steps. Stay tuned!
CRC - The Final Entry

by Dr. J. Bruce Walton, Chair

Even though chiropractors stopped billing OHIP in November 2006, the CRC has continued to function. Primarily, CRC’s activities revolved around processing the final few cases that were referred for review by the general manager of OHIP, and dealing with any remaining cases that were under appeal. I can happily report that, to date, all cases before the CRC are now closed and the CRC administrative staff is in the process of closing down operations.

I would like to take this opportunity to publicly acknowledge the efforts of all those involved with the CRC. Certainly past committee members and inspectors deserve applause for their efforts at fulfilling the mandate of the CRC. Since I have been chair, I have been privileged to work with an exceptional group of committee members, inspectors, staff and legal support team.

I would like to specifically thank the CRC members for their diligent work - Dr. Dan Higginson, Dr. David Linden, Ms Corinne Hardey, public member, and Ms Rebecca Kwok, public member. These members have poured over copious amounts of documents, patient records and other detailed billing analyses in order to fully grasp all the issues in any particular case. Their efforts, I am confident, have ensured that all matters were dealt with fairly and justly.

I would like to acknowledge the CRC inspectors - Drs. Jason Potter, Kelly Ramsay, John Cadieux, and Rhonda Kirkwood. The role of the inspector is a difficult and, at times, tedious job, and involves front-line interaction with members who are under review. All have performed their duties in a professional and responsible manner and represented the CRC, CCO, and the government of Ontario in an exemplary manner.

On behalf of the entire CRC, I would like to thank our legal team of Mr. Jeffrey Leon and Ms Sarah Armstrong. Their efforts, especially during the final few months of 2007, ensured that our caseload was dealt with effectively and efficiently.

A great big thank you is extended to our Administrative Assistant, Ms Jill Silk. Jill has served the CRC since December 1993. She was there when I began, a mere four years ago, and she will be there when things close down. It will be upon her shoulders that the majority of the closing down work falls. She has been the backbone of the CRC. She has performed, many times, above and beyond the call of duty. She has dealt with changing members, changes in chair, a variety of inspectors and, of course, has been the front line contact for all members who have been reviewed. I am certain that few people are capable of successfully carrying out all these duties. CCO, the MOHLTC, the profession and the public have been extremely fortunate that Ms Silk fulfilled the duties of this role these past 15 years.

Finally, I am sure I speak for the entire CRC when I say thank you to the CCO Council and to Ms Jo-Ann Willson, Registrar and General Counsel, for giving us the opportunity to serve the public and this profession. Your confidence in our abilities is greatly appreciated. We were all especially thrilled to be recognized for our efforts these past years at the recent CCO AGM. Each of us will always value our President’s Awards as symbols of appreciation for our hard work.
CRC members were presented with Dr. Gilles Lamarche’s Presidential Award of Excellence at the 2007 CCO AGM, held on June 19, 2008. FRONT ROW (L-R): Dr. Bruce Walton, Ms Jill Silk, Ms Corinne Hardey, Ms Rebecca Kowk, Mrs. Cathy Potter (accepting on behalf of her son, Dr. Jason Potter, CRC Inspector). BACK ROW: (L-R): Mr. Jeffrey Leon, Dr. Dan Higginson, Dr. David Linden.

CRC farewell luncheon - February 27, 2008.
**Update - Advertising Committee**

Following extensive consultation - both internally and with CCO members and other stakeholders - Council approved the revised proposed advertising regulation, standard of practice, and guideline, as well as the newly created Public Display Protocol, which outlines members’ responsibilities when engaged in public displays/screenings. These items protect the public’s right to fair advertising and the chiropractor’s right to advertise.

Council’s approval did not come easily. In fact, it was September 2006 when the committee first distributed these items for members’ review and feedback. A significant change was made to the materials that were distributed in 2006 and those that were recently approved by Council. This change relates to members’ web sites.

Are web sites an extension of a member’s office? That was the debate within Council, which unanimously agreed that a web site, with the exception of banner advertising, is an extension of a member’s office and, therefore, not within the purview of the Advertising Committee. Members of the public must choose to enter a web site. This means the committee cannot review a member’s web site but can review the banner advertising that pops up on a member’s web site.

Information on a member’s web site must still be informative, educational and professional, and comply with CCO’s standards of practice (except for S-003: Advertising).

**Advertising Review**

The committee continues to review advertisements submitted for approval, and provides a response within approximately 10 business days. The committee also reviews advertisements submitted by way of a complaint by concerned members of the public or other chiropractors. In such cases, the committee evaluates the advertisement against the standard of practice and if the advertisement does not comply, advises the member to stop using the advertisement and to confirm his/her compliance in writing to CCO. Or, the committee may refer a non-compliant member to the Complaints Committee.

The committee encourages members to review the revised advertising standard and guideline and to submit their advertisements for review prior to distribution.

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**Update - Registration Committee**

The Registration Committee has been busy with the implementation of the FARPA, and the creation of the Office of the Fairness Commissioner (OFC). Under, FARPA and amendments to the RHPA, OFC will now require regulated professions to submit an annual report on their registration practices and procedures, and submit to a compliance audit conducted by a third-party auditor.

The committee’s members and CCO staff met with representatives from OFC to discuss CCO’s current registration practices. OFC, in consultation with CCO, has developed a consultation document outlining the registration procedures of CCO. For more information, please review OFC’s web site - www.fairnesscommissioner.ca.

An issue arose through the peer assessment program that posed some problems for registration. How does CCO peer assess a member in the active category who resides outside Ontario? Subsequently, the committee reviewed Regulation R-003: Registration. Rather than revising the registration categories, the committee is working on developing criteria that will allow those members to be able to comply with peer assessment requirements while remaining in the active category outside Ontario.

Finally, the committee continues to review various applications for registration, referred to the committee by the Registrar in accordance with the RHPA.
Update - Quality Assurance Committee

By now, it is a well-known fact that the Quality Assurance Committee is one of the busiest committees of CCO. The committee oversees the peer assessment program, the peer assessment workshop, the record keeping workshops, and individual member remediation. In the last year, the committee has reviewed and revised two standards of practice, and created a new guideline on block fees/payment plans. In addition, the committee is currently reviewing the QA regulation, and the standards of practice, policies and guidelines relating to quality assurance to ensure they comply with the amendments to the RHPA, which come into effect in June 2009.

Highlights of QA’s activities follow.

Peer Assessment Program

CCO launched the peer assessment program to the full membership in June 2003. To date, more than 1,200 peer assessments have been completed and disposed of by the committee. This number does not include the more than 300 currently underway. Peer assessment is mandatory for all active members, even if they no longer treat patients. In such cases, the assessment would still occur but would not include the normal review of 10 patient files. Instead, the assessor would only review the member’s knowledge and understanding of CCO’s regulations, standards of practice, policies and guidelines. The committee is still reviewing the issue of members holding active certificates of registration but who do not reside in Ontario.

Selected members are reminded that they must respond to a peer assessment request within 15 days of receiving the notification, and forward the following items to CCO: pre-visit questionnaire, samples of blank clinical charts/forms, list of abbreviations/short forms used (if any), and one current sterilized patient file (copy of a patient file with the patient’s name, address, telephone number and other personal information blackened out/removed). If there is a problem, the selected member should contact CCO. Repeated failure to respond to a peer assessment request will lead to a referral to Executive Committee.

Once CCO receives the member’s materials, a copy is forwarded to the peer assessor. The assessor then contacts the member and sets up a mutually appropriate time to conduct the assessment.

The Process

Some members have admitted to being fearful or anxious prior to the assessment, and concerned about consequences if the assessment showed deficiencies in certain areas. Members should note, peer assessment is intended as an educational process, not a punitive one. Not responding to a peer assessment request, however, is a serious matter.

If there is a deficiency, the member will be advised to correct the deficiency in the identified area by reviewing the appropriate regulation, standard of practice, policy and/or guideline. If the deficiency is significant, the member will be required to submit two sterilized patient files, sample consent forms, and/or written confirmation that he/she is complying with the regulation, standard of practice, policy and/or guideline.

The standards that have caused the most difficulty for members are record keeping, consent, and communicating a diagnosis/clinical impression. Members with any one of the following items missing in even one patient file will automatically receive a disposition of significant deficiency: written diagnosis, signed consent form, including consent to orthotics and/or acupuncture, and a reassessment on or before each 24th visit.

Yet, despite their initial trepidation, the feedback from members about the program has been remarkably positive.

All peer assessment material is located in the Quality Assurance section of CCO’s web site, www.cco.on.ca.

Peer Assessment Workshop

The committee hosted a peer assessment workshop on January 19, 2008, at the CCO office. The workshop’s focus - updating the peer assessors on the following issues: amendments to the RHPA, the revised advertising documents (proposed regulation, standard of practice and guideline), the public display protocol for members interested in public displays/health screenings, the new acupuncture standard of practice, the new business practices guideline, revisions to the peer assessment forms, and consent. The committee thanks Mr. Richard Steinecke for his presentation entitled “Clarifying Consent.”

The workshop also featured a review of CCP’s
self-assessment questionnaire and handbook by the peer assessors, who served as a focus group, providing constructive comments and feedback.

For more information on CCP’s self-assessment questionnaire and handbook, please review the CCP update on page 11.

**Record Keeping Workshops**

CCO acknowledges that members have busy practices and personal lives and may not have the time to attend a record keeping workshop. However, CCO is proud to announce that the majority of active members, more than 95 per cent, have attended the mandatory workshop.

In an effort to improve members’ record keeping practices, in 2005 CCO mandated that all active members attend a record keeping workshop. In June 2005, CCO distributed the announcement which included information on dates, times and locations of the 16 workshops across the province. The announcement encouraged members to register early as space was limited, and advised members that the workshops would be free only until May 2006.

