



College of Chiropractors of
British Columbia

2013 Annual Report

CHIROPRACTIC



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A Message from the Chair



Dr. David Olson, D.C.
Board Chair

As you will see from reading this years' Annual Report, our team is made up of many talented and dedicated people. I am certainly pleased and honoured to chair a board consisting of outstanding public and professional members who volunteer their time and place the practice of chiropractic in the public interest first and foremost.

This past year was one of progress, challenges and change. I would like to express my special appreciation to our Registrar, Ms. Diana MacKay. Her administrative experience and insight are a welcome addition to the College. Her willingness to step into the role was an immense help and provided stability and guidance through this time of change. I have appreciated her counsel on many occasions.

I also appreciate the contributions of my fellow board members. I am always impressed with our public members and their willingness to strive for excellence in all matters pertaining to the college and the profession. Please take the time to get to know both the public and professional College Board members. I know each and every board member welcomes any communication from the members of the profession.

As you know, our Executive Director, Dr. Don Nixdorf, resigned from his position from the College and Association. My personal background with Don goes back to 1985 when I volunteered to be editor of the BC Chiropractic Association Newsletter. I will never forget attending an Association meeting at the time when Don was President and the Board was made up of distinguished, grey haired practitioners

that were senior members of my new profession. I recall the nervousness, no, fright, at having to speak to this board about my proposal for our newsletter. Don must have sensed this and guided me through my presentation, ensuring that I didn't fall flat on my face. Over the 25 odd years since, he continued to keep me upright and be a mentor and leader of this profession.

Don's leadership efforts resulted in a high level of respect by government and related agencies and an equally high level of respect throughout the chiropractic community worldwide. He is always on duty for this profession, 24 hours a day, seven days a week. An individual such as this is never replaced. Thanks Don and good luck in all your future endeavours.

The College executive had several meetings with BCCA President, Dr. Jay Robinson to ensure a smooth transition for the administrative office and the membership. We continue to dialogue with the Association as issues affecting the public and profession occur.

With this change, it was fortunate that the College was coincidentally making plans for a new strategic direction and planning session. From a two-day workshop lead by an outside facilitator, the College endorsed a new mission, vision statement and strategic plan that will be formally introduced to the membership at the Annual General Meeting in October. It's an exciting time for the Board and the profession as we move forward, review and enact our legislated responsibilities to ensure that the citizens of British Columbia have improved access to highly competent and well educated chiropractors resulting in quality chiropractic care.

I would also like to thank Susan, Michelle and Mila for their help and guidance over the past year. We have a great and dedicated administrative staff who are always there to help all of us.

The future of chiropractic is in the hands of the profession and the public.

Sincerely,
Dr. David Olson

Registrar's Report



Ms. Diana MacKay, B.Sc.
Registrar

This past year has been one of opportunity for the College of Chiropractors of British Columbia. While we faced transition in several senior positions, the College recognized the need to perform a review and undertake a holistic and strategic planning approach to address some structural, administrative, governance and cultural issues that have emerged over time and in particular, with the transition to the new model under the Health Professions Act. The Board of Directors began work in 2013 that intended to ensure compliance with the legislative mandate as well as solidify the organizational structure and its own governance. Goals were articulated with specific strategies, timelines and success measures that are expected to provide a sound basis for discharging responsibilities related to public safety and interests and creating an engaged profession that contributes to enhancing health and wellness for British Columbians. In addition, the plan is intended to align efforts of staff and the Board toward those actions that will have the greatest impact.

The College is responsible for establishing, monitoring and enforcing standards of practice and enhancing the quality of practice. To that end, it creates and maintains a continuing competency program and a patient relations program to prevent professional misconduct; and, sets and enforces standards of professional ethics. The College engages in progressive disciplinary processes that are transparent, objective and fair.

