COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
PROFESSIONAL CONDUCT HANDBOOK

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INTRODUCTION

This *Professional Conduct Handbook* (the "*Handbook*") is published for the guidance of registrants of the College of Chiropractors of British Columbia (the "College") further to the authority granted to the Board under section 19(1)(k), (l) and (z) of the *Health Professions Act*, RSBC 1996, c. 183 (the "*HPA*") and section 82 of the *Bylaws of College of Chiropractors of B.C. under the Health Professions Act* (the "*Bylaws*"). The Handbook's purpose is to assist registrants in maintaining proper standards of professional conduct and in understanding scope of practice issues.

The *Handbook* is intended as a guide for standards, limits and conditions for the practice of chiropractic and standards of professional ethics. It is not a comprehensive code. Simply because a duty or right may not be specifically considered in the *Handbook* does not preclude its existence, or the possibility that it might be enforced by the Inquiry Committee or the Discipline Committee. It is always open to those Committees to decide on a case-by-case basis what constitutes professional misconduct, incompetence or practising beyond the scope of chiropractic.

Further, the Board anticipates that aspects of professional ethics and conduct and scope of practice will continue to require clarification as the profession evolves. Additions and amendments to the Handbook may be published and distributed from time to time.

Lastly, registrants are reminded of their obligation to know and abide by the *HPA*, the *Bylaws* and other legislation that governs the practice of chiropractic in British Columbia, including:

> the *Chiropractors Regulation*, BC Reg. 414/2008,
>
> the *Health Professions General Regulation*, BC Reg.
>
> 275/2008, the *Health Act*, RSBC 1996, c. 179,
>
> the *Health Care (Consent) and Care Facility (Admission) Act*, RSBC 1996, c.
>
> 181, and the *Personal Information Protection Act*, SBC 2003, c. 63.

When registrants treat patients who may receive or are receiving government funding for all or part of the cost of their treatment, they should also be familiar with the relevant portions of the legislation that pertains to such funding, including the *Medicare Protection Act*, RSBC 1996, c. 286, the *Insurance (Vehicle) Act*, RSBC 1996, c. 231, and the *Workers Compensation Act*, RSBC 1996, c. 492, as well as all of the applicable regulations to those acts.

CODE OF ETHICS

1. The ethical foundation of the practice of chiropractic consists of those established moral obligations which ensure the dignity and integrity of the patient and the profession.

2. A chiropractor will respect the Chiropractic Oath and accept the moral responsibility to act as his or her own ethicist.

3. A chiropractor will show concern for human caring and, whenever possible, will involve patients in decisions relevant to their care.

4. A chiropractor will practice the profession to the best of his or her ability, and will continue to educate himself or herself in order to improve clinical competence and assure the confidence and respect of patients.

5. A chiropractor will respect the dignity of both colleagues and patients by being truthful, honouring confidences and acting with compassion.

6. A chiropractor will, in the public interest, preserve, protect and communicate the expertise of the profession in legislative, public education and research matters.

7. A chiropractor will collaborate with other recognized health-care practitioners toward the ideal of teamwork, in which the rights of the patient and the profession are respected equally.

8. A chiropractor will not take physical, mental, social or financial advantage of patients.

STANDARDS, LIMITS AND CONDITIONS OF PRACTICE

Part 1 Patient Rights

1.1 A chiropractor will render chiropractic care without regard to race, national or ethnic origin, colour, sex, sexual orientation, marital or family status, disability, age, religion, or political belief.

1.2 A chiropractor will recognize the right of patients to select professional health care, separate or complimentary to chiropractic care.

1.3 A chiropractor should never abandon a patient without due regard for the patient's welfare, and must give sufficient notice of withdrawal to permit the patient to secure another practitioner. The procedure for withdrawing from patient care is set out in the article "Withdrawing from Patient Care" which is Appendix "A" to the *Handbook*.

1.4 Except where necessary to safeguard society or when required by law, a chiropractor may only divulge confidential information (whether derived from the patient or any other source) with the permission of the patient, or the person(s) responsible for the patient.

Part 2 Consultation and Examination

2.1 A chiropractor will keep a patient file for each patient, showing name and address, the dates seen, an adequate history and particulars of physical examinations, radiographic examinations, investigations ordered and the results of same, the diagnosis made, and the treatment prescribed. Clinical records must be accurate, legible and comprehensive. The contents of a good clinical record are reviewed in Appendix "B" to the *Handbook*. For information about preventing and responding to the loss of patient files see Appendix "C" to the *Handbook*.