CCO then set up additional workshops for members who had not attended. The cost - $150 per member and $199 per member and up to two office staff. CCO will continue to offer the workshops twice a year, following the Legislation and Ethics examination. The workshops are free for chiropractic students and CCO members within their first year of registration with CCO.

Please review the Workshop section of CCO’s web site - www.cco.on.ca - for dates.

The committee acknowledges and thanks the following individuals for the success of the workshops - presenters Drs. Dennis Mizel, Frazer Smith, Keith Thomson and Bruce Walton, and CCO staff, Ms Jo-Ann Willson, Registrar and General Counsel, Mr. Joel Friedman, Director, Policy & Research, Ms Sue Gargiulo, Communications Officer, and Ms Rose Bustria, Administrative Assistant.

On a more cautionary note - failure to participate in the record keeping workshop may lead to a referral to the Executive Committee.

**Amendments to the RHPA**

Changes to the RHPA come into effect on June 4, 2009, and they will have an impact on CCO in general and QA specifically. In Section 80.1 of the revised legislation, the provisions for quality assurance shall include the following: (a) continuing education or professional development designed to promote continuing competence and continuing quality improvement among the members, address changes in practice environments, and incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council; (b) self, peer and practice assessments; and (c) a mechanism for the College to monitor members’ participation in, and compliance with, the quality assurance program. 2007, c. 10, Sched. M., s. 58.

**Standards of Practice / Guideline Review**

The committee reviews all regulations, standards of practice, policies and guidelines annually. Over the last year, Council approved the committee’s revisions to standard of practice S-017: Acupuncture, distributed to members in March 2008, with an accompanying memorandum from the chair of the committee, Dr. Robbie Berman, and standard of practice S-009: Chiropractic Care of Animals.

**Standard of Practice S-017: Acupuncture**

Standard of practice S-017: Acupuncture, outlines the acupuncture training requirements, including insurance obligations and safety provisions, required by chiropractors who use or intend to use acupuncture as an adjunctive therapy in their chiropractic practices. Namely, that chiropractors have a minimum of 200 hours of formal training with a hands-on component. This criterion is based on the WHO’s acupuncture document entitled *Guidelines on Basic Training and Safety in Acupuncture*. The deadline to meet the 200-hour requirement is December 31, 2008. Members who do not currently meet this requirement are encouraged to upgrade their training. The 200 hours of training may be accumulated currently through a single course of training or an accumulation of multiple courses adding up to 200 hours. The same program may not be taken multiple times to reach the 200 hours.

There is also a ‘grandparenting’ clause, whereby members who do not have 200 hours of training...
may continue to perform acupuncture if they have actively practised acupuncture in their practice for a minimum of five consecutive years immediately before the enactment of this standard (i.e., before December 31, 2007).

“Actively practising acupuncture” is defined as performing 150 acupuncture treatments per year for each of the last five years within a chiropractic practice.

**Standard of Practice S-009: Chiropractic Care of Animals**

In an attempt to minimize confusion among the profession, CCO recently approved revisions to standard of practice S-009: Chiropractic Care of Animals, that removes all reference to the AVCA. The new section reads as follows:

“In providing chiropractic care to an animal, CCO registrants must: demonstrate successful completion of a program in animal chiropractic of a minimum of 200 hours of formal training that includes, but is not limited to, studies in the following subject areas: anatomy, neurology, biomechanics, animal adjustment technique, diagnosis, pathology, chiropractic philosophy, and ethics and legalities…”

CCO members who provide chiropractic care to animals are not required to be members of AVCA. The reference to AVCA in the standard’s previous version was used as an example only and not as a requirement. This is what led to the confusion.

The revised standard is enclosed with this distribution and posted on CCO’s web site - www.cco.on.ca.

**Guideline G-008: Business Practices**

On November 29, 2007, CCO Council approved guideline G-008: Business Practices, which was distributed to members in March 2008. The guideline was developed following the feedback received from members on a proposed standard of practice relating to block fees/payment plans, developed by the committee and distributed in September 2006.

That feedback showed that the profession was polarized on the issue of block fees/payment plans, and many members were more concerned about business practices. The new guideline clarifies Regulation R-008: Professional Misconduct, Section 25, and provides members who offer payment plans to their patients with regulatory guidance.

**Next Steps**

Over the course of the year, the committee will tackle, among other things, the following items:

- improving the process for continuing education to meet the requirements of the new legislation;
- finalizing the self-assessment questionnaire and handbook for Council’s approval;
- reviewing and revising the professional portfolio to tie in with continuing education and self-assessment;
- developing a peer assessment process for active non-resident members; and
- re-launching the X-ray Peer Review Program.

**Update - Patient Relations Committee**

One of the mandates of the Patient Relations Committee is to develop and implement a program and/or guideline to enhance the doctor-patient relationship. That was the impetus for developing the *Partnership of Care (Patients’ Charter of Rights)*, first approved in principle by Council in 2005.

In 2006, the committee began reworking the 2005 version to make it more succinct, straightforward and comprehensible. The revised version included the added title “Partnership of Care” to draw attention to the fact that patient care involves both the patient and the chiropractor, and each has an equal and vital role in that care.

Upon Council’s approval, the revised *Partnership of Care* was translated into French and distributed to members and stakeholders for feedback. The response has been positive, as outlined in graph 1).

The committee hopes that once this is approved by Council, members will display this document in their offices.

HPRAC referenced CCO’s *Partnership of Care* in its report to MOHLTC on the effectiveness of colleges’ Patient Relations programs.
Update - Core Competency Project

Core Competencies for CCO Members has undergone yet another transformation and this time, the group that created this document, CCP, is certain that the latest version, a self-assessment questionnaire and accompanying handbook, will be the most beneficial for chiropractors and their patients. This version, which will be launched to the full membership once approved by Council, is comprehensive, user-friendly, and complies with the amendments to the RHPA, namely that each health profession in Ontario develop a self-assessment tool.

The self-assessment questionnaire still retains the intent of the original document - for chiropractors to reflect upon their current professional proficiency. However, it goes one step further - the questionnaire asks members to rate their current level of proficiency based on a scale of 1 to 5 (1 being ‘never’ and 5 being ‘always’) in six general areas. The questionnaire then asks members to identify areas for improvement and to develop a learning plan that will address those areas in need of improvement.

Finally, there is an accompanying handbook that explains the clinical relevance and professional standards associated with each response. The handbook should be reviewed while members are completing their questionnaires.
Update - Technology Upgrade Project

MD+A Consultants Wins Bid to Upgrade CCO’s Technology

MD+A Consultants, who has worked with more than 30 clients in the public, private, non-profit and health care sectors, has won the bid to upgrade CCO’s database and web site.

CCO had distributed the request for proposal to select information technology consultants and posted it on its web site in early April 2008. The deadline for proposal submissions was the end of April 2008, at which time CCO had received several exemplary proposals.

The proposals were then submitted to TUP for review and consideration. The project members met on May 23, 2008, and shortlisted three companies to make presentations. TUP, with input from staff, selected MD+A Consultants, a Toronto-based company founded in 1998 by Mr. Edward McDonnell and Mr. Daniel Doane.

MD+A Consultants is working closely with CCO staff to identify needs, and develop the appropriate technology that will enable CCO to comply with the RHPA amendments that come into effect in June 2009, as well as provide members with better communication capabilities. These will include, among other things, an expanded web site containing the public register and a search engine. The updated database will also feature a members-only section that will enable CCO to communicate with its members more effectively.

CCO is extremely excited about this new project!

CCO Officer Presenting at CLEAR

CCO is pleased to announce that Ms Kristina Mulak, Investigations/Resolutions Officer, will be one of the presenters at the 2008 CLEAR Conference in Anchorage, Alaska, September 25-27, 2008.

Representing CCO, Ms Mulak will present with Mr. Dean Benard, a contract investigator for CCO, and Mr. Ernie Atkins, a field investigator for the Commonwealth of Virginia. The two presentations, on September 26, will discuss the use and value of forensic and electronic evidence in complaints investigations by regulatory colleges. The issues will be addressed through the perspective of administration, investigation, and where warranted, prosecution.

The first presentation, “CSI for Regulators Part I: Forensic Evidence - Blood, Sweat, and Tears,” focuses on how to effectively collect and manage physical evidence. The second presentation, “CSI for Regulators Part II: Obtaining and Processing Electronic Evidence,” examines the collection of evidence from electronic media, such as computers, and the implications of seizing, for example, a computer hard drive.

For more information on the conference, please visit CLEAR’s web site - www.clearhq.org.

CLEAR is the premier international resource for professional regulation stakeholders. CLEAR promotes excellence through conferences, educational programs, networking opportunities, publications, and research services.
CCO Participates in Creation of Allied Health Human Resources Database

by Mr. Joel Friedman

HealthForceOntario, the provincial government’s health human resources strategy, is currently involved in a major project to create an Allied Health Human Resources Database (AHHHRDB). The goal of this project is to develop a comprehensive database with demographic, geographic, educational and employment data on all regulated allied health professions in Ontario that is standardized and consistent to support health human resource planning.

With this database, HealthForceOntario, the MOHLTC and all allied health regulatory colleges will have a mechanism to use health human resource data to view aggregate trends of regulated health professions and prepare for future health human resource planning.

CCO, along with the other health regulatory colleges, has an important role to play in the development of the AHHHRDB. Representatives from the health regulatory colleges have been involved in a consultation process with the MOHLTC to develop a minimum data set. This minimum data set, which is aligned with national standards developed by the Canadian Institute for Health Information, will map existing data from college registers to the AHHHRDB, ensuring that all relevant information is contained in this database. Included in this minimum data set is information related to demographics, geography, education and employment that are fundamental to the goal of health human resource planning. By 2010, the MOHLTC expects to have aggregate data reports from this database.

