



Bulletin

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Mutual Recognition Agreement How will this affect Ontario practitioners?

The purpose of this article is to provide registrants with an understanding of the current issues relevant to the achievement of labour mobility and the College position on these issues. Labour mobility relates to the ability of Chiropractors and Podiatrists to practice the profession in another regulated Canadian province and the registration in Ontario of practitioners who have previously been registered in other Canadian jurisdictions. The ultimate goal is to ensure that there is reasonable mobility of chiropractors/podiatrists while ensuring that the public is protected by guaranteeing that only competent practitioners are registered in the respective jurisdictions.

College position on the Educational Assessment

In November 2001, the Executive Committee reviewed the AIT process and Terms of Reference for an “Educational Assessment”. The Executive members expressed concern that the Consortium has strayed from the intent of this project i.e. adopting an educational assessment instead of an occupational assessment /educational assessment, relative to the legislation and practice and indeed from the labour mobility perspective.

The Committee expressed serious concerns about the proposed educational assessment because it takes a snapshot approach to an evolving landscape of curriculums and teaching methods. The scope of the exercise would not capture changes or assess strengths and weaknesses for each teaching institution’s program of study. Instead, it takes a broad-brush approach to two “systems” and a particularly specific approach to one institution. This renders the exercise meaningless for the

purpose of reaching an agreement. In addition, hiring a consultant becomes redundant since the answers to most of the questions are commonly known.

All avenues for education and training have produced practitioners with varying levels of competence, depending on year of graduation and teaching facility; and there continues to be variance depending on the institute of graduation. Currently, the College entry-level requirements keep pace with these fluctuations by monitoring course content, duration of program and entry level requirements for schools on the approved list that is consistent with that of other jurisdictions in Canada and abroad.

It is felt that the educational assessment, as it is outlined in the last Terms of Reference draft of the consortium, pre-determines an outcome that is inconsistent with the initial intent of the project and it will not truly assess competence in terms of educational outcomes relative to the legislated scope of practice and controlled acts or professional practice in the respective jurisdictions.

Policy Position of the College

- The College shall continue as a full partner in the consortium to work toward a genuine labour mobility agreement.
- The College does not accept this Terms of Reference document.
- The initial intent of this project was to identify strengths and weaknesses among education programs relative to the practice of the profession and not produce a “Ranking”.

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ENCLOSURES

Standard of Practice on Infection Control

- The Terms of Reference document:
 - a. Lacks context in the purpose. Context is significant in order to frame the intent, scope of the project, its need and placement, and the use of the outcome of the project.
 - b. The framing of the questions herein have become a “self-fulfilling prophecy;” (Most answers are prescribed and do not require much expertise to complete.)
 - c. The project, as outlined in the last draft, is inherently biased. It is aimed at comparing one specific school with generalities relevant to other “systems” rather than undertake a comparison of the outcomes of the respective training programs relative to practice of the profession and legislation in the respective jurisdictions.
- There is no real link between the proposed “educational assessment” and either the practice of the profession or the legislation in respective jurisdictions.
- The intent of the labour mobility initiative is lost in this exercise.

Identified issues that are barriers to true labour mobility for Podiatrists and Chiropodists in Canada

Ontario recognizes that there are 2 main issues to national labour mobility:

- i. The existing cap on Podiatrists (with D.P.M. qualification) coming into Ontario is viewed as a restriction on their opportunity to perform all the Controlled Acts of similarly qualified Podiatrists in Ontario.
- ii. There are restrictions on Chiropodists (specifically with D Ch. qualification) from practicing in other regulated jurisdictions to the full scope of practice in the receiving jurisdiction.

Ontario’s legislation limits the ability for D.P.M. podiatrists coming to Ontario since July 1993 from other jurisdictions to practise all the controlled acts of Podiatrists in Ontario. Likewise, other jurisdictions do not enable Chiropodists in Ontario to practice to their full scope in their jurisdictions. Ontario is willing to consider trying and finding a way to enable all practitioners to practise to their level of competence but this would require similar action in other jurisdictions to enable Ontario Chiropodists to work to their full level as independent practitioners. The impediment to this is that the Labour Mobility initiative is not seen as a vehicle to achieving reciprocal requirements.

Principles of Understanding

This College confirms the following principles of understanding:

1. Ontario will continue to work toward achieving true labour mobility for Ontario practitioners in both the Consortium and on the subcommittee of the Consortium.
2. The College shall not endorse draft 8 “Terms of Reference” because it is neither linked to occupational practice nor relevant to the AIT.
3. Podiatrists and Chiropodists should have the freedom to practise to their full scope in all jurisdictions in Canada.
4. In the interest of labour mobility, legislative changes should be made to accommodate labour mobility from one jurisdiction to another in all jurisdictions in which this is needed to achieve mobility.
5. The Consortium would benefit from an analysis that integrates occupational practices with educational outcomes that hopefully could be performed within the specified timelines in a context that is free of preconceived bias.

The Executive concurs that labour mobility is not in any way linked with any initiatives aimed at fundamental change to the *Chiropody Act 1991*. Qualifications to practice as Chiropodists in Ontario will continue to evolve as the College, in performing its regulatory mandate, continues to “guide the profession”. The above stated Principles of Understanding reflect the opinions of Council as identified in previous discussions throughout the labour mobility initiative.

In order to implement the above stated policies and principles, the College will look into the feasibility of a meeting with stakeholders in an attempt to bring about national understanding and cooperation that the College policy for labour mobility is consistent among all jurisdictions and that commitment among all the jurisdictions is required to achieve labour mobility.

Council approved this report and the policy and principles therein. This was also shared with all members of the Consortium in November 2001. The College did not receive any responses from this report.