2.2 A chiropractor will adequately prepare a patient for both examination and treatment.

2.3 Before commencing examination or treatment, a chiropractor will obtain the patient's informed consent.

2.4 A chiropractor must not exaggerate or minimize the gravity of a patient's condition, and will ensure that the patient, or the person(s) responsible for the patient, has sufficient knowledge of that condition to make decisions regarding the patient's best interests.

2.5 A chiropractor will recommend only those diagnostic procedures deemed necessary to assist in the care of the patient and only that treatment considered essential for the well-being of the patient.

2.6 The chiropractor is responsible for making an appropriate referral where they determine that imaging reports they have ordered includes findings or recommendations outside the scope of practice for chiropractic. See Appendix "L" to the Handbook for additional information.

2.7 A chiropractor will not guarantee a cure, either verbally or in writing, and at most, will offer only an estimate as to length of time or number of visits required for treatment of the patient's condition.

2.8 Before the commencement of treatment, a chiropractor will advise the patient of findings and recommendations in a professional and responsible manner.

2.9 Before any chiropractic techniques are used, a chiropractor must conduct a direct physical examination of the patient's area of complaint.

2.10 A chiropractor may examine and treat his or her spouse and other family members so long as, in providing such care, the chiropractor meets all obligations pertaining to examination and the provision of treatment, including obtaining the patient's informed consent and keeping a patient file in accordance with section 2.1 above.

Part 3 Provision of Care and Privacy

3.1 A chiropractor will ensure that patients enjoy the benefits of a clean, comfortable office. Minimum office requirements are reviewed in Appendix “B” to the *Handbook*.

3.2 A chiropractor may concurrently examine and treat more than one patient in a single “open-concept” treatment room, provided all patients are advised that, at any time, they may choose to be examined and treated in private. Chiropractors who utilize “open- concept” treating in their practice will maintain a separate room within their office where patients can be examined and treated with visual and auditory privacy.

3.3 A chiropractor may have his or her pet inside the office; however, the chiropractor must put a notice on the front door advising of the presence of the pet and must advise all prospective patients who telephone the office that the pet might be present when they visit.

3.4 A chiropractor may delegate an aspect of practice under s. 81 of the Bylaws in accordance with Appendix “M” of the Handbook.

Part 4 Professional Fees

4.1 A chiropractor must consider the welfare of the patient above all else, and will not let expectations of remuneration, or any lack thereof, affect the quality of service rendered to the patient.

4.2 When determining fees to the patient, a chiropractor will consider the professional service rendered and the patient's ability to pay.

4.3 A chiropractor will discuss fees with patients when appropriate, and always when proposed fees exceed those customarily charged.

4.4 A chiropractor may advertise and provide complimentary or reduced-fee consultations, examinations or treatment; however, the application of diagnostic procedures, in particular x-rays, and the treatment of patients must be based on clinical need (*see section 2.5 above*). Further, before undertaking service that is not included as part of a complimentary or reduced-fee consultation, examination or treatment, the chiropractor must inform the patient of the amount of all additional fees and obtain the patient's consent to proceed.

4.5 Upon request, a chiropractor will supply patients with the information they require in order to exercise their entitlement to any employment, insurance or extended-health benefit.

4.6 A chiropractor may participate in community fundraising with a registered charity by

1. donating services,
2. donating fees for services, or
3. donating products (pillows, support, etc.).

When donating chiropractic products or services, a chiropractor must comply with all provisions of the Handbook, including in particular the provisions concerning patient care and record-keeping. All donated services are considered to be “paid in full”. A chiropractor will not bill third-party payers for donated chiropractic products or services or provide documentation to patients in support of the billing of third party payers for donated chiropractic products or services.

4.7 When submitting an insurance claim on behalf of a patient, or providing documentation to the patient to support such a claim, a chiropractor must comply with the requirements of Appendix “O” of the Handbook.

Part 5 Fee Arrangements

5.1 A chiropractor must not enter into an arrangement with a patient for the billing or payment of fees for professional services that covers more than one patient visit.

5.2 Provided fees for professional services are only charged for one patient visit at a time, nothing in section 5.1 prevents a chiropractor from

(a) advertising fees for professional services, or

(b) discounting fees for professional services, either for promotional reasons or based on the patient’s ability to pay.

5.3 Despite section 5.1, a chiropractor may enter into an arrangement with a third-party payer (such as ICBC, WorkSafeBC, an insurer, or the patient’s employer or lawyer) for the billing or payment of fees for professional services that covers more than one patient visit.