Specific undertakings included:

- Changes made to Section 57.2 of the Bylaws increasing continuing education from twenty four (24) to forty (40) hours and introducing greater flexibility while meeting mandatory requirements.
- A total of two hundred and fifty six (256) Practice Self Reviews were completed by Registrants and reviewed by the College bringing the current five (5) year cycle to an end. The Quality Assurance Committee's current review of clinical ability assessment and standards of practice are expected to result in substantive changes to the self-review process for the next cycle.
- Inquiry Committee investigations resulted in two (2) suspensions and an accrual of \$76,039 in fines and costs being assessed. One (1) complaint is pending a hearing with the Discipline Committee and two (2) complaints have been taken forward to the Health Professions Review Board by the complainants.
- Changes were made to the Professional Conduct Handbook regarding billing arrangements to assist the College in satisfying their mandate of protecting the public. In response to the Inquiry Committee review of a significant number of complaints regarding billing arrangements, prepayment and financial penalties, language was adopted to ensure patient's understanding of treatment plans and to provide full disclosure of the billing arrangements and fees.

In performing its duties, the College continues to enhance collaborative relations with other entities, building effective partnerships which contribute to the

ability of the College's registrants and the College itself to respond and adapt to changes in practice environments, advances in technology and other emerging issues.

College Committees were all active and despite numbers remaining relatively constant, the complexity of decisions increased requiring a greater commitment from the committee members. Thank you to the members for their valuable contribution to the College.

Many people do not realize that despite having a significant statutory mandate, the work of the College is accomplished by a very small, dedicated and incredibly efficient staff. A much deserved thank you to:

- Aurora Yu who managed the intake process for Personal Self-Reviews (and retired in March);
- Susan Wawryk who supports the Registration, Inquiry and Quality Assurance Committees;
- Michelle Da Roza who looks after all of our communications and web activities; and
- Mila Capina who handles all of our financial activities.

To the Board, thank you for the opportunity to make a contribution and to participate in the important work of the CCBC.

And lastly, congratulations and thank you to Dr. Don Nixdorf for his unstinted support of the College and its activities.

Respectfully Submitted,
Ms. Diana MacKay

Our Vision

Aspiring to the highest standards of Chiropractic Care transforming health and wellness.

Our Mission

We serve and protect the public, and govern the delivery of chiropractic health care by

- Ensuring the highest professional standards;
- Advancing continued education and research; and
- Promoting and enhancing collaborative relationships.

Strategic Planning

Recognizing that the planning process is dynamic the Board of Directors reviewed its planning landscape identifying, analyzing, and prioritizing issues impacting their ability to fulfill the College's mandate; crafted a new vision statement, revised the mission statement and developed three overarching goals for projected achievements for the next three (3) years.

College administration streamlined and effectiveness increased

The administrative structure of the college will be reviewed to ensure resources are aligned with the Board and College's mandate and vision. As the Board looks to the future of the organization, it needs to create capacity to manage transformation, changes to policies and processes, and provide an appropriate level of support to the Board and its committees. The legislative mandate also requires that the college to promote and enhance the ability of its registrants, to respond and adapt to changes in practice environments, advances in technology and other emerging issues.

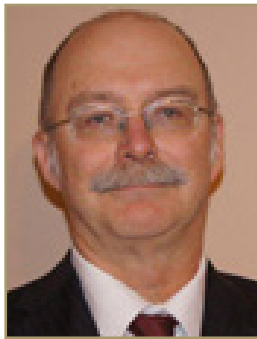
Board of Directors governance to reflect best practices

The Board of Directors recognizes the need for reviewing its structure and operations to ensure that its legislative mandate is met by implementing a solid governance model for its regulatory oversight role.

Strengthen collaborative relationships

Somewhat unique to colleges captured under the *Health Professions Act* (the Act), is the requirement, in the course of performing their duties and exercising their powers under the act, to promote and enhance collaborative relations with other colleges, regional health boards and other entities in the Provincial health system, post-secondary education institutions and the government. The Act also requires the college to promote and enhance inter-professional collaborative practice between its registrants and persons practicing another health profession. This goal recognizes that legislative imperative and the need for the chiropractic profession to work more collaboratively to further health care goals in the public interest.