The President and I met with Ministry of Health and Long Term Care representatives early in the new year to discuss the current status of this initiative and any potential barriers.

We discussed the need to make changes to our Registration and Exam regulations to ensure compliance with the Chapter. The Ministry representatives are familiar with the dynamics of this consortium and complimented the College on our continuing efforts to keep the initiative on track and consistent with the AIT guidelines and on all our positive efforts to affect an MRA.

Between March 2001 and May 2002 there has been no official meeting of the Consortium and hence no movement towards the development of either a true occupational assessment or a national Mutual Recognition Agreement (MRA).

A teleconference meeting was subsequently convened by the new Human Resource Development Canada "coordinator" of this Consortium from the Federal Government. He is committed to achieving a Mutual Recognition Agreement (MRA) for this consortium. The agenda included:

- A brief up-date from jurisdictional representatives regarding current status re MRA/AIT
- The Occupational Study
- Discussion on further action steps:
 - MRA,
 - Occupational Study

Attending this teleconference meeting were representatives from: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, and Prince Edward Island and the Manitoba Labour Mobility Coordinator.

In the course of this discussion, we were informed that a Mutual Recognition Agreement (MRA) was being circulated for signature to all the other parties. This Mutual Recognition Agreement was adapted from the Quebec meeting held June 3, 2001 and it was revised at a podiatry conference held in Banff last year. Ontario was excluded from that meeting, any follow up from that meeting or that there was an agreement to sign an MRA. Voluntary associations have also been included as signatories. Neither the Manitoba LMCG participant nor the Federal coordinator were informed that an MRA was being signed.

Some consortium members are still strongly committed to an educational comparison. It is the College's position that, if there is going to be an educational comparison, it must include all educational institutions, in United States, Canada, Great Britain, Australia, New Zealand etc. There is also an initiative to have an occupational analysis

which will review the legislation, scope of practice, skill sets and activities that members of the profession perform in their respective jurisdictions. Terms of reference will be developed for the occupational analysis. It is possible to obtain federal funding for both of the initiatives through HRDC.

In the course of a round table review of any concerns with the MRA and the occupational analysis, Ontario brought forth the following matters:

- It appears that the Chapter is clear that individuals moving from one jurisdiction to another are to be accommodated. The accommodation mechanisms suggest how an individual moving to a new jurisdiction - one with a broader scope of practice, and/or more rigorous occupational standards and requirements - will be recognized and accommodated. The AIT is silent on the opposite situation - where an individual is leaving a jurisdiction with a broader scope and moving to a jurisdiction with a narrower scope
- Under the AIT, if jurisdictions cannot agree that there is a high level of commonality in standards and therefore can not agree to recognize each others' members, jurisdictions are to conduct an occupational analysis. The occupational analysis should include, among other areas, an examination including scope of practice, generic skills, specific skills, registration requirements (exams) and qualifications. **The Chapter specifically notes that the occupational analysis will not consider differences in training methods, and that the amount or level of education/training required should not be a factor.**

While the consortium previously agreed to conduct an occupational analysis (which would also serve to shed light on the similarities/differences between chiropody and podiatry), the draft terms of reference for this analysis focused exclusively on a comparison of the Michener program, and the U.S. and U.K. training systems, rather than focus on the broader issues as specified in the Labour Mobility Chapter and Guidelines. The College therefore objected to participating in these terms of reference.

- While some other occupational groups have agreed to conduct an equivalency assessment of the various provincial examinations that are in place, this consortium has neglected to address this particular issue. The College of Chiropractors of Ontario's non-exemptible requirements include "examinations set or

approved by the Council". Had the consortium conducted an equivalency assessment of the exams, and had they been deemed equivalent, the current regulation would not have to be amended as it provides flexibility in allowing the Council to "approve" the other jurisdictions' examinations. At the present time, it appears that the College does not have to amend its registration or exam regulations.

Other items of interest

The Labour Mobility Coordinating group will be reviewing the MRA. Their role is to provide advice on an MRA and to identify any inconsistencies with Chapter 7 of the Agreement on Internal Trade.

Voluntary associations appear to be signatories to the agreement. N.B. expressed the desire to include the Canadian Federation of Foot Specialists. (CFFS)

More than a year ago, the College had invited the CFFS to provide information on its articles of incorporation, its mandate, how its board is selected, whom it represents etc. to obtain recognition by the College. To date no information has been forthcoming. The College, therefore, is unable to recognize this group.

The College has also taken the position that the MRA is in the domain of the regulator and is not within the role of a professional association. In provinces where there is no regulatory body, the association signs as a voluntary party. In those provinces where the voluntary association and the regulator are one and the same, the signatory participates in its role as regulator. As guided by Council, the College maintained this position.

There is uniform commitment to perform an occupational analysis. The group agreed that there could be 2 separate parts of the occupational analysis:

- An educational comparison that will include a review of all academic institutions, including those in the U.S. and in Britain, and
- An occupational comparison that looks at legislated scope of practice, skill sets required to perform that scope of practice, activities performed by registrants in the respective jurisdictions, qualifications, exams etc.

Human resources development Canada (HRDC) will assist the consortium in the application of funding for both analyses. Funding is available if all members of the consortium agree with the project.

Role of the College

The Registrar will be a member of both working groups to prepare terms of reference.

The Registrar, together with the President, will continue to represent the College in the Consortium. Executive and / or Council guidance will be sought throughout the process.

We have received the MRA that is in circulation for signatures. Executive Committee will review the document. This will be considered in line with the guidance provided by our legal counsel at past Council meetings.