5.4 Subject to section 5.5, a chiropractor must not accept payment for professional services not yet rendered to a patient.

5.5 A chiropractor may accept payment at the beginning of a patient visit for professional services to be rendered at that patient visit.

Part 6 Sexual Conduct with a Patient

6.1 Sexual conduct between a chiropractor and patient is prohibited.

(a) Sexual conduct is any speech or behaviour of a sexual nature.

(b) Sexual conduct by a chiropractor towards a patient is an abuse of the chiropractor/patient relationship. Any sexual conduct between chiropractor and patient exploits that relationship.

(c) Inquiries into a patient's sexual history are only appropriate if related to the direct diagnosis and treatment of the patient's current complaints.

(d) Sexual conduct of any kind between a chiropractor and patient is always unethical and unprofessional. During the continuity of the chiropractor/patient relationship, consent of the patient is no defence to an allegation of sexual conduct.

(e) Sexual conduct between a chiropractor and former patient is unethical unless it is clear that

(i) the patient understands that the chiropractor/patient relationship has ended, and

(ii) the patient is capable of consenting, i.e. the patient is over 19 years of age and does not suffer from a mental disorder or emotional dependency that may impair their ability to consent.

(f) Examples of sexual misconduct include:

(i) gowning practices that do not respect the patient's privacy or exceed that necessary for chiropractic care,

(ii) requesting details of sexual history or sexual preference in any situation where it is clearly irrelevant to the patient's clinical care,

(iii) discussing sexual problems, preferences or fantasies between a chiropractor and patient, or

(iv) inappropriate representation of chiropractic treatment that involves sexual conduct.

6.2 Nothing in section 6.1 precludes a chiropractor from providing treatment to their spouse. For the purpose of this provision, 'spouse' includes a common-law spouse.

Part 7 Sexual Harassment

7.1 Sexual harassment is any unwanted sexual conduct directed toward anyone, including patients, associates, other professionals and office staff.

7.2 Sexual harassment is always unethical and unprofessional.

7.3 Examples of sexually harassing verbal behaviour which does not need to be specifically directed at the victim to constitute sexual harassment, include:

(a) idle chatter of a sexual nature and graphic sexual descriptions,

(b) offensive and risqué jokes or jesting and kidding about sex or gender-specific traits,

(c) suggestive or insulting sounds such as whistling, wolf-calls or kissing sounds,

(d) comments of a sexual nature about weight, body shape, size or figure,

(e) pseudo-medical advice with sexual overtones,

(f) staged whispers or mimicking of a sexual nature about such things as the way a person walks, talks or sits,

(g) innuendoes or taunting,

(h) rough and vulgar humour or language,

(i) gender-based insults or sexist remarks,

(j) comments about a person's looks, dress, appearance or sexual habits,

(k) inquiries or comments about an individual's sex life or relationship with a sex partner, or

(l) telephone calls with sexual overtones.

Part 8 Approval of Techniques and Modalities

8.1 The Board recognizes there are a variety of techniques, therapies and modalities available to chiropractors for the assessment and treatment of patients. Subject to the scope of practice for chiropractors in British Columbia, as defined by the *HPA*, the *Chiropractors Regulation* and this *Handbook*, and subject to any contrary ruling by the Board, a chiropractor may utilize any technique, therapy or modality taught by one of the recognized chiropractic education programs listed in Schedule “B” of the *Bylaws* (a “Recognized Program”) as part of the curriculum.

8.2 If a chiropractor wishes to utilize a technique, therapy or modality that is not taught by a Recognized Program as part of the curriculum, he or she must first apply to the Board for approval. In accordance with Appendix "D" of the *Handbook*, a chiropractor applying for approval of a technique, therapy or modality must provide the Board with all submissions and documentation which the chiropractor believes are relevant to and necessary for the Board's review.

8.3 Before presenting chiropractic research to the public, a chiropractor will communicate the results of that research to colleagues or appropriate chiropractic institutions of learning, using recognized scientific channels, in order that those colleagues or institutions may establish an opinion as to the validity of the research.

Part 9 Scope of Practice

9.1 The scope of practice will include:

1. All activities outlined in the Health Professions Act, Chiropractors Regulation for the purposes of promotion, maintenance and restoration of health the services of:
   a) Assessment of the spine or other joints of the body and the associated tissue, and the nervous system,
   b) Treatment of nervous system, muscular and skeletal diseases, disorders and conditions through manipulation or adjustment of the spine or other joints of the body by hand or by using devices directly related to the manipulation or adjustment, and
   c) Advice and counseling on matters related to the condition of the spine or other joints of the body and the associated tissue, the nervous system and the overall health of the individual.