Following amendments to the RHPA, CCO has the authority to collect information directly from its members and disclose it to the MOHLTC for the purpose of health human resource planning.

Over the course of the next two years, CCO will be expanding its registration and renewal forms to collect information related to the identified areas for the purpose of contributing to the AHHHRDB.

All information collected for this purpose will be strictly anonymous, will not include any directly identifiable personal information, and will be distinguished from information posted on the public register. CCO looks forward to continuing its consultation with the MOHLTC and contributing to the development of this comprehensive database which will help ensure that Ontario has the right number, mix and distribution of qualified health professions. This will better serve the health care needs of the Ontario public.

Much of this information is taken directly from HealthForceOntario. Please visit its web site at www.healthforceontario.com for updates about this project.
Getting Ready for the HSIA, 2006

The RHPA, the legislation that governs Ontario’s 21 health regulatory colleges, including CCO, is about to change significantly. These changes, which come into effect on June 4, 2009, will have an impact on almost every area of CCO’s operations. Although many of these changes relate to CCO processes, a significant number of the revisions will have a direct impact on members.

The purpose of this article is to highlight some of the biggest areas of change and to explain the specific impact those revisions will have on some of the CCO’s processes, as well as the membership. The majority of the legislative changes touch upon one of the following three subject areas: (i) mandatory reports; (ii) the register; and (iii) the Inquiries, Complaints and Reports Committee (ICRC).

I Mandatory Reports

Members must report certain information to CCO. Under the current RHPA, members and facility operators are required to advise the appropriate regulatory college when they have reasonable grounds to believe that a member has sexually abused a patient. Similarly, employers are required to advise the appropriate regulatory college when they terminate the employment of a health professional for reasons of professional misconduct, incompetence or incapacity. As of June 4, 2009, however, the reporting obligations for members and facility operators have significantly expanded.

Facility Operators

In addition to the existing requirement to report sexual abuse, facility operators will also be required to report to the appropriate regulatory college where they have reasonable grounds to believe that a member who practises at the facility is incompetent or incapacitated. In order for facility operators to fully understand and appreciate the obligation that this new reporting requirement creates, however, they will need to have a clear understanding of how “incompetence” and “incapacity” are defined by the RHPA. Members should pay particular attention to upcoming mailings from CCO as to what constitutes a facility (e.g., is a chiropractic office a facility?).

Members

Members of all health regulatory colleges will be required to advise their regulator, in writing, if they have been found guilty of an offence.

CCO is working with the MOHLTC and other colleges to identify the types of offences that are intended to be covered by this duty. In addition, members will also be required to file a report with CCO if there has been a finding of professional negligence or malpractice made against them by a court. These findings relate to the outcome of civil proceedings or lawsuits. The onus to apprise CCO of these two new categories of information rests with the member and such reports are to be filed “as soon as reasonably practicable” after the member receives notice of the finding against them.

These obligations are not retroactive. Thus, there will be no duty to report findings made by a court before June 4, 2009 (unless CCO had already asked the member to provide this information in the past).

Mr. Richard Steinecke

Mr. Richard Steinecke is a partner in the law firm Steinecke Maciura LeBlanc and author of A Complete Guide to the Regulated Health Professions Act. This article provides general information only. For legal advice, please speak to your own lawyer.

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Getting Ready for the HSIA, 2006 (cont.)

II The Register

The public, including potential employers, obtain information about members through CCO’s register. The changes to the register affect both the amount of information available to the public as well as the overall accessibility of that information. Three of the most significant areas of change related to the register impact are form, content and permanence.

Form

One of the biggest changes to the RHPA is the new requirement for every college to post its entire register on its web site. This will allow the public to view all of the register information about every member directly through the Internet. In addition, the new legislation will require colleges to advise individuals who inquire about a member (whether in person, by phone, letter, e-mail, or through the web site) all of the register information that is available on that member.

Content

In addition to the information already required for the register, several new categories of information will be added on June 4, 2009. These include referrals to the Discipline Committee, findings of professional negligence or malpractice made against the member unless the finding is reversed on appeal, and a notation of the resignation and agreement where a member, during or as a result of an investigation, has resigned and agreed never again to practise in Ontario. Additional information can be added by college by-law.

Permanence

One of the most significant changes to the current register requirements relates to the length of time that information is expected to remain on the register. Under the current RHPA, a significant portion of a member’s history with respect to most Discipline and/or Fitness to Practise proceedings would automatically be removed from the register after six years. Under the new provisions, however, all register information remains posted indefinitely, subject to a few limited opportunities for the member to ask for the information to be removed.

III ICRC

Under the current RHPA, concerns about members are screened by two college committees, Executive and Complaints. Under the new legislation, the screening functions of both committees have been merged under one committee, the Inquiries, Complaints and Reports Committee (ICRC). As a result, the ICRC will see all complaints and will also screen all member-specific concerns that arise from other sources, including mandatory reports. Although there are many significant process changes that have resulted from the creation of the ICRC, two areas of change that will be of particular interest to members relate to notice requirements and dispositions available.

Notice Requirements

Under the new legislation, members will receive notice of a complaint within 14 days of it being filed with CCO and will receive notice of a Registrar’s report to the ICRC within 14 days of that report being filed with the committee. In addition to receiving notice of the complaint or report, the new legislation also requires members to receive copies of any prior history of that member with CCO. The ICRC is required to consider and review that prior history when looking at new concerns. Prior decisions could include any earlier decision of the Executive, Complaints, Discipline or Fitness to Practise committees (except for frivolous and vexatious matters).

Dispositions Available

The ICRC will have significant new options for disposing of matters it reviews. The ICRC will be empowered to require members to complete a specified continuing education or remediation program to address practice concerns. This could include, for example, successfully completing a continuing education course or a mentorship program. Even certain self-study programs could be ordered (e.g., to read and summarize, to the satisfaction of the Registrar, the standards, policies and guidelines of CCO).

In addition, the ICRC will be able to require members to attend before it for an oral caution in all matters, not just formal complaints.

continued on page 16
Council Members - Coming and Going...

WELCOME...

Dr. Douglas Pooley, St. Thomas

Newly elected to CCO Council from district 6, Dr. Douglas Pooley has had a distinguished career in chiropractic. He has been in practice for more than 30 years and has represented the profession locally, provincially and nationally. Locally, he is a member of the London/St. Thomas Chiropractic Society. Provincially, he served on the OCA board from 1983-94, and from 2003-2007. He was president of the OCA from 1991-93. Nationally, he served on the CCA board from 1987-1998, and was the CCA president in 1997. He also served on the CCEC board from 2000-2007, and was president of CCEC for three years, his term ending in 2007.

Dr. Pooley, a CMCC graduate, has made numerous presentations across Canada on the topics of ethical practice management and future health care trends. He has also written several articles for various publications, such as Canadian Chiropractor, Canadian Living and the Journal of the Canadian Chiropractic Association, and co-authored a manual on back care.

Mr. Shakil Akhter, Scarborough

Mr. Shakil Akhter was appointed a public member in May 2008 for a three-year term.

Mr. Akhter heads the Department of Administration and the Department of Accounts for the Islamic Foundation of Toronto, one of the oldest Muslim organizations in Canada. The Foundation provides programs in the areas of religion, education and social services. As administrator, Mr. Akhter is responsible for providing resources and logistical assistance to other departments to help them achieve their departmental goals and objectives.

Mr. Akhter has a Master of Commerce degree from the University of Karachi (Pakistan) and a Diploma I from the Institute of Bankers in Pakistan.

Non-Council Members

CCO welcomes back Dr. Calvin Neely as a non-Council member for the Patient Relations Committee. Dr. Calvin Neely’s three-year term ended in March 2008. Dr. Neely was the former chair of Patient Relations.

FAREWELL...

CCO and staff extend their sincere appreciation and thanks to outgoing Council member Mr. Ganesan Sugumar, and non-Council committee members Dr. Brian Kleinberg and Dr. Jeffrey Lustig. Drs. Kleinberg and Lustig were long-serving non-Council members, Dr. Kleinberg on Patient Relations and Dr. Lustig on Quality Assurance and Advertising.

Getting Ready for the HSIA, 2006 (cont.)

The ICRC will also deal directly with incapacity matters. Under the current legislative scheme, the Executive Committee deals with incapacity matters by appointing a Board of Inquiry to inquire into a member’s health. The results of those inquiries are then reported back to the Executive Committee which, depending on the information contained in the Board’s report, decides whether a formal hearing is necessary. Under the new legislation, however, a “panel” selected by the chair of the ICRC will fulfill all of these functions directly.

What’s Next?

Over the coming months, members can expect to receive additional information with respect to the upcoming changes and the impact these will have on the college, the profession and individual members.
For Your Information

New Minister of Health and Long-Term Care for Ontario

CCO extends its congratulations to the new minister of health, the Hon. David Caplan (M.P.P. Don-Valley East), who was appointed in June 2008. Previously, he served as the Minister of Public Infrastructure Renewal, a position he held since 2003.

First elected to the provincial legislature in September 1997, Hon. Caplan is the son of Ms Elinor Caplan, a former federal cabinet minister and the provincial Minister of Health from September 1987 to 1990.

Practising Without a Licence? Don’t Do It!

In the past few years, CCO has successfully prosecuted four individuals for practising chiropractic without a licence - Stephen D. Dies, Lloyd A. Deutscher, Thomas Gaw and Marc André Fortier - in the Ontario Superior Court of Justice.