Retail Sales Tax

Administrative Policy Change

The College has been informed that the Ministry of Finance has revised its Retail Sales Tax administrative policy to include Chiropractors in the list of legally qualified medical practitioners for the purpose of the Ontario *Retail Sales Tax Act* (the Act).

The Act exempts the purchaser of drugs and medicines that are sold on the prescription of a physician, dentist or veterinarian from paying retail sales tax. "Physician" is defined in section 1 of Regulation 1013 under the Act as "a legally qualified medical practitioner".

Since 1984, the Retail Sales Tax Branch has administratively permitted podiatrists, as well as other persons, to prescribe drugs or medicines exempt from retail sales tax. In view of the fact that Chiropractors are authorized under the Chiropractic Act to prescribe drugs that are designated in the related regulations, the Ministry has revised its policy to include Chiropractors in the group of legally qualified medical practitioners who are permitted to prescribe drugs and medicines exempt from retail sales tax.

Advertising Guidelines Update

Solicitations to the Public

Some time ago, a new graduate was setting up practice in a smaller town in the province. He wanted to inform the community of his presence through the distribution of pamphlets that would announce his arrival and he consulted with the Registrar on the College requirements. Upon reviewing the Advertising guidelines, and in particular the section on solicitation, the Registrar realized that what he wanted to do was not acceptable under current practice. The Registrar referred the matter to the Executive committee requesting reconsideration of this policy.

The College wishes to ensure that the public has information on Chiropractors and Podiatrists in their community and the services that they provide. The College, simultaneously remains committed to the principles of the advertising guidelines:

- The advertising regulation should reflect a balance between the public interest requirement and individual interest or freedom of commercial expression requirement.
- The public interest must be served by ensuring that the public gets accurate and understandable information so that it can make an informed choice.
- Advertising should focus solely on providing truthful information and should not stimulate a demand for unnecessary health care services.
- Advertising must not exploit the relationship of trust between patient and practitioner.
- Advertising should be sensitive to the often vulnerable status of patients.

- Persuasive advertising is professionally divisive and ethically unconscionable and induces vulnerable members of society to invest in health ventures that may have little social benefit.

The Executive Committee agreed that this change would provide the opportunity to the registrants to inform their respective communities of their presence and the services the members of this College can provide while maintaining ethical practice and the integrity in advertising by a health care provider. They recommended a change to the guidelines that was approved at the January 25, 2002 Council meeting.

Please update your Advertising Guidelines with this new section under **Solicitation:**

Registrants may distribute brochures or “flyers” to the public in their respective communities. The purpose of this information is to announce to the public that the practitioner is in their community and the types of services that are provided. This information may be distributed door to door. It may not be directed by naming a specific person or family, but can go to all “occupants” in a household and area. Advertising should not be targeted at specific individuals, nor should it be personally presented (e.g. by telephone or in person).

Solicitations must not include any promotion that may be perceived as a “coupon” or as service “discounts” and must comply with all the other aspects of the College advertising guidelines. Faxed or e-mailed distribution of materials, infomercials or other advertising is discouraged.



YOU ASKED US...

“I am printing new business cards and letterhead for my clinic, can I call myself a ‘Surgical Chiropractor?’”

No, you cannot call yourself a “Surgical Chiropractor” The College does not recognize any specialty areas within chiropractic or podiatry, and phrases such as this may be misleading to the public. The words you use to promote yourself must be accurate and truthful. You should not hold yourself out to be something that is not professionally recognized.

Administering of Therapy and Counseling Fund Draft Regulation

The College is required to have in place a fund for therapy and counseling for assisting victims of sexual abuse by a registrant of the College. The College has already set up a reserve fund dedicated to this potential need. In order to manage requests from this fund, a regulation is required. The Patient Relations committee reviewed similar regulations of other health regulatory bodies under the RHPA and, in accordance with this requirement, developed this draft regulation. At the Jan 25, 2002 meeting, Council approved the draft regulation, Administration of Therapy and Counseling Fund made under the Chiroprody Act, 1991. The College now seeks the input of registrants on this regulation. A response form has been included with this Bulletin to facilitate your input. Please fax or mail this to the College by August 30, 2002.

DRAFT REGULATION made under Chiroprody Act, 1991

Administration of Therapy and Counseling Fund

1. "member" includes a former member.
2. (1) The alternative requirements which must be satisfied for a person to be eligible for funding under clause 85.7(4) (b) of the Health Professions Procedural Code are prescribed in this section.
 - (2) A person is eligible for funding for therapy or counseling if:
 - (a) There is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by the member.
 - (b) A member has been found guilty under the Criminal Code (Canada) of sexually assaulting the person while the person was a patient of the member and the facts supporting the sexual assault constitute sexual abuse within the meaning of the Health Professions Procedural Code.
 - (c) There is sufficient evidence presented to the Patient Relations Committee to support the conclusion that the person while a patient, was sexually abused by a member and,
 - (i) the member has died or cannot be located, or there is other sufficient reason for not commencing disciplinary proceedings against him or her, or
 - (ii) the member has resigned and has agreed not to practice again,
 - (iii) the member is unable to testify before a Committee of the College as a result of a physical or mental condition,
 - (iv) the member has been found by the Fitness to Practice Committee to be incapacitated and the Fitness to Practice Committee has directed the Registrar to revoke or suspend or place terms, conditions and limitations on a member's certificate of registration.
 - (d) There is an admission made by a member in a written statement to the College or in an agreement with the College that he or she sexually abused the person while the person was a patient of the member.
 - (e) There is a finding made on or after Dec 31, 1993 that the person was sexually abused by a member before Dec 31, 1993 while the person was a patient of the member.
3. Despite section (2), a person is eligible for funding for therapy or counseling under this Part only if,
 - (a) The person submits an application for funding to the Patient Relations Committee, in the form prescribed by the College and, in the application, the person names the member who is alleged to have sexually abused the applicant;
 - (b) The person submits to the Patient Relations Committee with the application a written undertaking to keep confidential all information obtained through the application for funding process, including whether funding is granted or not and the reasons given by the Committee for the decision of the Committee and,
 - (c) The person complies with the procedures followed by the Patient Relations Committee when determining whether the person has satisfied the requirements for eligibility for funding.
4. Subject to section 5, a person who was allegedly sexually abused by a member outside of Ontario is eligible for funding for therapy or counseling under section (2) only if, at the time of the alleged sexual abuse occurred, the person was a patient of the member and the member was practising in Ontario.
5. Despite section (4), a person who was allegedly sexually abused by a member outside of Ontario is not eligible for funding under section (2) if the person resides outside of Ontario and was a patient of the member practicing outside of Ontario.
6. A decision by the Patient Relations Committee that a person is eligible for funding for therapy or counseling does not constitute a finding against the member and shall not be considered by any other committee of the College in dealing with the member.