Registration Committee



Dr. Richard Hawthorne, D.C.
Registration Committee Chair

The Registration Committee currently consists of:

- Dr. Richard Hawthorne
- Dr. Avtar Jassal
- Mr. Bob Bucher

The Registration Committee is responsible for checking that applicants for membership in the College of Chiropractors of BC have met all the requirements for this honour. The committee and its responsibilities and the requirements for the practice of chiropractic are outlined in The *Health Professions Act* and the By-laws of the College of Chiropractors of BC. The committee may grant full, limited, student, temporary or non-practicing registration. The committee is also responsible for processing fee reduction requests and reinstatement of chiropractic doctors who were previously registered to practice in BC. It may grant registration for a specified period of time, impose limits on the practice of a registrant or refuse registration. The committee works with the Registrar, who screens the applications before forwarding them to the committee for their assessment.

At the time of this report, we had several active applications. Some of the open/active files are from foreign applicants inquiring about practicing in BC.

This year I would like to bring to the attention of the members that section 56 of the by-laws states:

The scope of the Registration Committee is set out in section 1-15(1)–(2) of the Bylaws made under the Health Professions Act, RSBC 1996, c.183.

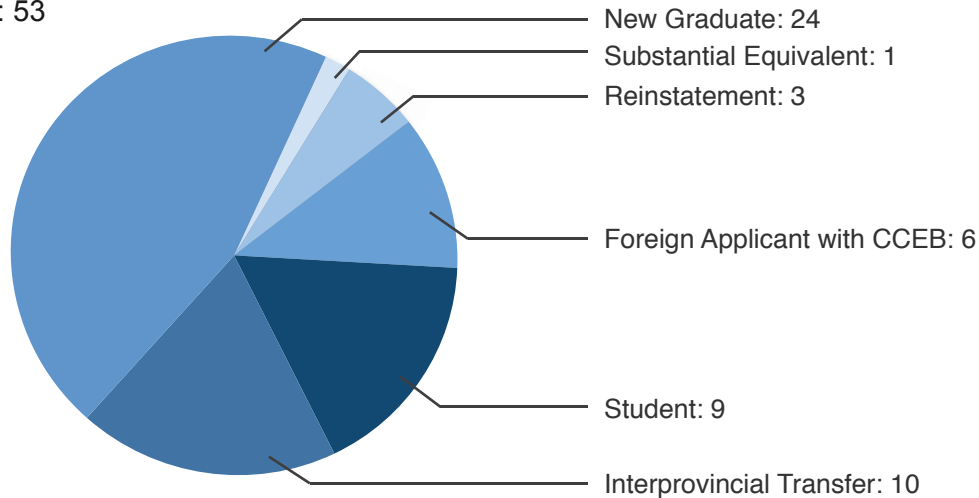
A registrant must immediately notify the registrar of any change of address, name or any other registration information previously provided to the registrar.

I would like to thank my committee members for their time and effort over the past year and thanks to the Registrar for her help in resolving some of the issues we have faced. Most applications are straight forward but we have several that took extra time and information to process. I would also like to thank Susan at the College Office who helped in organizing the applications and communicating with the applicants.