The Court ordered these individuals to comply with sections 4 and 9 of the Chiropractic Act, 1991, and sections 27 and 33 of the RHPA, 1991, namely, that unless they are registered with and members of CCO, they refrain from:

(a) using the title “doctor” or a variation or abbreviation or equivalent in another language in the course of providing or offering to provide in Ontario health care to individuals;

(b) using the title “chiropractor” or a variation or abbreviation or equivalent in another language;

(c) holding themselves out as persons who are qualified to practise in Ontario as a chiropractor or in a specialty of chiropractic; and

(d) performing any controlled acts, including spinal adjustment/manipulation.

The Court ordered these individuals to pay CCO the costs of the applications in the range of $5,000 to $12,000, plus GST.


According to the Traditional Chinese Medicine Act, 2006, only members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists may use the protected titles “traditional Chinese medicine practitioner” and “acupuncturist.”

Anyone who contravenes these restrictions is guilty of an offence and, on conviction, is liable to a maximum fine of $5,000 for a first offence and a maximum of $10,000 for a subsequent offence.

Chiropractors are permitted, with the proper qualifications, to provide acupuncture as an adjunctive therapy in their chiropractic practice, as outlined in standard of practice S-017: Acupuncture. However, they may not use the protected titles, as above, in advertising, curriculum vitae, business cards/stationery, and other similar items, unless they are members of the College of Traditional Chinese Medicine Practitioners and Acupuncturists. Chiropractors may still display any academic credentials and/or qualifications, in accordance with other CCO standards of practice, guidelines and policies, related to their education and training in acupuncture.

Similarly, chiropractors may not use the term “physician” (as in chiropractic “physician”) because physician is a protected title under the Medicine Act, 1991, unless they are members of CPSO.

Anyone who contravenes the sections of the legislation is guilty of an offence and, on conviction, may be liable to a maximum fine of $25,000 for a first offence and a maximum of $50,000 for a subsequent offence.

CCO Registrar on FHRCO Executive Committee

Congratulations to Ms Jo-Ann Willson, CCO Registrar and General Counsel, for her election as a director to FHRCO’s Executive Committee for 2008-2009.

The Executive Committee includes the president, Ms Catherine Yarrow, from the College of Psychologists of Ontario, the vice president, Mr. David Hodgson, from CASLPO, the treasurer, Ms
For Your Information (cont.)

Jan Robinson, from CPO, and the past president, Ms Mary Lou Gignac, from CDO.

FHRCO is comprised of the 21 health regulatory colleges that regulate health professionals in Ontario. Through FHRCO, the colleges promote effective communication and cooperation among its members on issues relating to regulation, administration, education and health care.

One issue that is causing some concern involves the new HSIA provisions requiring college members to report all findings of offences.

CCO hopes to clarify members’ reporting obligations in a by-law.

PHIPA On-line

Still confused about Ontario’s new health privacy legislation? Still uncertain about what kind of personal information you are permitted to collect? Please review the IPC web site (www.ipc.on.ca) on PHIPA, the provincial law that governs the collection, use and disclosure of personal health information within the health care sector.

Here are a few highlights of what chiropractors need to know about PHIPA (extracted from an article written by Mr. Richard Steinbeck for the September 2004 issue of ChiroPractice).

• PHIPA applies to any collection, use and disclosure of personal health information by a “health information custodian,” i.e., chiropractors and facilities, regardless of whether the custodian engages in commercial activities.

• PHIPA is enforced by the Ontario IPC, which has broad powers of investigation and can order a custodian to comply with their PHIPA obligations.

• Chiropractors may be subject to prosecution for breaches of PHIPA and to civil actions for damages, including a maximum of $10,000 for mental anguish.

• If there is a privacy breach, custodians (i.e., chiropractors) have an obligation to notify their patients of the theft, loss or unauthorized access. There is also an explicit duty on agents of custodians (e.g., a chiropractor employed by a health agency) to notify the custodian if the agent has been involved in a security breach.

• Under PHIPA, consent procedures for the collection, use and disclosure of personal health information is easier. Generally implied consent is sufficient for the collection, use and disclosure of personal health information in the course of providing health care. A poster or brochure readily available and likely to be seen by the patient can be used to support implied consent.

Paperless Office

It has come to CCO’s attention that many members are moving to a paperless office - maintaining their patient files on computer. The rules for maintaining a paperless office are the same - adhering to CCO’s regulations and standards of practice, in particular, record keeping (S-002). Members must maintain all provisions as outlined in the standard of practice, including maintaining files in a confidential and secure manner.

Members using a paperless system and selected for peer assessment must ensure that the peer assessor can select, randomly, 10 patient files for review. The files must then be made available in hard copy.

Hiring a Locum - Make Sure He/She Has A Licence

A locum (short for locum tenens) is a person who temporarily fulfills the duties of another. In the chiropractic profession, vacationing chiropractors often hire locums to take over their practices. CCO offers an important word of advice - please ensure the locum holds a valid certificate of registration (i.e., active) with CCO. A locum practising without a licence may lead to serious consequences for all parties involved.

Interested in Serving on a CCO Committee?

There are positions on four statutory committees (Complaints, Discipline, Patient Relations, and Quality Assurance) and one non-statutory committee (Advertising) for CCO members who are not members of Council (i.e., non-Council members).

To be considered, members must be in good standing with CCO, and must NOT:

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For Your Information (cont.)

- be in default of payment of any prescribed fees or any fine imposed by the Discipline Committee;
- be in default in completing and returning any prescribed form;
- be the subject of any disciplinary or incapacity proceeding;
- have a finding of professional misconduct, incompetence or incapacity against them in the three years preceding the election date;
- be an employee, officer or director of any professional chiropractic association, including the OCA, CCA, CCPA, CCEC, CAC, CCEB or CSCE, such that a real or apparent conflict of interest may arise;
- be an officer or director of CMCC or UQTR;
- have been disqualified from Council or a committee of Council in the previous three years;
- be a CCO staff member at any time within the three-year period preceding the election date.

Give Us the Scoop!

Please let us know if you know of a chiropractor in your area that you would like to see acknowledged for service to the profession or to the community.

... for the Feedback

CCO thanks all members and stakeholders who provide feedback on its mailings. Although CCO does not provide individual responses, respective committees do review all responses and do take all responses into consideration when making recommendations to Council.

Terms of Office for CCO Council Members

<table>
<thead>
<tr>
<th>Elected Member</th>
<th>District</th>
<th>Location</th>
<th>Term of Office (April to April)</th>
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<tbody>
<tr>
<td>Dr. Peter Amlinger</td>
<td>5</td>
<td>Mississauga</td>
<td>2008-2011</td>
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<tr>
<td>Dr. Robbie Berman</td>
<td>3</td>
<td>Ajax</td>
<td>2007-2010</td>
</tr>
<tr>
<td>Dr. Marshall Deltoff</td>
<td>4</td>
<td>Toronto</td>
<td>2006-2009</td>
</tr>
<tr>
<td>Dr. Brian Gleberzon</td>
<td>4</td>
<td>Toronto</td>
<td>2007-2010</td>
</tr>
<tr>
<td>Dr. Gilles Lamarche</td>
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<td>Timmins</td>
<td>2006-2009</td>
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<tr>
<td>Dr. James Laws</td>
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<td>Toronto</td>
<td>2008-2011</td>
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<tr>
<td>Dr. Dennis Mizel</td>
<td>5</td>
<td>St. Catharines</td>
<td>2006-2009</td>
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<tr>
<td>Dr. Douglas Pooley</td>
<td>6</td>
<td>St. Thomas</td>
<td>2008-2011</td>
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<tr>
<td>Dr. Frazer Smith</td>
<td>2</td>
<td>Smiths Falls</td>
<td>2007-2010</td>
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<th>Public Member</th>
<th>Location</th>
<th>Date Order in Council Expires</th>
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<tr>
<td>Mr. Shakil Akhter</td>
<td>Scarborough</td>
<td>May 2011</td>
</tr>
<tr>
<td>Ms Lynn Daigneault</td>
<td>Toronto</td>
<td>April 2010</td>
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<tr>
<td>Mr. Robert MacKay</td>
<td>Thunder Bay</td>
<td>April 2009</td>
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<tr>
<td>Mme Lise Marin</td>
<td>Timmins</td>
<td>March 2009</td>
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<tr>
<td>Ms Cindy Maule</td>
<td>Mississauga</td>
<td>June 2009</td>
</tr>
<tr>
<td>Ms Ellie Moaveni</td>
<td>Richmond Hill</td>
<td>December 2008</td>
</tr>
<tr>
<td>Mr. Martin Ward</td>
<td>Orillia</td>
<td>December 2010</td>
</tr>
</tbody>
</table>
Your Regulatory Body Throughout the Years (1952 - 2007)

On October 30, 1952, Order-in-Council 2449/52 created the first Board of Directors of Chiropractic, chiropractic’s first independent regulatory board. The new BDC (right) held its first meeting on November 1, 1952.

The portraits that follow hang in CCO’s Council chamber.

CCO thanks Dr. Bruce Walton for organizing the photographic archive.

**BDC BOARD MEMBERS 1952**

(L-R): Dr. Harold Beasley, Ms Mary Richardson (Hooper), Assistant Secretary, Dr. J.W. Ellison, Secretary Treasurer, Dr. Harry Yates, Chair, Dr. S.F. Sommacal, Vice Chair, Dr. L.J.R. Holdaway.

**BDC BOARD MEMBERS 1983**

(Seated L-R): Dr. Fred Barnes, Dr. Stephen West, Dr. Ken Wood. (Standing L-R): Dr. Robert Wingfield, Ms Doreen Grant, Dr. Stan Stolarski.

**BDC BOARD MEMBERS 1985**

(Top L-R): Dr. Fred Barnes, Chair, Dr. Robert Wingfield, Vice Chair, Ms Doreen Grant, Secretary Treasurer. (Bottom L-R): Dr. Bertus Vanderham, Dr. Lloyd MacDougall.