2. All restricted activities as listed in the Health Professions act, Chiropractors Regulation section 4:

   a) make a diagnosis identifying, as the cause of signs or symptoms of an individual, a disease, disorder or condition of the spine or other joints of the body and the associated tissue, and the nervous system;

   b) move a joint of the spine beyond the limits the body can voluntarily achieve but within the anatomical range of motion using a high velocity, low amplitude thrust;

   c) put an instrument, a device or a finger into the external ear canal for the purpose of assessing the ear and auditory systems;

   d) put a finger beyond the anal verge for the purpose of manipulating the coccyx;

   e) apply X-rays for diagnostic or imaging purposes, excluding X-rays for the purpose of computerized axial tomography *(ref section 83 Bylaws)*;

   f) issue an instruction or authorization for another person to apply, to a named individual,

      (i) electromagnetism for the purpose of magnetic resonance imaging, or

      (ii) X-rays for diagnostic or imaging purposes, including X-rays for the purpose of computerized axial tomography.

      (iii) ref section 83 Bylaws

3. Therapeutic and diagnostic procedures taught in the core curriculum, postgraduate curriculum or continuing education division of a program accredited by the Council on Chiropractic Education.

4. Other therapeutic and diagnostic procedures as approved by the College of Chiropractors of BC.

9.2 A chiropractor may use adjunctive[1] diagnostic and therapeutic procedures that are in the public domain such as:

a) electrotherapies including therapeutic ultrasound
b) mechanical traction
c) orthotics and braces
d) light therapy
e) hot and cold therapy
f) hydrotherapy
g) thermography
h) Surface EMG
i) Exercise, nutritional and lifestyle counselling

9.3 Guidelines for the use of laser instruments within the scope of practice are set out in Appendix "K" to the Handbook.

9.4 Diagnostic and therapeutic procedures specifically prohibited are:

a) Internal and external vaginal examinations or adjustments
b) Prostate examinations
c) Visceral manipulation[2]
d) Muscle or Vega testing for food allergies, nutritional deficiencies, or visceral dysfunction
e) Kinesiology methods or techniques called moding or hand moding[3]
f) Use of any procedure involving the testing of a person other than the patient
g) Use of the Toftness Radiation Detector or sensometer
h) Supplying supplements for and monitoring a very low calorie diet program.

9.5 The prevention and treatment of infectious disease is not within the scope of chiropractic practice. Accordingly, British Columbia chiropractors must not provide any professional advice or counseling to patients in relation to vaccination issues. Patients with vaccination questions should be advised to contact their local public health officials.

As a result of the adoption of this policy, registrants may not:

a) Counsel patients with respect to immunization and vaccination
b) Conduct seminars as a chiropractor about immunization and vaccination
c) Supply immunization information (electronic, paper or verbal) in your clinic or in any other venue where you are acting as a chiropractor
d) Provide immunization information on your public website

As primary care practitioners, chiropractors play an important role in identifying disease, illness or injury conditions and directing their patients to the proper health care when the treatment required is not within the scope of chiropractic.

The Policy on Vaccination and Immunization is attached as Appendix J.

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[1] Adjunctive to Scope of Practice. Must be direct correlation to Scope of Practice 9.1

[2] Manipulation or mobilization, by manual or other means, of the viscera of the body or the points of contact between the viscera and their supporting structures within the body in order to improve viscera position or mobility.

[3] Where the practitioner or patient places the fingers of one hand in a particular configuration while at the same time the practitioner performs muscle testing to assess the structural or functional components of the body

Part 10 Professional Consultation

10.1 A chiropractor will recognize professional limitations and, when indicated, will recommend other opinions and services to patients.

10.2 When diagnosis or treatment is difficult or obscure, or when the patient requests it, a chiropractor will request the opinion of an appropriate chiropractor or health practitioner who is acceptable to the patient. Having requested the opinion, the chiropractor may make available any relevant information and will clearly indicate whether the colleague is to assume the continuing care of the patient during this illness.

10.3 When a colleague requests an opinion, a chiropractor will report findings and recommendations in detail and may outline the opinion to the patient. After providing such an opinion, a chiropractor will continue care of the patient only at the specific request of the attending chiropractor or health practitioner, and with the consent of the patient.

Part 11 Personal and Professional Conduct

11.1 A chiropractor will report unethical conduct or incompetence on the part of a registrant to the College and to such other authorities as may be appropriate.