Respectfully submitted,
Dr. Richard Hawthorne

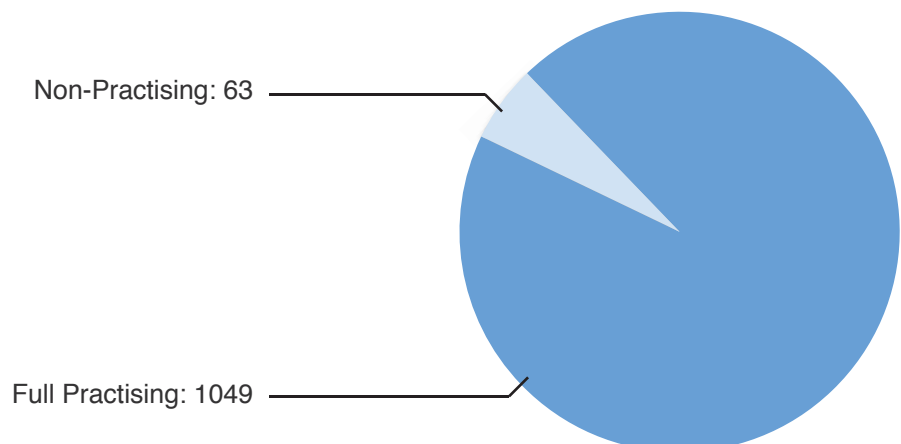
New Registrants

TOTAL: 53



Registration*

TOTAL: 1112



*no temporary or student registrations to report

Inquiry Committee



Dr. Robert Turner, D.C.
Inquiry Committee Chair

The Inquiry Committee is comprised of:

- Dr. Lesley Taylor-Hughes
- Dr. Shannon MacNeill
- Dr. Doug Wright (vice chair)
- Dr. Robert Turner (chair)
- Mr. Doug Kellner (public member)
- Ms. Shirley Stocker (public member)

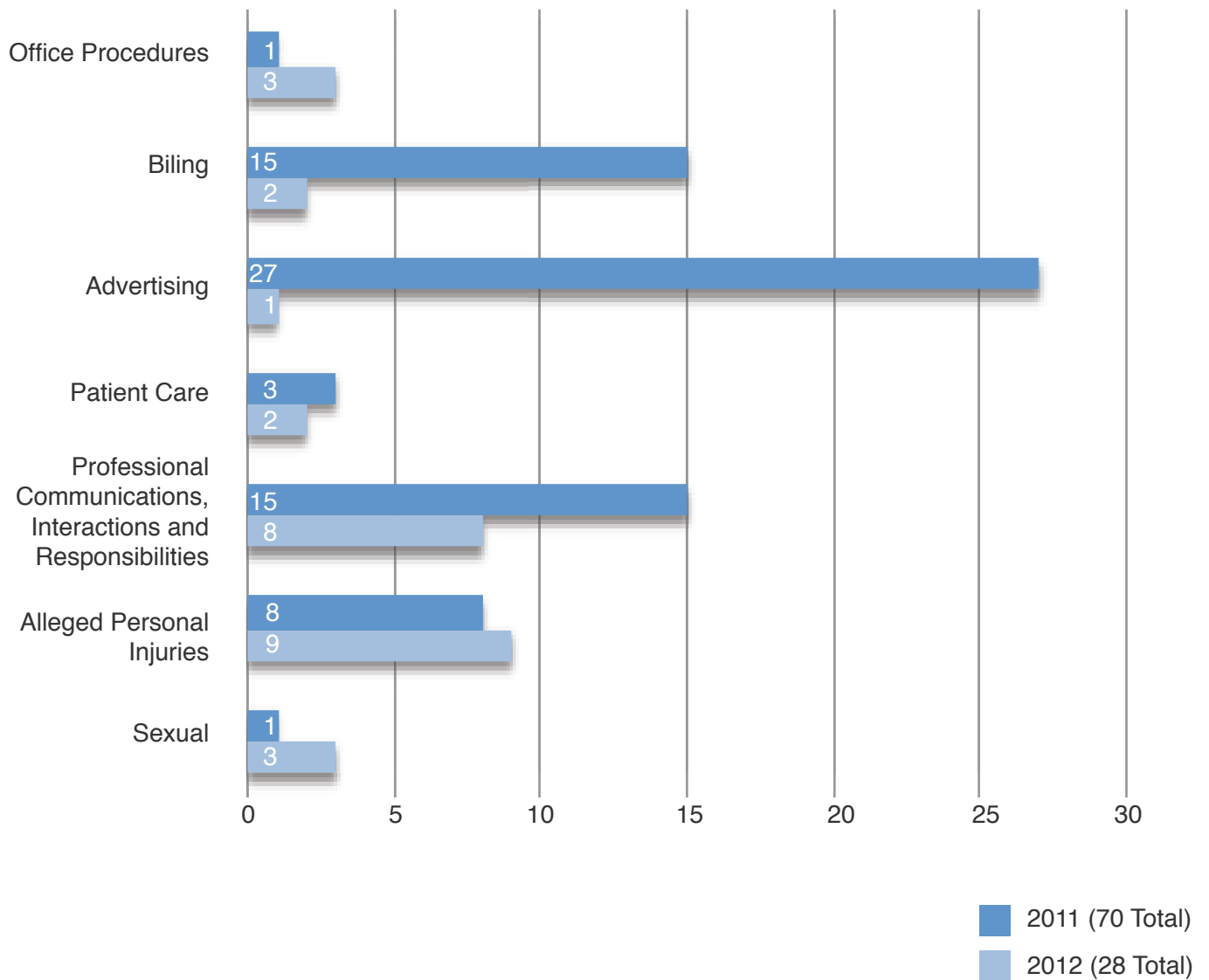
One of the main reasons for the decline in advertising complaints this year was due to changes to the Professional Conduct Handbook that now allow for more descriptive terms. Please keep in mind that advertising must be verifiable, truthful and not misleading. The onus is on the advertiser to defend any charges by complainants.