**[left] BDC BOARD MEMBERS 1986**

(Top L-R): Dr. Robert Wingfield, Chair, Dr. Edward Burge, Vice Chair, Ms Sylvia Pusey, Secretary Treasurer. (Bottom L-R): Dr. Bert Brandon, Dr. Sharon Lunney.
Your Regulatory Body Throughout the Years (1952 - 2007)

[right] BDC BOARD MEMBERS 1987
(Seated L-R): Dr. Robert Wingfield, Chair, Dr. Edward Burge, Vice Chair. Standing (L-R): Dr. Sharon Lunney, Dr. Bert Brandon, Ms Sylvia Pusey, Secretary Treasurer.

[left] BDC BOARD MEMBERS 1988-1993
(Top L-R): Dr. Edward Burge, Dr. Bert Brandon, Ms Sylvia Pusey. (Bottom L-R): Dr. Sharon Lunney, Dr. Allan Gotlib.

CCO COUNCIL 1994
(Seated L-R): Ms Carole Conti, Vice President, Dr. Bert Brandon, President, Dr. Michelle Whitney, Dr. Keith Thomson, Ms Dianne Johnson, Mr. Ronald Bonham. (Standing L-R): Dr. Allan Gotlib, Dr. Maureen Henderson, Mr. Kevin Brown, Ms Carol Anne Wall, Dr. George Seim, Dr. Roberta Koch, Treasurer, Dr. Leo Rosenberg, Ms Suellen Meloche. Absent: Ms Colleen Blight, Dr. Bud Keenan.
Your Regulatory Body Throughout the Years
(1952 - 2007)

[left] CCO COUNCIL 1995
(Seated L-R): Dr. Bud Keenan, Dr. Michelle Whitney, Ms Carole Conti, Vice President, Dr. Leo Rosenberg, President, Ms Dianne Johnson, Mr. Kevin Brown. (Standing L-R): Dr. Don Viggiani, Ms Suellen Meloche, Dr. Bert Brandon, Dr. Maureen Henderson, Dr. George Seim, Ms Carol Anne Wall, Dr. Roberta Koch, Treasurer, Dr. Keith Thomson, Mr. Ronald Bonham, Dr. Stan Stolarski, Registrar, Dr. Jerry Grod, Deputy Registrar.

[right] CCO COUNCIL 1996
(Seated L-R): Dr. Jerry Grod, Deputy Registrar, Ms Dianne Johnson, Dr. Leo Rosenberg, President, Mr. Ronald Bonham, Vice President, Dr. Stan Stolarski, Registrar. (Standing L-R): Dr. Bud Keenan, Dr. Don Viggiani, Dr. Allan Gotlib, Dr. Roberta Koch, Mr. Carl Young, Ms Suellen Meloche, Mr. Kevin Brown, Dr. Bert Brandon, Ms Carol Anne Wall, Dr. Lloyd MacDougall, Dr. Keith Thomson, Dr. Donald Langford. Absent: Ms Carole Conti, Treasurer.

[left] COUNCIL 1997
(Seated L-R): Ms Gail Diamond, Ms Ann Hong, Dr. Lloyd MacDougall, President, Mr. Carl Young, Vice President, Ms Judy Wilson, Dr. Drew Potter. (Standing L-R): Dr. Donald Langford, Dr. Allan Gotlib, Dr. Bertram Brandon, Dr. Keith Thomson, Mr. Dick Tyssen, Mr. Ric Campbell, Dr. Don Viggiani, Treasurer, Mr. Calvin MacPherson, Dr. Len Hardman, Dr. Bud Keenan.

[left] CCO COUNCIL 1998 (as above).
Dr. Lloyd MacDougall, President, Dr. Keith Thomson, Vice President. Absent: Dr. Brian Schut, Mr. Carl Young, Treasurer.
Your Regulatory Body Throughout the Years (1952 - 2007)

[right] CCO COUNCIL 1999
(Seated L-R): Dr. Lynda Montgomery, Dr. Allan Gotlib, President, Ms Jo-Ann Willson, Registrar and General Counsel, Dr. Keith Thomson, Vice President. (Standing L-R): Dr. Len Hardman, Ms Ruth Mabee, Ms Gail Diamond, Mr. Calvin MacPherson, Dr. Jacques Laquerre, Treasurer, Dr. Bert Brandon, Ms Regina Willmann, Dr. Drew Potter, Mr. Ric Campbell, Dr. Brian Schut.

[left] CCO COUNCIL 2000
(Front L-R): Ms Gail Diamond, Dr. Allan Gotlib, President, Dr. Michaela Cadeau, CRC Chair. (Middle L-R): Mr. Calvin MacPherson, Ms Regina Willmann, Dr. Lynda Montgomery, Ms Jo-Ann Willson, Ms Ruth Mabee. (Back L-R): Ms Helen Foster, Dr. Jacques Laquerre, Treasurer, Dr. Keith Thomson, Vice President, Dr. Gilles Lamarche, Dr. Drew Potter, Dr. Brian Schut, Dr. Don Viggiani.

[right] CCO COUNCIL 2001
(Front L-R): Ms Gail Diamond, Ms Ruth Mabee, Dr. Jacques Laquerre, Ms Jo-Ann Willson, Dr. Drew Potter, Dr. Lynda Montgomery, Dr. Brian Schut. (Back L-R): Dr. Keith Thomson, President, Ms Clarissa D’Cunha, Ms Helen Foster, Dr. Don Viggiani, Dr. David Leprich, Dr. Allan Gotlib, Vice President, Dr. Gilles Lamarche, Mr. Calvin MacPherson, Ms Regina Willmann, Treasurer.
Your Regulatory Body Throughout the Years (1952 - 2007)

[Left] CCO Council 2002
(Front L-R): Ms Regina Willmann, Treasurer, Dr. Lynda Montgomery, Dr. Drew Potter, Ms Jane Ann McLachlan, Dr. Jacques Laquerre, Dr. Michaela Cadeau, CRC Chair, Dr. Don Viggiani, Mr. Calvin MacPherson, Ms Gail Diamond, Dr. Gilles Lamarche, Ms Jo-Ann Willson. (Back L-R): Ms Clarissa D’Cunha, Dr. Brian Schut, Ms Helen Foster, Dr. David Leprich, Dr. Keith Thomson, Vice President, Dr. Allan Gotlib, President.

[Right] CCO Council 2003
(Front L-R): Ms Regina Willmann, Dr. Drew Potter, Vice President, Ms Georgia Allan, Ms Jo-Ann Willson, Dr. John Schellenberg, Ms Jane Ann McLachlan, Dr. Bruce Walton, CRC Chair. (Back L-R): Dr. Jacques Laquerre, Treasurer, Ms Helen Foster, Dr. Gilles Lamarche, Dr. Brian Schut, Mr. John Quinney, Dr. David Leprich, Ms Clarissa D’Cunha, Mr. Richard Frame, Dr. Allan Gotlib, President.

[Left] CCO Council 2004 and Staff
(Front L-R): Dr. Allan Gotlib, Treasurer, Dr. Drew Potter, President, Ms Jo-Ann Willson, Ms Maria Simas, Ms Georgia Allan, Mr. John Quinney. (Middle L-R): Dr. David Leprich, Dr. Keith Thomson, Mr. Richard Frame, Dr. Brian Schut, Dr. Frazer Smith. (Back L-R): Dr. Robbie Berman, Ms Ann Duncan, Ms Karen McGrady, Ms Regina Willmann, Vice President, Ms Sue Gargiulo, Dr. Gilles Lamarche, Ms Helen Foster, Ms Tina Perryman, Ms Carolyn Everson, Facilitator, Dr. Bruce Walton, Ms Pat Henshaw, Ms Kristina Mulak, Ms Clarissa D’Cunha. Absent: Ms Lynn Daigneault, Dr. Marshall Deltoff.
Your Regulatory Body Throughout the Years
(1952 - 2007)

[right] CCO COUNCIL 2005
(Front L-R): Dr. Frazer Smith, Dr. Gilles Lamarche, Vice President, Ms Jo-Ann Willson, Dr. Drew Potter, President, Dr. Bruce Walton. (Middle L-R): Mr. John Quinney, Ms Lynn Daigneault, Ms Georgia Allan, Dr. Robbie Berman. (Back L-R): Dr. James Laws, Mr. Ganesan Sugumar, Dr. Brian Schut, Mr. Martin Ward, Dr. Calvin Neely. Absent: Mr. Richard Frame, Treasurer, Dr. Peter Amlinger.

[left] CCO COUNCIL 2006
(from Top L-R): Mr. Robert MacKay, Dr. Peter Amlinger, Vice President, Mr. Martin Ward, Treasurer, Dr. Keith Thomson, Dr. James Laws, Dr. Dennis Mizel, Dr. Marshall Deltoff, Ms Ellie Moavenie, Ms Cindy Maule, Dr. Calvin Neely, Ms Jo-Ann Willson, Dr. Gilles Lamarche, President, Dr. Brian Schut, Mme Lise Marin, Dr. Frazer Smith. Absent: Ms Lynn Daigneault, Mr. Ganesan Sugumar.