Professional Incorporations

Draft Regulation

The College was informed in March that in February, the Government had approved Regulations regarding professional incorporations. Before registrants can initiate their professional corporations the College must develop its own regulations and by-laws that relate to professional corporations. At the May 10, 2002 meeting, Council approved drafts in principle of the Professional Corporation Regulations and By-laws. The College now seeks the input of registrants on these regulations and by-laws. A response form has been included with this Bulletin to facilitate your input. Please fax or mail this to the College by August 30, 2002.

DRAFT REGULATION made under Chiropody Act, 1991

PROFESSIONAL CORPORATION REGULATIONS

Professional Misconduct Provisions

Being a shareholder, officer or director of a professional corporation where the professional corporation does or omits to do anything that would be professional misconduct if done or omitted to be done by the member.

Being a shareholder, officer or director of a professional corporation that has breached a provision of the Code of Conduct for Professional Corporations published by the College.

Being a shareholder, officer or director of a professional corporation that has failed to maintain a valid certificate of authorization or which had provided professional or ancillary services while its certificate of authorization was under suspension or revoked.

PROFESSIONAL CORPORATION DRAFT BY-LAWS

Professional Corporations

1(1) The fee for the application for a certificate of authorization, including on any reinstatement of a certificate of authorization, for a professional corporation is \$950.

(2) The fee for the annual renewal of a certificate of authorization is \$950.

(3) A professional corporation or a member listed in the College's records as a shareholder of a professional corporation shall pay an administrative fee of \$50 for each notice sent by the Registrar to the corporation or member for failure of the corporation to renew its certificate of authorization on time. The fee is due within 30 days of the notice being sent.

(4) The fee for the issuing of a document or certificate respecting a professional corporation, other than the first certificate of authorization or one annual renewal of a certificate of authorization, is \$25 .

(5) Every member of the College shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms for a certificate of authorization, upon the written request of the Registrar within 30 days and upon any change in the information within 30 days of the change:

- (a) the name of the professional corporation as registered with the Ministry of Consumer and Business and Services,
- (b) any business names used by the professional corporation,
- (c) the name, as set out in the register, and registration number of each shareholder of the professional corporation,
- (d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director,
- (e) the principal practice address, telephone number, facsimile number and email address of the professional corporation,
- (f) the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided, and
- (g) a brief description of the professional activities carried out by the professional corporation.

(6) The information specified in subsection (5) is designated as public for the purposes of paragraph 4 of subsection 23 (3) of the *Health Professions Procedural Code*.



Prescribing Regulation

Update on the Status of Development

The College met with the MOHLTC representatives on Thursday, Dec 13, 2001. In addition to the President and Registrar representing the College, there was representation from the MOHLTC, Regulatory Affairs, Drug programs branch, and Laboratories branch.

This meeting was held to exchange information regarding what the College must do to obtain a drug regulation and what necessary information needs to be provided to facilitate the work of ministry staff to move the regulation through government to completion. Identified here are the areas discussed and recommendations indicated by the Ministry.

- **Drug Resistance**

Over-use of prescribed drugs is a major concern of the Ministry. This is particularly relevant to antibiotics. It is important to acknowledge the importance of reducing antibiotic use and over-prescription of drugs to which the profession is seeking access. Other professional groups have supported the Ministry in taking measures to reduce antibiotic use. College must indicate guidelines to reduce the prescribing of antibiotics by members.

- **Stakeholder Consultation**

Broad-based stakeholder input is critical, as it will assist the College to identify drug prescribing related concerns of other health practitioners. Over the last two years, the Ministry has become more stringent in what it approves. Stakeholders will identify items the College needs to address such as the systemic concerns of drugs. Stakeholder consultation must be indicated in written responses from the stakeholders themselves. Recognition and justification of stakeholder concerns must be included in the submission. Among the stakeholders that will be consulted are: physicians, nurses, medical laboratory technologists, midwives, dentists, pharmacists, and optometrists.

- **Awareness of Systemic Implications**

Public interest is to avoid harm. The focus of the submission must be on impact to the patient and on whole patient management. Systemic problems have serious consequences hence the recognition that the physician is often the gatekeeper for patient management.

Chiropractors and Podiatrists must relate drug use to what a practitioner does, to ensure awareness of risk of harm and need for overall patient management.

In this submission, the College is asked to relate the need for drugs with laboratory tests and patient results.