While the number of complaints is down, the complexities of the cases have increased. Two or three registrants consume a majority of the time load and costs contributed to the committee. We hope next year is much simpler.

Respectfully submitted,
Dr. Robert Turner

The scope of the Inquiry Committee is set out in section 1-16(1)–(2) of the Bylaws made under the Health Professions Act, RSBC 1996, c.183.

Summary of Investigations



Discipline Committee



Dr. Natalie Williams, D.C.
Discipline Committee Chair

The Discipline Committee consists of six (6) persons appointed by the CCBC Board. A minimum of two (2) members of the committee must be public representatives, at least one (1) of whom must be an appointed Board Member.

The Discipline Committee works in panels of three (3) to hear cases that are referred from the Inquiry Committee following their investigation of complaints against registrants. After a hearing of the evidence, the Discipline Committee decides on the propriety of the registrant's professional conduct and the disciplinary action required to address that conduct.

Under the *Health Professions Act*, the College is required to provide public notice of the discipline decisions rendered by the Discipline Committee, as well as a registrant's consent to discipline after a citation to a hearing has been issued, or a consent or undertaking given in relation to a serious matter. The College provides this notice by posting summaries of the discipline on the College website. To provide the public with a complete discipline history, these postings include equivalent level disciplinary decisions made prior to transition to the *Health Professions Act*.

For this past reporting year, there were no hearings conducted by the Discipline Committee.

Scope of the Discipline Committee is set out in section 1-19 (1)-(2) of the Bylaws made under the Health Professions Act, RSBC 1996, c.183.

The Discipline Committee Members are:

- Dr. Natalie A. Williams (chair)
- Dr. Brad Dickson
- Mr. Derek Hall (public member)
- Ms. Pat Lawrence (public member)
- Ms. Karen Kesteloo (public member)
- Currently one vacant position

Respectfully Submitted,
Dr. Natalie A. Williams

2012-2013 Disciplinary Outcomes Subject to Public Notice

During the year 2012-2013, the following disciplinary decisions were made that are subject to public notice under the *Health Professions Act*. Decisions requiring public notice are listed on the “Complaints/ Discipline” page of the College website for one (1) year. Thereafter, they can be found by searching the registrant’s name using the website’s “Find a Registered Member” search function.