[right] CCO COUNCIL 2007
(Seated L-R): Dr. Marshall Deltoff, Ms Lynn Daigneault, Dr. Gilles Lamarche, President. (Standing L-R): Ms Ellie Moavenie, Mr. Robert MacKay, Dr. Robbie Berman, Dr. James Laws, Ms Cindy Maule, Dr. Frazer Smith, Ms Jo-Ann Willson, Dr. Dennis Mizel, Mme Lise Marin, Dr. Brian Gieberzon, Mr. Martin Ward, Treasurer, Dr. Calvin Neely, Dr. Peter Amlinger, Vice President.
Council & Committee Composition 2008-2009

**Council**

**Elected Members**
Dr. Dennis Mizel, *President*
Dr. Peter Amlinger, *Vice President*
Dr. Robbie Berman
Dr. Marshall Deltoff
Dr. Brian Gleberzon
Dr. Gilles Lamarche
Dr. James Laws
Dr. Douglas Pooley
Dr. Frazer Smith

**Appointed Members**
Mr. Robert MacKay, *Treasurer*
Mr. Shakil Akhter
Ms Lynn Daigneault
Mme Lise Marin
Ms Cindy Maule
Ms Ellie Moaveni
Mr. Martin Ward

**Statutory Committees under the RHPA**

**Executive**
Dr. Dennis Mizel, *Chair*
Dr. Peter Amlinger, *Vice Chair*
Mr. Robert MacKay, *Treasurer*
Dr. Robbie Berman
Dr. Marshall Deltoff
Ms Cindy Maule
Mr. Martin Ward

**Complaints**
Mr. Martin Ward, *Chair*
Mr. Shakil Akhter, *Alternate*
Dr. Marshall Deltoff
Dr. Lezlee Detzler, *Non-Council Member*
Dr. Brian Gleberzon

**Discipline**
*All members of Council are potentially members of a Discipline panel.*
Ms Ellie Moaveni, *Chair*
Dr. Peter Amlinger
Dr. Michaela Cadeau, *non-Council member*
Dr. David Gohn, *non-Council member*
Mme Lise Marin
Dr. Frazer Smith

**Fitness to Practise**
Dr. Brian Gleberzon, *Chair*
Mme Lise Marin
Dr. Douglas Pooley

**Patient Relations**
Dr. Douglas Pooley, *Chair*
Ms Lynn Daigneault
Mme Lise Marin
Dr. Calvin Neely, *Non-Council Member*
Dr. Robin Whale, *Non-Council Member*

**Quality Assurance**
Dr. Robbie Berman, *Chair*
Dr. James Laws
Mr. Robert MacKay
Ms Cindy Maule
Dr. Keith Thomson, *Non-Council Member*

**Registration**
Dr. Frazer Smith, *Chair*
Dr. James Laws
Ms Ellie Moaveni

**Non-Statutory Committee**

**Advertising Committee**
Dr. Peter Amlinger, *Chair*
Mr. Shakil Akhter
Dr. Robbie Berman
Dr. Lawrence McCarthy, *Non-Council Member*

**Projects**

**Core Competency Project**
Dr. Keith Thomson, *Chair*
Dr. David Bereznick, *Non-Council Member*
Ms Lynn Daigneault
Ms Cindy Maule
Dr. Dennis Mizel

**Technology Upgrade Project**
Dr. Frazer Smith, *Chair*
Mr. Robert MacKay
Dr. Dennis Mizel
And the Beasley Award goes to...

Congratulations to the 2008 winner of the Dr. Harold Beasley Memorial Award for Excellence in Jurisprudence - Pamela Spence, DC, a CMCC graduate.

The award is open to any student from an accredited chiropractic educational institution in North America who intends to practise in Ontario. The winner of the award has his/her application and registration fee waived for the first full year of practice.

July 10, 2008

Dear Ms. Wilson,

As a recent graduate of the Canadian Memorial Chiropractic College class of 2008, and the recipient of the Harold Beasley Award for Excellence in Jurisprudence, I would like to take this moment to offer you my sincerest thanks for bestowing upon me this honour.

I completed my Bachelor of Science in Anatomy at the University of Western Ontario. It was there that I decided to pursue a career in Chiropractic and was enrolled at CMCC for the fall of 2004.

Although a vigorous and demanding academic program, I had the opportunity to be involved in many college activities during my four years at CMCC. I was heavily involved in the Students' Council, acting as President for my final two years. I worked closely with fellow students for both the School of Chiropractic and the School of Dental Hygiene in the curriculum review and enhancement, being liaison between both college parties while they negotiated their collective agreement, incorporating the Students' Council, and overseeing all student run activities at the college.

In the upcoming fall I will be commencing my associateship in a medical and rehabilitation clinic in Richmond Hill, Ontario. I will also be staying involved in CMCC, either academically or with the Board of Governors, and will be looking for organizational and

Sincerely,

Pamela Spence
CCO In Action

June 9, 2008 - Dr. Gilles Lamarche (left) and Ms Jo-Willson (right) flank Ontario premier Hon. Dalton McGuinty at a function held at the Toronto offices of the law firm Fasken Martineau DuMoulin LLP.

June 9, 2008 - (L-R) Ms Jo-Ann Willson, Hon. Margarett Best, Minister of Health Promotion, and Dr. Gilles Lamarche.

[right, bottom left, bottom right]

CCO representatives attended the Federation Annual Conference, held in Halifax, on April 3-5, 2008.

Dr. Wanda Lee MacPhee (right), former Chair of the Board of the Federation, presents the 2008 Dr. Normand Danis Award to Dr. Grayden Bridge of Alberta.

Dr. Robert Kitchen (right), President of the Federation, presents Dr. Wanda Lee MacPhee of Nova Scotia with an Honorary Director Award on the occasion of her retirement from the Federation’s Board.
Registry Update (as at June 2008)
(call CCO for clarification)

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<td>McKibbin, Blaine E.</td>
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<td>Mills Mulchey, Kimberley D.</td>
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<td>Quan, Terry</td>
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<td>Smith, Sharon M.</td>
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<td>Szaraz, David J.</td>
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<td>Trull, Douglas L.</td>
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<td>Warwick, T. Mark</td>
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Welcome New Members

CCO welcomes the following new members (registered between July 11, 2007, and August 1, 2008) and wishes them a long and successful career in chiropractic:

Adams, Bilal
Aiello, Anthony J.
Aldea, Maria Lorenza D.
Amini-Nouri, Mahfam
Amiri, Ali
Anderson, Christopher J.
Anisko, Stephanie E.
Anning, Michael J.
Archer, Richard G. E.
Arul, James E.
Avrahami, Daniel
Bach, Lucas J.
Baliko, Frank
Barchman, Holly M.
Barchman, Jeremy S.
Barnes, Nana Yaa
Beatty, Anne M.E.
Behl, Aditi
Bola, Jason S.
Bruni, Paul J.
Budzillo, Patrycja
Burchall, Kelly
Candelaria, Henrique
Carney-Kilian, Carney G.R
Chai, Michelle
Chan, Amanda Y.W.
Chan, Mae
Cheyne, Kevin A.
Clarfield-Henry, Jordanna B.
Claveau, Marie-Eve
Coghlin, Craig J.
Colhoun, Kimberley S.
Cordick, Christine E.
Cote, Elaine M.
Dallan, Francesco J.
Darrach, Tyler O.
Dawkins, Wesley C.
Dhotar, Tejinder Paul S.
Doni, Janna-Marie
Dorken, Kristian A.
Dorman, Andrea J.M.
Doskocz Storring, Joanne
Duong, Vinh
Dyback, Peter M.
Egbogah, Liza P.
Engell, Shawn C.E.
Engineer, Godrej
Foster, Stefanie
Friedman, Michael P.
Fuss, Kevin A.
Galati, Vince D.
Gdanski, Allan M.
Gendron, David G.J.
Gibbs, Candice L.
Gilholm, Christopher D.
Gilroy, Beverly
Goldfarb, Adam D.
Hack, Kyle S.
Hariri, Sahar
Harris, Mailie A.
Hashimoto, Chris A.
Hoffsummer, Sebastian
Hominuk, David A.
Houghton, Richard D.
Hutchesson, Elizabeth A.L.
Hwang, Karen
Hylton, Darren
Jahnke, Laurie A.
Janelle, Paul
Janey, Jim
Jankovich, Ryan D.
Jay, Korey L.
Johnson, Brian A.
Jones, Heather E.
Kamendy, Carla M.
Kavanaugh, Shawn M.
Khodavalla, Farhan
Kim, James
Koehele, James N.
Koromilos, Theodoros
Kragten Ro, Jennifer L.
Kretz, Michael P.
Kuehnelt, Erika R.
Lacoursiere, Ghislain
Larson, Ryan S.
Lau, Kenneth P.K.
Laughlin, Ryan C.
Lee, Alexander D.
Lewis, Cindy Lee
Lindsay, Matthew
Lozanovski, Jason J.
Maano, Rhuel
Maddalena, Patrick L.
Madhavi, Altaz
Maher, Darryl F.
Martin, Jody J.
Mazzarella, Jason G.
McAllister, Kelly C.
McClure, Michaela D.
McEachern, Suzanne M.
Mifflin, Kent C.
Minnella, Domenic
Murphy, Matthew A.
Nadeau, Brodie J.
Ng, Leeann M.
Nolan, Stacey
Olsen, Steven J.
Ostofe, Laura A.
Patel, Krishna
Piche, David A.
Pivtorom, Oleksandr
Piznal, Magdalena A.
Poirier, Paul C.
Pokszywka, Cheryl E.A.
Pollack, Maxim D.
Proutsos, Jenny T.
Quayle, Terri Anne
Ramsackal, Lisa
Rappazzo, Jason J.
Remy, Nekessa S.
Renda, Suzanne
Richards, Marcia V.
Robb, Andrew J.
Rodine, Robert J.
Rossi, Shawn L.
Roy, Isabelle C.
Sandhu, Ranvir S.
Sangster, David A.
Selby, Dana C.
Shams, Seyed S.M.
Shank, Chadwick J.
Shin, Edward
Sicoloy, Marnie M.
Smeaton, Jennifer L.
Smith, Carole M.E.
Sodhi, Ravin S.
Spencer, Ashton D.
Spiewak, Katherine S.
Sriram, Sapna
Starmer, David J.
Stolf, Christina
Stracey, Alexandra M.
Struckett, Anna R.

continued on page 31
Council Meeting Highlights

Council held four regular meetings and two information meetings (February 19 and April 25, 2008) since the last issue of *ChiroPractice*. The information meetings occurred because Council was not properly constituted on those dates. CCO was waiting for a new public appointment.