11.2 A chiropractor will ensure that, at all times, his or her conduct merits the respect of the public for members of the profession.

11.3 A chiropractor will protect his or her professional reputation by avoiding all situations that could lead to a conflict of interest.

11.4 A chiropractor will not request or accept cash or other consideration for referring patients to another health care provider.

11.5 A chiropractor will not offer any cash or other consideration to any person for the procuring of patients.

11.6 When a chiropractor is requested to examine another practitioner's patient on behalf of an authorized third party for the purpose of providing an opinion on the condition or treatment of the patient, the chiropractor will perform the necessary procedures to provide the requested information and will not engage in treatment of the patient as long as any conflict of interest exists.

11.7 Before proceeding with an examination on behalf of a third party, a chiropractor must provide the patient with an explanation of the legal responsibility that the chiropractor owes to the third party.

11.8 A chiropractor will not require an employee to be a patient as a condition of employment.

Part 12 Practice Arrangements

12.1 A chiropractor will not enter into a contract with any individual or organization which jeopardizes professional integrity.

12.2 A chiropractor will, when associating in practice with other chiropractors, insist that they maintain the professional standards described in the *Bylaws* and the *Handbook*.

12.3 At the time of leaving or retiring from practice, or in the case of a sale of his or her practice, a chiropractor must advise the College in writing where the clinical records from the practice are to be transferred or stored. The College Board will not consider any application for change in practice status or reimbursement of dues until the College has received the required advice concerning the location of the clinical records.

12.4 Subject to section 12.1, a chiropractor may enter into office sharing arrangements with other health care practitioners in accordance with the "Guidelines for Office Sharing" attached as Appendix "E" of this *Handbook*.

Part 13 Dissolution of Practice Associations

13.1 When one chiropractor ceases to practice in association with (an) other chiropractor(s), either as an associate or as a partner, there is a duty upon the departing chiropractor and the chiropractor(s) remaining in the practice to inform all patients for whom the departing chiropractor is the responsible chiropractor of their right to choose who will continue to treat them.

13.2 The "responsible chiropractor" is defined as the chiropractor who is primarily responsible for the ongoing care of a patient. Practitioners who periodically cover a patient's appointment for their partner or associate do not thereby become the responsible chiropractor. However, a practitioner may become the responsible chiropractor if, through their contact with a patient, ongoing responsibility for the patient's care devolves to them.

13.3 The duty to inform a patient of the departure of a chiropractor will not arise when the departing chiropractor and the remaining chiropractor(s), acting reasonably, both conclude that it is obvious the patient will continue under the care of the remaining chiropractor(s).

13.4 In circumstances where the duty to inform arises, the affected patients must receive a letter informing them of this choice as soon as practicable after the date of the departure is determined. It is preferable that this letter be sent jointly by the departing chiropractor and the remaining chiropractor(s). However in the absence of a joint announcement, the departing chiropractor and the remaining chiropractor(s) may send separate letters in substantially the form set out in Appendix "F" to this *Handbook*.

13.5 A chiropractor cannot curtail the right of a patient to be informed and to choose his or her health care provider by any contractual or other arrangement, including so-called "non- competition clauses".

13.6 With respect to all communication surrounding the dissolution of practice association, whether required by the *Handbook* or not, a chiropractor should be mindful of his or her obligations to refrain from soliciting a patient under the active care of another chiropractor (*Handbook*, section 11.4) and to avoid comparing services provided with those provided by another chiropractor (*Bylaws*, section 85- Marketing).

13.7 Where, a patient requests the transfer of his or her clinical records, as part of a decision to continue treatment with the departing chiropractor, the remaining chiropractor(s) should make every effort to ensure that transfer occurs promptly after the request is received.

13.8 It is recommended that all chiropractors maintain copies of the clinical records of all patients they have treated, whether or not they continue to care for those patients. If departing or remaining chiropractors have treated a patient who will not be continuing in their care, they may review that patient's clinical records and make copies of the record at their own expense. Chiropractors who have not personally participated in the treatment of the patient may only make a copy of the record after receiving written authorization from the patient.

Part 14 Public Relations and Advertising

14.1 When communicating with the public, a chiropractor

(a) must not indicate a level of competence greater than that actually held, according to accepted standards,

(b) further to section 85(6)(a) of the Bylaws, may only indicate that he or she is a fellow of the Chiropractic Colleges of Clinical Sciences (C.C.C.S.(C)), the College of Chiropractic Orthopaedic Specialists (C.C.O.S.(C)), the Chiropractic College of Radiologists (C.C.R.(C)), the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (C.C.P.O.R.(C)) and the Royal College of Chiropractic Sports Sciences (Canada) (R.C.C.S.S.(C)).