- **Revise Drug Lists**

The College is advised to take an incremental role instead of “shooting for the moon”. The Ministry addressed the issue of one versus two drug lists. Even though formerly there was a motion passed at Council to adopt two separate but identical lists, the Ministry does not see the rationale for two lists. It strongly advised the College to develop a single, new and condensed drug list. A separate addendum could include a selection of drugs that apply to the additional controlled acts of Podiatrists

One of the needs for podiatrists performing bone surgery is the use of opiates. Currently, only physicians and surgeons, dentists and veterinarians have the right to use controlled substances. There is a national initiative to request that the federal government consider extending this to include podiatrists. The initiation begins at the provincial level. This will be addressed but as a totally separate item from this submission for the prescribing regulation for our College.

There was a discussion at Council to request categories of drugs rather than to list individual drugs to enable more latitude for members. The Ministry was very specific about the requirement that the list be of specific drugs. Once this is achieved, a protocol for adding new drugs will be developed.

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- **Cost Effectiveness**

The Ministry is particularly concerned with the increasing use of drugs. The submission must indicate awareness of the prevalence of prescribing particularly in relation to systemic drugs. This may be achieved through a qualitative analysis of the benefits of prescribing the requested drugs.

- **Historical Background of Drug Use by the Profession**

Legal precedents for prescribing need to be substantiated.

- **Competence of the Profession to Prescribe Drugs**

The College must indicate that registrants have the competence to prescribe and the knowledge of systemic problems and drug interactions.

- **Interrelationship Between Practice of the Members, Desired Drugs and Laboratory Testing**

The submission should contain a profile of members' practices indicating relevance between a condition, treatment and/or procedure, related drug use and lab tests.

- **Next Steps**

Council has approved recommendations including dedicating the necessary funds to support the resources and external expertise required to develop this submission. The Standing Drug Committee has begun to collect information relevant to the preparation of the submission. Surveys are already underway by both podiatrists and chiropractors to identify drug priorities and practice applications. Responses will be integrated into a single condensed new drug list for Council approval. We shall then prepare a package for the consultation process with other stakeholders. Feedback will be reviewed by the committee and integrated into the final College submission to the Ministry.

- **Timelines**

We anticipate that it may take a full year to obtain all the necessary requirements for this submission. The Ministry indicated that with a quality submission, it usually might take approximately 7-9 months to obtain government approval. Once a proposal is submitted, there is still considerable ongoing communication between the Ministry and the College.

Incorporation Update

Regulations for the Certificate of Authorization under the Regulated Health Professions Act have been proclaimed. Registrants of health regulatory bodies cannot incorporate until the College has its own by-laws and regulations in place. The Colleges in the Federation of Health Regulatory Colleges have been working together in an attempt to have some consistency among the Colleges in these areas. Please review page 7 for the draft by-laws and regulations in principle and provide your comments on the fax back. The College encourages consultation with our registrants in the process to obtain final approval. We do not expect this to be complete until late Fall 2002. Members cannot incorporate their practice until all procedures are in place in the College. Watch for incorporation updates in future editions of the Bulletin.

Workers Safety & Insurance Board Update

New Payment System Simple, Easy and Reliable

Improved service to you. That's what the New WSIB Payment System is all about. It reflects the WSIB's commitment to continuing to improve service to the health care community.

Through the New Payment System you will be paid faster and receive remittance statements that are easier to read. Payments through this new system began April 8, 2002 in the Hamilton area. By July 2002, the new payment system will be implemented province wide.

Surf the <http://payment.wsib.on.ca> for answers to frequently asked questions about the New WSIB Payment System or call 1-800-668-9958.



Quality Assurance Program Update

Continuing Education Log

Are you one of the lucky ones? A random sample of 10% of the membership has now been notified to submit their CE logs to the college for the cycle that ended December 31, 2001. These members will submit their CE logs and all supporting documentation by the end of March. A panel will review the submissions using the criteria that were outlined in the last Fall Bulletin. You can look forward to seeing the results of the evaluation indicators in the Fall Bulletin 2002.

A new Continuing Education (CE) cycle has begun. It runs from January 1, 2002 to December 31, 2003. Please remember to store your supporting documentation (receipts, syllabus, titles of articles read, course certificates and notes etc.) in the event that you are selected for review at the end of the current two-year cycle on December 2003. The committee would like to recommend that members consider CE activities that ensure the maintenance of each of the professional standards of practice. This would contribute to the enhancement of your professional competence which is a major objective of the program.

Peer Review

The QA Committee has been working on the Practice Assessment component of the Quality Assurance Program. This is a required program in the College QA regulation to assist registrants in enhancing their practices. It is hoped that, through this process, you will identify your strengths and areas for improvement.

The practice assessment program will be piloted this June 2002 to obtain member feedback on the process. A sample of eligible registrants will be selected to undergo the Peer Review Pilot Study. If you are selected, an assessor will visit your primary practice at a mutually agreed upon time and date. The assessor will be viewing your practice to ensure that it is appropriate for patient care in terms of suitability, equipment, infection control measures, and record keeping, consistent with our standards of practice. An office facility inspection checklist has been developed as a tool to evaluate your practice site, and a copy would be sent to you in the event that you are selected. There would also be an opportunity to speak with the assessor to offer feedback concerning the overall process.

Though registrants are required to comply with the QA regulation requirements, this is a non-punitive process and should be considered a positive experience. The aim of this program is twofold: first, to assist practitioners in their ongoing development of professional competence, and secondly to identify trends and patterns among the registrants which can assist in developing continuing education courses, College programs, and policies to improve and guide the profession.

How you can help QA

The QA Committee is seeking registrants who are interested in serving as members of the QA Committee. If you would like to work with us, particularly on continuing education or practice assessment programs, please forward your resume and a cover letter, expressing your interest, to the Registrar.