At all meetings, Council reviews information from the MOHLTC and other chiropractic organizations, health regulatory colleges and FHRCO, and monitors legislative changes to ensure it is informed about recent developments that relate to CCO’s mandate to regulate chiropractic in the public interest (e.g., various recent privacy initiatives).

Meeting 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.

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 representatives from chiropractic organizations, such as OCA and CAC, and frequently, a representative from the MOHLTC. Attendees receive public information packages.

Council meetings are open to the public, although Council occasionally goes in camera to discuss matters relating to finances or legal advice.

Call CCO or check the web site (www.cco.on.ca) to obtain the dates of upcoming meetings.

Here are the public portion highlights.

### June 21, 2007

**Council approved the following:**

- Standard of practice S-017: Acupuncture, with the following revisions: a minimum of 200 hours of formal training, and a footnote citing the WHO document.
- Distribution of Standard of practice S-017: Acupuncture, and an explanatory memorandum from the chair of the QA Committee to members and other stakeholders.
- Proposed policy changes to allow the Federation to proceed with the application for membership in CCEI.
- Recommendation to the Executive Committee to compile information on the training, knowledge and skills of those who graduate in the field of osteopathy to determine if there is public risk.
- CCO members holding an active certificate of registration be required attend the CCO record keeping workshop by December 31, 2007.

**Council noted/reviewed the following:**

- *Core Competencies* rubrics, a self-assessment tool developed by CCP, which CCP presented to Council on June 21, 2007. Council thanked CCP and QA Committee members for their hard work.

---

Welcome New Members! *(cont.)*

Syed-Kalyani, Dyba M.  
Tahir, Rubina A.  
Tam, Kathleen  
Tang, Sue Ling  
Tarkowski, Alexandra I.  
Taylor, Christopher B.  
Taylor, Michael R.  
Tiburcio, Filipe  
Topos, Christos  
Trudeau, Mark H.J.  
Valerio, Benedetto A.  
Van Hoof, Anthony J.  
Vandevenne-Fortin, Caren L.  
Vincelli, Franco P.  
Voigt, Lindsay N.  
Wakeham, Melissa D.  
Walker, Krista J.  
Walsh, David C.  
Warner, Philip H.  
Warnock, Daniel H.  
Williams, Nicole K.  
Winter, Tara J.  
Wise, Jennifer K.  
Witt, Jaclyn J.  
Wright, Meghan A.  
Zarins, Stephanie N.  
Zawi, Rema
work. Council agreed that this was a valuable tool but would require some additional work prior to circulation to the membership.

- Draft revisions to CCO by-laws for Council members’ review and feedback, including proposed restructuring of By-law 7: Elections (within Council).

- Several draft internal policies for members’ review and feedback, including Council members’ attendance/participation at various functions/speaking engagements.

- Information from the MOHLTC re: the status update on clostridium difficile and C. diff. disease. The information focused on the government’s work to date in monitoring the increased profile for this disease, such as surveillance, education and training for health providers, and a tool kit of resources to support health care providers.

- Draft fact sheets for health workers introduced by the government’s Pandemic Steering Committee.

- A notice advising that individuals may apply for the Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

- PHIHPA Health Order 004 from Dr. Ann Cavoukian, IPC re: a stolen laptop containing sensitive health information.


- Miscellaneous articles re: the importance of protecting electronic information and records.

- OCA’s “Submission on Bill 171” to the MOHLTC, dated April 2007.

- CMCC’s invitation to Ms Jo-Ann Willson to attend the June 2007 Convocation.

- CMCC’s letter and brief to Mr. David Schachow, Policy Advisor, Office of the Minister, MOHLTC, dated June 2007, re: chiropractic access to necessary laboratory and diagnostic tests under the RHPA.

- CCA’s Research Bulletin No. 12.

- Letter and supporting documentation to CCEI from the Federation, dated April 2007, re: the Federation’s application to replace CCEC as the member for Canada.

- The Federation’s audited financial statements for 2006 and budget for 2007.

- Information from other Ontario health regulatory colleges, as follows:
  - CNO’s new regulation under the Nursing Act, 1991;
  - COTO’s Conflict of Interest by-law;
  - Toronto Star article, dated April 26, 2007, entitled “Druggist found guilty of misconduct;”
  - CPSO’s court decision entitled Adamo v. CPSO; and
  - CPO’s “Strategic Framework 2007-2010.”

- Various information about CCO’s potential funding of research initiatives.

- Invitations to attend several functions, such as the CAC Annual Spring Conference (May 6-7, 2007).


- BDDT-N’s standard and guideline on the use of high velocity low amplitude thrust spinal manipulation in naturopathic practice.

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Council Meeting Highlights (cont.)

• Announcement by the Ministry of Citizenship and Immigration re: the creation of a pilot Provincial Nominee Program, a program that gives Ontario a role in the selection of immigrants with skills that will help address some of the province’s labour market needs.

• Thank you letter to Dr. Gilles Lamarche from Ms Marilyn Wang, Director, Health Professions Regulatory Policy and Programs Branch, Health Human Resources Strategy Division.

Other activities:

• Congratulations to Ms Lynn Daigneault, public member, who was reappointed to CCO Council until April 20, 2010.

September 11, 2007

Council approved the following:

• Minor revisions to standard of practice S-017: Acupuncture.

• Revision to policy P-011: Conflict of Interest for Council and Committee Members, as follows:

“It is considered a conflict of interest for a member of Council to use his/her position on Council to:

... campaign publicly for or on behalf of any other person, other than him/herself:

(a) in any election to CCO Council; or

(b) in any other political election in Ontario.

[For example, it would be inappropriate for a candidate to use election material which includes comments such as ‘endorsed by Dr. X, CCO Committee chair, etc.’].”

• Revised 2008 Registration Renewal form.

Council noted/reviewed the following:

• Draft revisions to CCO by-laws for Council members’ review and feedback. Information on travel allowances were added to the revisions.

• CCO record keeping workshop announcement re: the offering of four workshops in 2007 - September 15 (Toronto), October 14 (Toronto, CMCC), October 20 (Sudbury), and October 27 (Thunder Bay). The announcement and an explanatory memorandum from Drs. Gilles Lamarche and Robbie Berman were distributed to CCO members. The memorandum advised members that those who maintain an active certificate of registration and who have not attended a record keeping workshop must do so by December 31, 2007.

• Bill 171: An Act to improve health systems by amending or repealing various enactments and enacting certain Acts, which received royal assent on June 4, 2007.

• MOHLTC’s Health Human Resources (HHR) Toolkit, designed to create an understanding of the organization of HHR in Ontario. The Toolkit provides high-level reference information on the regulatory environment, and an occupational and statistical profile for each health profession, provincial programs available to address supply and distribution of HHR, primary care delivery models, and HealthForceOntario, Ontario’s HHR strategy.

• HealthForceOntario’s Year End Report 2007, which outlines the goals of the province’s new multi-year HHR strategy.

• Amendments to the Laboratory and Specimen Collection Centre Licensing Act, 2007, which designates the OMA as a quality management agency.

• Amendments to the Health Insurance Act, which allow for funding of certain physiotherapy services, including some physiotherapy services assigned to a “support worker.”

• Amendments to the Public Hospitals Act, which require hospital boards to establish a system for ensuring the disclosure of every critical incident.

• PIDAC’s draft document entitled “Recommendations for Infection, Prevention and Control Programs in Ontario.” PIDAC is continued on page 34
Council Meeting Highlights (cont.)

an advisory body to Ontario’s Chief Medical Officer of Health on issues related to the prevention, surveillance and control of infectious diseases.

- Extract from “Interprofessional Care: A Blueprint for Action in Ontario,” a document developed by the Interprofessional Care Steering Committee for the MOHLTC.

- Correspondence from the South West LHIN requesting volunteers from the regulatory colleges to participate in HPAC.

- MOHLTC’s survey re: public member appointments.

- Correspondence and supporting documentation between Ms Jo-Ann Willson and Ms Barbara Sullivan, Chair, HPRAC, re: CCO’s Patient Relations program. Ms Sullivan received detailed information outlining CCO’s Patient Relations achievements since 2001.

- Correspondence to Ms Barbara Sullivan from Hon. George Smitherman, Minister of Health, requesting HPRAC to provide him with advice and recommendations on the following:
  - mechanisms to facilitate and support interprofessional collaboration between health colleges relating to the development of standards of practice and professional practice guidelines; and
  - a review of the scope of practice for registered nurses in the extended class under the Nursing Act, 1991.

- Definitions of chiropractic from a number of sources.


- Thank you letter to CCO from Dr. Craig Coghlin, recipient of the 2007 Dr. Harold Beasley Award for Excellence in Jurisprudence.

- Report to OCA from Ward Health Strategies entitled “Providing Chiropractic Services To Those Most Vulnerable: Fulfilling Ministry of Health and Long-Term Care Priorities.”

- OCA’s report entitled “Options for Funding Chiropractic Care for Vulnerable Populations.”


- Information re: conference on managing neck conditions, held in Regina, Saskatchewan, on November 16, 2007.

- Two articles from Canadian Chiropractor, dated July/August 2007:
  - “One Voice for a Friendly Future - Ensuring chiropractic’s place in health-care delivery and policy-making,” by Dr. Stan Gorchynski, President, CCA; and
  - “Reorganizing to Meet Challenges - The Federation works for uniform high standards in self-regulation and education,” by Dr. Keith Thomson, President, Federation.