Though the College name may indicate specialist or specialty, a registrant must adhere to Bylaws s. 85(6) (a) and (b) and not refer to themselves as a "specialist".

(c) may list academic degrees (such as Bachelor of Science, Masters, or PhD) behind his or her name, provided the degrees were obtained from an accredited institution, and may indicate the number of years he or she has been in practice,

(d) may use descriptive terms such as chiropractor for "X" team or chiropractor for "X" corporation, provided a team, club, corporation or event (for example, the B.C. Summer Games) has contracted with the chiropractor to provide services, and the official designation by the team, company or event is factual and verifiable owing to the existence of a formal agreement, and

(e) may reference designations, affiliations and awards not directly related to their practice of chiropractic, but only in accordance with the "Guidelines for Referencing Designations, Affiliations and Awards" attached as Appendix "H" to the Handbook

(f) Chiropractors must not advertise health benefits of their services when there is not acceptable evidence that these benefits can be achieved. See Appendix "N" to the Handbook and the Efficacy Claims Policy for additional information.

(g) may advertise or reference the Webster Technique or Certification only as "a specific chiropractic sacral analysis and diversified adjustment for all weight-bearing individuals."

14.2 Marketing activity referencing the use of any diagnostic or treatment techniques, tests, methods, devices or appliances must comply with Bylaw 85(2).

14.3 Chiropractors may use testimonials in marketing activity provided

(a) they obtain written permission to use a testimonial from the patient providing it, and

(b) all testimonials are truthful, accurate, in good taste and otherwise conform to the provisions of the *Handbook* and section 85 of the *Bylaws*.

14.4 A chiropractor may offer community or public screening in accordance with the "Community /Public Screening Guidelines" attached as Appendix "G" to the *Handbook*.

14.5 A chiropractor must not solicit a patient's participation in multi-level marketing or in any way participate with a patient in such marketing. For the purposes of this section, multi-level marketing is defined as a plan for the distribution of products whereby participants earn money by supplying products to other participants in the same plan, who in turn, make their money by supplying the same products to other participants.

14.6 A Chiropractor must not use web-based group coupon campaigns to market and sell chiropractic services. This only applies to chiropractic services. It does not prohibit chiropractors from participating in group coupon campaigns that only involve the sale of products.

APPENDIX "A": Withdrawing from patient care

Q. Can a chiropractor refuse to treat a patient?

A chiropractor has no legal duty to accept any patient. However, a chiropractor's refusal to accept a patient cannot be based on a ground that contravenes the B.C. *Human Rights Act* (i.e. race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex or sexual orientation). Further, although a chiropractor has no legal duty to provide care, in some circumstances, such as an emergency, a chiropractor may have an ethical duty to provide treatment.

Q. Can a chiropractor who has been rendering treatment to a patient withdraw care?

Yes, as long as the withdrawal of care is not an abandonment of the patient by the chiropractor. However, care generally should not be withdrawn:

1. if the patient requires emergency treatment; or
2. unless reasonable notice of the withdrawal of care is given to the patient.

Q. What constitutes abandonment of a patient?

Abandonment occurs when a chiropractor intentionally and unilaterally terminates an existing doctor-patient relationship when the chiropractic services are still indicated and then withdrawal of services by the chiropractor is not justified or has been done without reasonable notice to the patient.

Q. When is a chiropractor justified in withdrawing care to a patient?

The following are some examples of sound reasons for withdrawing care:

1. patient refuses to follow advice and treatment;
2. patient is abusive to or harassing the chiropractor; or
3. chiropractor is restricting practice to a particular type of problem or to office visits only.

Q. What constitutes reasonable notice of withdrawal of care?

Generally, where a chiropractor wishes to withdraw services to a patient, the chiropractor should inform the patient either orally or in writing. Oral communication of the withdrawal of services should be confirmed in writing. Preferably all written communications to the patient should be sent by double registered mail in order to create proof of delivery. A copy of the letter should be

kept in the patient's clinical record as well as in the chiropractor's own permanent file. The chiropractor should explain the reason for the withdrawal of care. The patient should be advised to secure the services of another chiropractor if continued treatment is required and the patient should be given reasonable opportunity to do so.

What constitutes a reasonable amount of time between giving notice and actually withdrawing treatment depends primarily on the availability of another chiropractor to render treatment. Generally, in most centres where there are multiple chiropractors, a reasonable notice period will be equal to the time required to locate and book an appointment with another chiropractor.