Respectfully submitted,
Laura Lee Kozody, Chiroprapist
Quality Assurance Committee

Continuing Education Programs

Health Professionals & the Law Lecture/seminar presented by Wendy Sutton, LLB

Explore the RHPA and how it applies to you. Lawyers and health experts from a number of different fields will address a range of important topics, such as professional insurance, role of the College, sexual abuse, court proceedings, informed consent and disclosure, standards of care and medical records.

When: October 25 & 26, 2002
Where: Michener Institute
Cost: \$225

For more information please call 416 596 3101 or
1 800 387 9066

YOUR COUNCIL**President**

Madeleine Fleming

Vice President

Laura Lee Kozody

Elected Members

Sheldon Freelan, Podiatrist

David Greenberg, Podiatrist

Jonathan (Craig) Hunt, Chiropracist

David Kerbl, Chiropracist

Norman Kew, Chiropracist

Laura Lee Kozody, Chiropracist

Julie Levesque-DeSimone, Chiropracist

Roger Newell, Chiropracist

Bruce Ramsden, Podiatrist

Academic Members

Steven Cassel, Chiropracist

Diane Tyczynski, Chiropracist

Public Members

Norm Baker

Lorinne Chong

Helga Elie

Madeleine Fleming

Penny McGregor

Rev. Eric Sisèl

Siva Sivaramalingam

NON-COUNCIL COMMITTEE MEMBERS

Peter Higenell, Podiatrist

Sarah Kerwin, Chiropracist

Andrew Klayman, Podiatrist

Sheldon Nadal, Podiatrist

Chance Ng, Chiropracist

Kim Resmer, Chiropracist

Karolina Zanon, Chiropracist

OTHER COMMITTEE MEMBERS

Allen Frankel, Podiatrist

Meera Narenthiran, Chiropracist

Anamelva Revoredo, Chiropracist

COMMITTEE COMPOSITION 2001/2002

Council has approved the following appointments to the College's statutory and non-statutory committees:

EXECUTIVE

M. Fleming, Chair

L. Chong

S. Freelan

L. Lee Kozody

N. Kew

REGISTRATION

N. Baker, Chair

S. Cassel

P. McGregor

B. Ramsden

COMPLAINTS

K. Resmer, Chair

M. Fleming

J. Hunt

B. Ramsden

Rev. E. Sisèl

DISCIPLINE

N. Baker

H. Elie

D. Kerbl

S. Sivaramalingam

K. Zanon

FITNESS TO PRACTICE

S. Kerwin

J. Levesque-DeSimone

E. Sisèl

QUALITY ASSURANCE

D. Tyczynski, Chair

L. Chong

L.L. Kozody

P. McGregor

C. Ng

PATIENT RELATIONS

N. Baker, Chair

H. Elie

P. Higenell

R. Newell

STANDING DRUG

M. Fleming, Chair

A. Frankel

D. Kerbl

M. Narenthiran

A. Revoredo

C. Ng

Federation Resource Materials

In the fall of 2001, the Federation of Health Regulatory Colleges of Ontario (FHRCO) presented two half-day seminars titled *The Impact of New Legislation on Your Practice* and *The Strategies for Achieving Your Personal Goals*. If you were unable to attend and wish to receive background materials for your reference, please contact Elizabeth Ackney at Steinecke Maciura Lebalanc at 416 599 2200 extension 281 or steinmar@interlog.com.

Costs for the materials are as follows:

\$10.00 - book

\$15.00 - audio tape

\$25.00 - video

Plus 4% for shipping and handling.

COUNCIL MEETING HIGHLIGHTS

Listed below are the highlights from the January 25, 2002 Council meeting:

- The Registrar reported that at the end of 2001 the College had 440 members (349 Chiropractors and 91 Podiatrists).
- An election for Council members will be held on June 20, 2002. The election will be for one chiropractor member in each of Districts 3 & 4 and for one podiatry member in paired Districts 3 & 4.
- Bill 95 – Ethics and Transparency Act - Following a presentation by the Federation of Health Regulatory Colleges of Ontario to the standing committee, the Colleges received confirmation that Health Regulatory Colleges will be excluded from Bill 95 if it is approved.
- David Weston Scholarship Fund - The award is presented annually to a second year student. Last fall the Michener Institute notified the College that there were no recipients for the award in 2001. The balance of the scholarship fund is \$10,115.00
- Labour Mobility Update – Council supported the actions of the Executive, and accepted the policy position and the principles of understanding as outlined on the College’s response to the Consortium on the labour mobility initiative.
- Incorporation - The College is awaiting regulations from the Ministry in order to develop By-laws and professional misconduct regulations regarding professional corporations. Once Council has approved these By-laws and regulations, the College will undertake a full consultation process with members.
- Privacy of Personal Information Act (PIIA) - A report, together with a copy of a response from the Health Regulatory College Working Group on Privacy on issues relevant to Colleges, was distributed.
- OSC In-Step Editorial - The President responded to an Editorial in “In-Step”, the official publication of the OSC, by commenting that the article was misrepresentative and inaccurate. Several Council members expressed that the editorial was troubling and offensive.
- Status of Drug Regulation - Council received a report on attaining a prescribing regulation. A meeting took place with MOHLTC representatives in December to exchange information regarding what the College must do to obtain a drug regulation and what necessary information needs to be provided to facilitate the work of ministry staff to move the regulation through government to completion. As a result of the meeting, the College now has a clearer picture of what the ministry expects and how they will work with us in enabling this regulation to be passed. (see page 8)

Questions regarding the procedures for adding new business items on the agenda were raised. The President explained that there is a set protocol in place to move the agenda forward; new items are added at the beginning of a meeting when the agenda is being approved. With regard to the motion proposed at the September 14, 2001 meeting, to allow the Associations to make a joint presentation at the next Council meeting, the President called the motion out of order, on the basis of procedure, as the agenda had already been approved earlier in the meeting.
- Approval of Profile of Competencies - “The Profile of Competencies Required of the Members of the College of Chiropractors of Ontario” was approved. Members of the focus group, working group and Steering Committee were commended for their work. The document will form the foundation for education and examinations for registration, and be a useful resource for complaints, discipline and quality assurance.
- Approval of College Brochure- The Patient Relations Committee was given the task of incorporating the many suggestions that came from earlier Council meetings. A revised draft was approved. The brochure will be printed for distribution within the allocated budget requirements.
- A Proposal to Obtain Additional Controlled Act of Acupuncture, Extension of Diagnostic Ultrasound without Physicians Order, and Setting Fractures (Podiatrists) was approved.