October 26, 2012

Dr. Mark Terai, Cranbrook

Under section 37.1 of the *Health Professions Act*, Dr. Mark Terai admitted to (1) providing treatment to a patient at a social gathering, and in the provision of that treatment failing to (a) record or maintain a clinical record, (b) ensure the patient had given informed consent to treatment, (c) ensure the patient was treated in a location that offered the minimum office requirements as well as visual and auditory privacy, and (d) respect doctor-patient boundaries contrary to section 6.1 of the PCH; (2) failing to (a) properly inform a patient of the nature of his treatment and the potential for touching in and around her genital area, (b) obtain appropriate consent and (c) adequately prepare the patient for the intended treatment; and, (3) failing to exercise appropriate caution when treating in and around a sexually sensitive area resulting in inappropriate touching of a patient. Based on those admissions, Dr. Terai consented to an order from the Inquiry Committee (1) suspending his registration for two months (with one month to be stayed if all other terms of the order are met), and requiring him to (2) for one year following his suspension, offer and chart the use of a chaperone prior to performing any examination or treatment on women in sexually sensitive areas, (3) during that year, immediately

make his clinical records available for inspection by the College to ensure compliance with the charting requirements, (4) complete at his own cost a course on gender sensitivity, boundary issues and communications; and (5) pay costs of \$12,000.

December 17, 2012

Dr. Trevor Kilian, Vancouver

Under section 36 of the *Health Professions Act*, Dr. Trevor Kilian admitted to not being present when spinal screenings were conducted contrary to section 81(1) of the CCBC Bylaws and Appendix “G” of the Professional Conduct Handbook and in breach of the 2008 consent resolution of a prior complaint. Based on that admission, Dr. Kilian consented to: (1) a reprimand for professional misconduct; (2) an undertaking to (a) inform the Registrar over the next 2 years of all upcoming spinal screening sessions prior to the event, and (b) ensure that a registrant is present for all future screenings; and (3) payment of a fine of \$2,000.

March 7, 2013

Dr. Michael V. James, Kamloops

Under section 37.1 of the *Health Professions Act*, Dr. Michael James admitted to failing to inform a patient that his planned treatment would involve touching her buttocks and placing his hand underneath the waist band of her pants and underneath her underwear, and in the provision of that treatment, failing to adequately prepare that patient and obtain her consent to the treatment. In addition, Dr. James admitted that his clinical notes for this patient did not contain adequate particulars. Based on those admissions, Dr. James consented to an order from the Inquiry Committee (1) reprimanding him, and

requiring him to (2) pay a fine to the College in the amount of \$3000, (3) for two years, offer and chart the use of a chaperone prior to performing any examination or treatment involving designated areas of a patient's body, (4) complete at his own cost a course on gender sensitivity, boundary issues and communications; and (5) pay costs of \$6,300.

May 17, 2013

Dr. Kevin Henke, *Agassiz*

Under section 37.1 of the *Health Professions Act*, Dr. Kevin Henke admitted to engaging in sexual conduct in the period December 2007 to February 2008 with a patient contrary to section 6.1 of the College's Professional Conduct Handbook. Based on that admission, Dr. Henke consented to an order from the Inquiry Committee (1) reprimanding him for professional misconduct, (2) suspending his registration for six months commencing no later than 60 days from the Order issued on May 3, 2013 (with three months to be stayed if all other terms of the order are met), and requiring him to (3) complete approved coursework on boundary issues at his own expense; and (4) pay costs of \$10,000.

Quality Assurance Committee



Dr. Robert Rowe, D.C.
Quality Assurance Committee Chair

The Quality Assurance Committee works to promote high standards of practice amongst the members of the College. The committee is composed of four (4) members. Two (2) members are chiropractic Board members and two (2) are members of the public. Of the two (2) public members; one is a public Board member and the other is a public representative appointed by the CCBC Board.

The Quality Assurance Committee conducts office self-reviews and oversees continuing education credits of College registrants. The Quality Assurance Committee works on a number of things related to the *Health Professions Act*, including updating the Professional Conduct Handbook and Continuing Education.