A sample letter is found in the attached Schedule "1".

Q. Are there circumstances where a chiropractor can withdraw services without giving advance notice to the patient?

Yes, if the chiropractor feels threatened or harassed by the patient, the chiropractor may withdraw from treatment without giving advance notice to the patient. The chiropractor may halt treatment during the course of the visit or inform the patient at the end of the visit that no further care will be provided, effective immediately. Withdrawal of treatment without notice in these circumstances (unless emergency treatment is required) should not be considered abandonment of the patient. Depending on the particular circumstances, further communication with the patient by a confirming letter may or may not be advisable.

Q. What if the patient terminates the doctor-patient relationship?

A patient does not need to give any notice to the chiropractor. A patient may discharge a chiropractor by giving notice orally or in writing, by not showing up for a scheduled appointment, or by refusing to undergo a recommended procedure. In some circumstances, it may be prudent for a chiropractor to confirm the patient's termination of the relationship in writing in order to protect against a claim of abandonment.

A sample letter is found in the attached Schedule "1".

Q. Is the patient entitled to obtain the patient's clinical record when the patient leaves the care of the chiropractor?

The patient's clinical record belongs to the chiropractor who created the record. However, the patient is entitled to the information in the record that relates to the patient's case history, diagnosis and treatment. If the clinical record contains information that is not related to the patient's diagnosis or treatment, that information can be severed from any information provided to the patient or to the new practitioner secured by the patient.

APPENDIX “A” – **SCHEDULE “1”**

1. **Suggested letter for withdrawing chiropractic service**

Dear (Patient):

I wish to (inform/confirm) that I am withdrawing from providing further chiropractic services to you as (you have persisted in refusing to follow my advice and treatment recommendations, or other reason).

In my opinion your condition requires further chiropractic attention, so, I suggest that you place yourself under the care of another chiropractor without delay. If you require a referral to another chiropractor, I can provide you with some names. I will be available to treat you if you choose, for a reasonable period of time after you receive this letter to allow you to obtain another chiropractor but in no event will I provide further services to you after (date).

With your consent, I will make available to your new chiropractor your case history and information regarding the diagnosis and treatment you have received from me.

Yours truly, (Chiropractor), D.C.

2. **Suggested letter to confirm discharge by patient**

Dear (Patient):

(Insert appropriate introduction: e.g. This will confirm our discussion (telephone conversation) today that you have discharged me as your chiropractor. <u>or</u> On (date), you failed to keep your appointment at my office. You may telephone me for another appointment if you choose or obtain treatment from another chiropractor. <u>or</u> At the time of your examination on (date), I informed you that I was unable to determine without x-ray study whether (insert). Not hearing from you, I strongly urge you to permit me or some other chiropractor of your choice to make this x-ray examination without delay.)

In my opinion, your condition requires further chiropractic care. If you have not already done so, I suggest that you obtain the services of another chiropractor without delay.

With your consent, I will make available to your new chiropractor your case history and information regarding the diagnosis and treatment you have received from me.

Yours truly (Chiropractor), D.C.

APPENDIX "B": Notes on record keeping and office maintenance

Record Keeping

It should be sufficient to state that as a primary health care provider, a chiropractor has both a legal and ethical responsibility to adequately diagnose, treat and/or refer the patient, for the ultimate benefit of that patient. An integral part of that responsibility is the maintenance of good clinical records.

A good clinical record should contain the following information in written detail.

A. History:

- chief complaint
- area of concern
- duration of complaint
- previous similar complaints
- probable cause
- nature of complaint, i.e., character of pain
- related or associated symptoms
- aggravating factors
- relieving factors
- previous care
- secondary illness or complaint (unrelated)
- systems review
- past history
- family history

B. Physical Examination:

- observation
- palpation (static, motion)
- percussion (when appropriate)
- auscultation (when appropriate)
- inspection

C. Spinal and Neuromusculoskeletal Examination:

- range of motion (general, segmental)
- muscle testing - strength, joint integrity, muscle innervation
- neurological/orthopedic status – reflexes, dermatomes, specific tests and/or signs

D. Laboratory Examination:

- roentgenological procedures
- referral for physiological tests - blood, urine
- referral for C.T. scan, myelogram, etc.