- Approval of Draft Regulations - Administration of Therapy and Counselling Fund. Council approved a draft regulation for the administration of a therapy and counselling fund for assisting victims of sexual abuse by a registrant of the College. (see page 6)
- New Advertising Policy – Council approved a change to the advertising policy on Solicitation (see page 5)
- Proposal from Associations for Legislation Change - Council members welcomed the associations' initiative to achieve unity in the profession. At the request of the Associations, Council will allow a joint presentation from the two associations in keeping with the Colleges' protocol and policy regarding a presentation by a delegation.

Listed below are the highlights from the May 10, 2002 Council meeting:

- Elections- The President reported that Elliott Hoffman submitted his resignation as the Podiatrist representative of districts 3 and 4, effective the end of this Council meeting. The President, on behalf of Council, thanked Elliott for his contributions and dedication to the work of the College over the past 9 years. The Registrar announced that David Greenberg, Podiatrist, has been elected by acclamation in this district. At the close of nominations on May 6, there were 4 nominations in District 3 Chiropody, 1 Nomination in District 4 Chiropody and 1 nomination in the combined district 3 and 4 Podiatry. David Kerbl was congratulated on his re-election, by acclamation, in District 4.
- Registration report- The Registrar reported that, at the beginning of May 2002 the College had 427 members (338 Chiropractors and 89 Podiatrists).
- Registration Fee - Method of Payment- Members are not fully registered until all fees are paid in full. Recognizing that the registration fees may be onerous to some members, the Registrar recommended maintaining the Visa payment option. By maintaining the use of Visa, the College will consider the elimination of the instalment plan.
- Auditor's Report and Audited Financial Statements- Vinay Raja, College Auditor, reviewed the audited financial statements for the year ended December 31, 2001 and the auditor's report. The Registrar was commended on her ability to manage the financial operations of the College. Council approved the Financial Statements.
- Labour Mobility Update- The President and Registrar reported on a two-hour Labour Mobility teleconference meeting of the Labour Mobility Consortium held on May 9th.
- Appointment of Nominating Committee- An election for the President and Vice-President will be held at the September 27, 2002 Council meeting. The Nominating Committee is composed of four experienced Council members who are not standing for election as President and Vice-President. Council approved Lorinne Chong, Sheldon Freelan, Helga Elie and Diane Tyczynski (in absentia) to the Nominating Committee.
- Setting Fees for Registering a Corporation with the College- After hearing a presentation by Barry Spiegel, Q.C., Council discussed whether the College should allow its members to incorporate and the financial implications to the College of registering professional incorporations. Council approved incorporation for College members and set the fee at \$950 per year to register and renew the registration of a professional corporation with the College.
- Draft regulations and by-laws for incorporation- Council approved the proposed by-laws and regulations for incorporating member's practices. (See page 7)
- Privacy of Personal Information Legislation (PPIA)- The implications of PPIA may influence the College's proceedings in terms of complaints, discipline, investigations etc. This legislation will also have implications on members' practice. Therefore, Council adopted a position that personal privacy is an important matter and the College should not necessarily be exempt from PPIA in its entirety, but that the RHPA could be amended to close the gap on areas where the regulatory statutes have been silent.

- Status of Drug Regulation- Council received a report on the committee activities to develop the next submission to the Ministry. Professional members of the committee were asked to complete a survey of all their members in order to formulate a single, up-to-date drug list. Podiatry members formed a “pyramid” of communication and were prompt in their response to the Drug Committee’s inquiry. However, the Ontario Society of Chiropractors intervened in the process set up by the chiropractor members of the committee, which has resulted in considerable delay in the development of the drug list. To date, the committee is awaiting the joint unified list. The committee will consult with external stakeholders once the submission is completed.
- Standard of Practice on Infection Control- In 2001, infection control practices of a member of the College were brought to the attention of the Registrar. The concern involved a possible transmission of Hepatitis C virus. A referral was made to the QA committee resulting in amendments to the College’s Standard of Practice on Infection Control. Council approved the new Standard of Practice for Infection Control. (See draft included with this Bulletin)
- Presentation of Proposal to Change Legislation by the OPMA - At the January 25, 2002 meeting, Council passed a motion to allow a joint presentation from the OSC and the OPMA on the topic. The OSC withdrew their request to appear at the May 10 Council meeting and subsequently requested they make a separate presentation in September. The OPMA notified the College that they would like to proceed with the presentation and submitted a report prior to the meeting. Therefore, Council revisited the January 25 motion to hear a joint presentation.

A motion to hear a separate presentation by the individual associations was defeated. Council indicated that it is still prepared to hear a joint presentation by the two associations when their differences have been resolved and a new proposal has been submitted to the College.