This year was another learning experience and a lot was accomplished. A number of day long meetings took place to address issues like scope of practice, delegation of duties, updating the Professional Conduct Handbook and much more with still more to complete. One of the most significant changes we were tasked with was the amendments to Continuing Education Requirements. Effective July 1, 2013, all full and limited registrants are required to complete 40 hours of Continuing Education every two (2) year term. This step was taken to ensure continued clinical competency of registrants. The new requirements provide even greater flexibility. Registrants can earn up to 12 credits through personal development and study through the new Unstructured category and the maximum cap of 12 hours on single events that fall under the Structured category was removed. It is important to note that with these

The scope of the Quality Assurance Committee is set out in section 1-18(1)–(3) of the Bylaws made under the Health Professions Act, RSBC 1996, c.183.

changes, the registrant becomes fully responsible for determining the relevance of the learning experience and must carefully document and collect details to prove completion.

We on the committee would like to thank the office staff Susan, Mila and Michelle for all of their hard work and dedication behind the scenes.

I would like to thank our committee members Karen Kesteloo, Diana MacKay, now occupying the registrar's position, Dr. Enrique Domingo and Dr. Rob Cormack for their dedication, hard work and input on these very important discussions. I could not have asked for a better team to address these important issues in such a timely manner with such important outcomes. The profession is well served and will continue to be in the future.

I would like to extend a heartfelt thank you on behalf of our committee to Dr. Don Nixdorf for all he has contributed to the profession and College Board over the years. Although it is regretful to see him leave it is comforting to know he will still be around to assist when called upon. We wish him all the best in his return to full time private practice.

Respectfully,
Dr. Robert Rowe

Patient Relations Committee



Dr. Shannon Patterson, D.C.
Board Vice Chair
Patient Relations Committee Chair

Committee Members:

- Dr. Shannon Patterson (chair)
- Dr. Heidi Benda (vice chair)
- Mr. Bob Bucher (public member)

The Patient Relations Committee is in its fifth year of operation as a committee mandated under the HPA. This committee is composed of three (3) members which currently are all CCBC board members.

This year the Patient Relations Committee established a mandatory Continuing Education exam for its membership to comply with the mandate of the *Health Professions Act*. The committee was pleased to offer this exam at no cost to College members and in an online format for ease of access. By removing the cost and access challenges to this exam, the committee felt this was a good starting point for further education to be offered by the Patient Relations Committee. All required members successfully completed this exam in the required time and were allotted one (1) hour of Continuing Education credit for doing so.

Of course no undertaking is perfect and the committee took into account feedback and concerns expressed by some of the registrants and will take that into account for future endeavours. We always welcome your feedback and creative suggestions for doing an even better job.

The importance of clear, respectful and open communication with

The scope the of Patient Relations Committee is set out in section 1-19 (1)-(4) of the Bylaws made under the Health Professions Act, RSBC 1996, c.183.

your patients and practice members is of utmost importance. Explaining what to expect from your care and how you will be delivering your care can prevent unnecessary confusion and upset from an uninformed patient. An informed patient is an empowered patient and one who feels more comfortable asking questions when needed. This can prevent unnecessary complaints due to lack of communication down the road.

The mandate of this committee is as follows (taken from Part 1, section 19 of the By-laws of the Health Professions Act):

- *Establish and maintain procedures by which the college deals with complaints of professional misconduct of a sexual nature;*
- *Monitor and periodically evaluate the operation of procedures established under (3)(a);*
- *Develop and coordinate, for the college, educational programs on professional misconduct of a sexual nature for members and the public as required;*
- *Establish a patient relations program to prevent professional misconduct, including professional misconduct of a sexual nature;*
- *Develop guidelines for the conduct of registrants with their patients; and*
- *provide information to the public regarding the college's complaint and disciplinary process.*

Respectfully submitted,
Dr. Shannon Patterson

2012-2013 Board of Directors

Dr. David Olson	Chair
Dr. Shannon Patterson	Vice Chair
Dr. Robert Rowe	Board Member
Dr. Enrique Domingo	Board Member
Dr. Richard Hawthorne	Board Member
Dr. Rob Cormack	Board Member
Dr. Heidi Benda	Board Member
Dr. Avtar Jassal	Board Member
Mr. Robert Bucher	Board Member
Mr. Derek Hall	Public Member
Mr. Doug Kellner	Public Member
Ms. Karen Kesteloo	Public Member

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