- CCA’s job analysis survey. This pilot project will compare the Canadian chiropractic job experience to a report in the US by NBCE.

- CCEB’s AGM announcement for November 15, 2007. Dr. Gilles Lamarche and Ms Jo-Ann Willson to attend.

- Correspondence to Drs. Wanda Lee MacPhee and Grayden Bridge from Dr. Brad Dickson, President, BCCC, re: the BCCC Board had defeated a motion to approve funding for the CPGs.

- CCGPP’s response to the release of the Canadian Whiplash Study, a study supported by Health Canada, the Canadian Institutes for Health Research, Ontario’s WSIB, and the Alberta Heritage Foundation for Medical Research.

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Council Meeting Highlights (cont.)

- Correspondence from FCLB re: the resolution of the advertising issues between Axiom Worldwide Inc. and the Oregon Board of Chiropractors. The issue was resolved by an Assurance of Voluntary Compliance filed in the Circuit Court of Oregon, County of Marion, in June 2007.

- Extract from World Chiropractic Alliance News entitled “Chiropractors Claim Court Victory Against Infamous ‘Quackbuster’.”

- Correspondence to CCO from the Institute for Work and Health re: CCO’s input in selecting chiropractors to participate in the Educationally Influential Chiropractors Network.

- Correspondence to CCO from CVO requesting feedback on a position statement entitled “Animal Rehabilitation in Veterinary Practice.”

- Information re: the Government of Canada’s Foreign Credentials Referral Office. This new office, located within Citizen and Immigration Canada, will help internationally trained individuals find the information and services they need to get their training and credentials assessed and recognized in Canada.

November 29, 2007

Council approved the following:

- Guideline G-008: Business Practices, which clarifies the business practices section in Regulation R-008: Professional Misconduct.

- Amendment to the proposed by-law that will include an increase in the travel per diem to $300 (from $250) for three or more hours, and to $150 (from $125) for the one-half travel allowance.

- Distribution of the following items to members and other stakeholders: proposed advertising Regulation R-12: Advertising, standard of practice S-003: Advertising, guideline G-003: Advertising (all three items with minor revisions re: members’ web sites), Public Display Protocol, Partnership of Care (Patients’ Charter of Rights and Responsibilities), guideline G-008: Business Practices, and explanatory memoranda.

- Insertion of a good character requirement into the registration regulation (R-003), as follows:

  “It is a standard and qualification for a certificate of registration that the applicant’s past and present conduct afford reasonable grounds for belief that the applicant,

  (a) is mentally competent to practise chiropractic;

  (b) will practise chiropractic with decency, integrity, honesty, and in accordance with the law;

  (c) has sufficient knowledge, skill and judgment to engage in the kind of chiropractic practice authorized by the certificate; and

  (d) will display professional attitude.”

- Revised terms of reference for TUP to reflect the composition of two elected members and one public member.


Council noted/reviewed the following:

- Draft CCO “Leave Behind” document.

- Various draft internal policies prepared by Mr. Joel Friedman. Council acknowledged Mr. Friedman for drafting these policies.

- Thank you letters to Dr. Calvin Neely, Chair, Patient Relations Committee, Ms Ellie Moaveni and Ms Jo-Ann Willson, from Ms Barbara Sullivan, Chair, HPRAC, for participating in the HPRAC meetings on patient relations programs.

- Information from TUP re: upgrades to CCO’s database and web site. Council also reviewed information from several other regulatory colleges regarding their experiences with upgrading their technology and web site.

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Council Meeting Highlights (cont.)

• Thank you letter to Dr. Gilles Lamarche from New York Chiropractic College. Dr. Lamarche and Dr. Thomas Gadsby, OCA, made a presentation to the College’s Patient Communication class.

• Sample correspondence to CCO members who have not attended a record keeping workshop, advising them of their requirement to attend before December 31, 2007.

• CCP’s draft self-assessment questionnaire and information handbook.

• HPRAC’s document entitled “Patient Relations Programs - An Overview.” This document outlines the goals of a patient relations program, HPRAC’s monitoring process, self-reporting process, and HPRAC interview questions to be answered by the colleges during an interview session.

• HPRAC’s report to the Minister of Health and Long-Term Care on the use of tiles in the profession of psychology.

• Invitation from Ms Barbara Sullivan to attend a working session on interprofessional collaboration on October 18, 2007. The session’s focus - legislative, regulatory, policy and organization matters to facilitate interprofessional collaboration among health colleges and their members as their health care practices evolve.

• Correspondence from Ms Marilyn Wang, Director, Health Professions Regulatory Policy and Programs Branch, MOHLTC, re: regulations and regulation amendments filed in 2007, namely Dental Hygiene Act, Dentistry Act, Denturism Act, Massage Therapy Act, Medicine Act, Nursing Act, and Occupational Therapy Act.

• Information from Ms Marilyn Wang re: draft copy of the revised submission process, including a checklist, regulation submission template, and associated forms.

• Correspondence from Mr. Wayne Oake, Director, HealthForceOntario, Access Centre for Internationally Educated Health Professionals, re: update on the June 12, 2007, meeting and information on the Work Group Participation Survey, which participants were encouraged to complete.

• CCO’s completed Agency Board and Commission Questionnaire by the MOHLTC’s Public Appointment Unit.

• Memorandum by Mr. Joel Friedman re: changes to the posting requirements of member information to the public register and changes CCO will be required to make.

• Paper presentation by Mr. Richard Steinecke entitled “Bill 171: Changes to the Registration Process and the Register.”

• Analysis by Mr. Richard Steinecke re: Ministry consultation. On October 5, 2007, the MOHLTC met with representatives of the RHPA colleges to discuss changes to the regulation approval process, and preparing for the transition for the changes to the RHPA.

• Article by Mr. Richard Steinecke entitled “Accountability and Transparency Under the New RHPA,” published in CMLTO’s newsletter, Focus.

• HPARB’s “Rules of Practice 2006,” the new rules for reviewing cases.

• An invitation from the Ministry of Citizenship and Immigration for proposals for access to occupational certification/registration and/or employment for internationally trained individuals for projects to begin April 1, 2008.

• Information from the Ministry of Transportation re: changes to its Accessible Parking Permit Program.

• The appointment of Ms Nuzhat Jafri as Executive Director of OFC, effective September 2007.

• Information re: CCO’s two meetings with the Fairness Commissioner and her staff in November 2007.

• Brochure from the OHA re: a training program for committee chairs, entitled “Certificate in Leading Board Committees.”
Council Meeting Highlights (cont.)

• Background document re: the Institute for Work and Health’s Educational Influential Network of Chiropractors program.

• Information re: Provincial Presidents’ meeting, October 19-20, 2007, Winnipeg, Manitoba.

• Information re: CCEB AGM, November 15, 2007, Regina, Saskatchewan.


• Information (including agenda, past minutes, budget) from Mr. Peter Waite, Executive Director, the Federation re: the Federation’s Fall Board Meeting, November 17, 2007, Regina.

• Information and nomination form from Mr. Peter Waite for a public member position on the Federation’s Board of Directors.

• Draft whiplash guidelines, entitled “Chiropractic clinical practice guideline: Evidence-based treatment of adults with whiplash associated disorder grades 1 to 4 of the cervical spine.”

• Funding request to CCO from Dr. Allan Gotlib, Assistant Secretary, CCRF, on becoming a partner in creating a CCRF Professorship in Epidemiology at the University of Toronto.

• OCA’s “Recommended Service Codes and Fee Schedule,” dated January 1, 2007.

• CNO news release re: new regulations for nurse practitioners. CNO can regulate three new Nurse Practitioner (NP) specialties in the Extended Class - NP-Paediatrics, NP-Adult and NP-Anaesthesia.

• CNO’s “Influenza Pandemic Plan for Employees.”

• Announcement re: development and availability of COO’s standard of practice for optician-performed refraction (posted on the college’s web site).

• Exemption regulation under the Private Security and Investigative Services Act, 2005.

• CPO’s “Draft Standard for Professional Practice, Performing Controlled Acts” for review and feedback.

• OCT’s “Fair Registration Practice Review” for review and feedback.

• BDDT-N’s draft “Policy on Naturopathic Manipulation/Adjustment.”

• Various items re: Bill 171 issues and time limitations in the case of Alternate Dispute Resolution.

Other activities:

• Dr. Reed Phillips, Director of International Programs and Research Development, FCER, presented to Council on FCER’s history and goal of encouraging and supporting chiropractic research and education. Dr. Phillips discussed the development of an evidence-based research centre that gathers chiropractic information and FCER’s vision to make evidence-based specific condition information available to all chiropractors. FCER is seeking $750,000 in funding.

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.
2007 Annual General Meeting

CCO held its 2007 AGM at St. Andrew’s Club & Conference Centre (Toronto) on June 19, 2008. Ms Elinor Caplan was the guest speaker. Her topic: “The Regulator’s Role in Interprofessional Collaboration.”
2007 Annual General Meeting

(L-R) CCO Council members Mr. Robert MacKay, Treasurer, and Dr. Frazer Smith, and OCA Vice President Dr. David Brunarksi.

(L-R) Mr. Gilbert Sharpe and former CCO President Dr. Drew Potter.

(L-R) CCO Council members Dr. Douglas Pooley and Dr. Dennis Mizel, President.

(L-R) Dr. Thomas Gadsby, OCA President, and Dr. Peter Amlinger, CCO Vice President.
FAXBACK (416) 925-9610

Your feedback is important!

Please fax us your thoughts/comments about the materials in this newsletter or any topic you would like addressed in a future communiqué.