The College does not wish to be put in the position of arbiter - choosing one proposal over another. As with the Drug Submission, the Ministry has clearly stated the need for a unified proposal and clear indication that a vast majority of the College

membership supports the initiative. It is the role of the associations to prepare a proposal to the government, and ask the College for support and endorsement. College priorities must remain relevant to the public interest, its focus on the mandatory duties as regulator and ensure that providing support does not jeopardize a balanced budget.

Registration Matters

Resigned & Retired Members

Chiroprody Members

David Berardo
 Krystyna Dmuchowski
 Mary-Ann Egan
 Andrew Goff
 Catharine Gray
 Teresa Gyemi
 Catherine Kyle
 Lori Marucci
 Christi Panabaker
 Stephen Peslar
 Victoria Whiteside
 David Whiteside
 Laura Young-Sime

Podiatry Members

Barrett Brown
 John Van Ryn

Reinstatement/Reentry

Mercedes Cohen-Bendayan, Chiropracist
 Andrew Goff, Chiropracist
 Cornelius Gucfa, Podiatrist
 Veronika Park, Chiropracist
 Steven Peslar, Chiropracist

Suspended Members

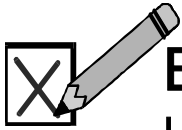
In accordance with the *Regulated Health Professions Act, 1991*, under section 24 of the Procedural Code, Certificates of Registration issued to the following individuals have been suspended for non-payment of fees:

Chiroprody Members

Gregory Armitage
 Michael Doherty
 Paul Smith

Podiatry Member

Joseph Addante



ELECTIONS 2002 UPDATE

According to Section 7 of the *Chiroprody Act, 1991* and the College regulations (829/93), an election of Council members will be held on Thursday, June 20, 2002. This year the election is being held in District 3 and 4 for one Chiroprody member in each district and one Podiatry member from the paired districts 3 and 4.

Election 2002 Bulletin, together with nomination forms, were sent out to all current members in districts 3 and 4 on March 18, 2002. The deadline for return for all nomination papers to the College was May 6, 2002. At the close of nominations six candidates have been nominated to stand for election. Since then, one candidate withdrew. We are pleased to announce that David Greenberg, Podiatrist has been elected by acclamation in the paired districts 3 and 4 and that David Kerbl, Chiroprodist has been reelected by acclamation in District 4. Their terms on Council will commence in September 2002.

There are three candidates standing for election in district 3. Voting Guide with biographical summaries and ballot forms were mailed to all chiroprodists members in district 3 on May 17. Ballots must be returned to the College in the envelopes provided by 5:00 pm on June 19.

District 3 (Central West)

Composed of the counties of Brant, Bruce, Dufferin, Grey and Wellington and the regional municipalities of Haldimand-Norfolk, Halton, Hamilton-Wentworth, Niagara and Waterloo.

Electoral District 4 (East)

Composed of the counties of Frontenac, Hastings, Lanark, Prince Edward and Renfrew, and the united counties of Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry, and the Regional Municipality

BULLETIN SURVEY REPORT

With the Fall 2001 issue of Bulletin, we included a survey to identify how well we are meeting the needs of our readers. The rate of return was approximately 8.5%. Though we had hoped for a higher level of input from our members, this is considered adequate for such surveys.

Of those responding, the majority read the Bulletin, usually learn something new from it, and would like it to be included on the web site. On format matters, the vast majority finds the layout and writing style satisfactory, and wish to retain the current length of the newsletter. On content, 70% would like to have, as regular features, a message from both the President and the Registrar.

Some of the repeated themes that respondents would like the Bulletin to include are: regular information of continuing education programs and more articles related to practice requirements such as regulations and College standards.

In considering application of these suggestions, the College must always weigh desire with cost containment. Members are particularly interested in notice of continuing education opportunities. This was seen both in the survey and in oral feedback from members in general. Consequently, this feature will be included in future issues of the newsletter. Posting the Bulletin on the Website is another way of making the information more accessible to the public and will also be further reviewed. We shall continue to include information relating to practice requirements.

We thank all members who took the time to respond to the survey. Your input is appreciated and will be reflected in the Bulletin.

ANNOUNCEMENTS AND

UPCOMING COUNCIL MEETING FRIDAY, SEPTEMBER 27, 2002

All Council meetings of the College of Chiropractors of Ontario are open to the public. The Council meetings are generally held in the **19th Floor Conference Room at 180 Dundas Street West, in Toronto**. As space is limited, please call the College

PUBLICATION OF THE MEMBERSHIP DIRECTORY

This year, the College has decided not to produce a membership directory for registrants. In the survey done 2 years ago, many members suggested that the College save our resources for this publication and just publish the roster on our web site www.cocoo.on.ca. With the increasing popularity in the use of the Internet, the College has decided that the membership list is readily accessible from our web site. Furthermore, this list is more up to date than would be the printed directory. The College updates changes in membership information on an ongoing basis throughout the year. So registrants are encouraged to use the College web site to obtain practice information on your colleagues. For those who still wish a printed copy, please contact the College and we will mail a printout to you.

HELLOS AND GOODBYES

College of Chiropractors of Ontario extends their sincere thanks and appreciation to **Elliott Hoffman Podiatrist** who resigned his seat on Council at the May 10, 2002 meeting. We thank Elliott for his contributions to the work of the College and his participation on Council and committees. We wish him all the best in his future endeavours.

We are pleased to announce that **David Kerbl, Chiropractor** has been reelected as the District 4 Chiropractic representative. We would also like to welcome **David Greenberg, Podiatrist**, representing Podiatry combined districts 3 & 4 as the new professional member of Council.

HELP US TO KEEP YOU INFORMED

We strive to keep all members informed of the activities of the College and changes that may affect their practice. It is our responsibility to circulate this information in a timely manner, but we need your help. Please provide us

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