E. Diagnosis:

- this should represent a logical conclusion of the sum of the results of the above history and various examinations performed, and include a prognosis

F. Treatment:

- spinal adjustments
- manipulation and/or mobilization
- nutritional counseling
- supportive procedures
- first aid and emergency procedures
- patient education
- consultation
- referral

All clinical records should clearly and legibly indicate the progression of events in the history, diagnosis and care of the patient. Treatment records should demonstrate the date treatments were rendered, patient response (objective and subjective) to care, type of treatment given (i.e. mobilization, adjustment, soft tissue, ancillary care, supports, exercise, nutritional counseling, referral recommended), follow-up care required and/or date of discharge from care.

Office Maintenance

A chiropractor must have and maintain facilities and equipment commensurate with that expected of any primary care health practitioner.

Patients should enjoy benefits of a clean, comfortable office with privacy ensured when changing into and from clinic gowns.

All diagnostic and therapeutic equipment must be in normal operating function. Section 83 of the *Bylaws* requires “all registrants who operate a radiographic installation [to] obtain and at all times maintain a valid Certificate of Radiation Safety issued by a Radiation Protection Surveyor approved by the Radiation Protection Services of the Environmental Health Division, BC Centre for Disease Control”.

The Quality Assurance Committee oversees a program of periodic self-review of registrants’ offices, clinical records, and office procedures. Practice self-reviews are intended to assist registrants in maintaining proper standards of practice, particularly record keeping, and office maintenance. Following receipt, registrants must complete and return the self-review within 30 days. If a registrant fails to return a self-review within the allotted time, a full office inspection may be ordered, with the associated cost being charged to the registrant.

This brief outline is intended to give the new practitioner a guideline to follow when establishing his/her practice. Although by no means complete, it should give you the essential tools to ensure the delivery of good quality health care for the betterment of the patient.

APPENDIX “C”: Preventing and responding to the loss of patient files

Preventing the Loss of Patient Files

The *Personal Information Protection Act* (“PIPA”) requires chiropractors and chiropractic corporations to protect personal information in their control, such as patient files, “by making reasonable security arrangements to prevent unauthorized access, collection, use, disclosure, copying, modification or disposal”.

While PIPA does not identify what “reasonable security arrangements” are, various privacy organizations recommend adopting physical security measures (for example, locked filing cabinets, and alarm systems) technological tools (passwords, encryption, firewalls) and organizational controls (security clearances, restricted access to information, appropriate destruction of outdated information). In addition, it is necessary to ensure staff are aware of the need to protect personal information and trained in the safeguards used for that purpose.

The basic message is simple – develop an information security protocol for your office and then use it!

Responding to the Loss of Patient Files

Even with an adequate security protocol in place patient files can be lost either by accident or as a result of theft. If this occurs, the College recommends chiropractors take the following actions:

1. Where theft is suspected, immediately telephone the police to report the loss.
2. As soon as possible, personally telephone the patient whose file has been lost and explain what occurred and when.
3. Follow up this telephone call with a short letter to the patient documenting your communication. Where the loss has been reported to the police, be sure to provide the police file number. If the patient continues under your care it is also a good idea to provide him or her with a set ofyour standard patient introduction/information forms to be competed and returned to your office.
4. Telephone the College to advise of the date, circumstances and extent of the loss.
5. Write letters to any third-parties with an ongoing interest in the patient’s clinical records (for example, WCB, ICBC, MSP, a private insurer or the patient’s legal counsel) advising them of what is missing and the date of

the loss.

6. If at any time you have sent copies of all or part of the patient file to any of these third parties, your letter should include a request for them to provide you with a copy of what was previously sent to them. This material will assist you in reconstructing the missing file.

7. As soon as possible, write down or dictate everything you can remember about the patient's past examination and treatment using other relevant office records (for example, payment records, sign- in sheets or day sheets) as memory aides.

8. Draft a short report detailing the circumstances of the loss and steps taken to report the loss and recover the missing materials. Include a review of your security protocol focusing on any procedures to be implemented in the future to avoid similar losses. This report will be valuable in responding to any complaints or investigations (whether by the police, the College or the provincial privacy agency) concerning the loss.

APPENDIX "D": Board review of chiropractic scope of practice, assessment and treatment technique issues

As part of the establishment, monitoring and enforcement of standards of chiropractic practice in the province, the College Board (the "Board") will consider registrants' requests for review of scope of practice issues including techniques pertaining to the assessment and treatment of chiropractic patients.

I. PROCEDURE FOR REVIEWS

The following procedural guidelines apply to Board reviews of techniques:

Requests for Review

1. Registrants may submit requests for review of techniques to the Board in writing.

2. A request should include all submissions and documentation relevant to and necessary for the Board's review of the technique.

3. Upon receipt of a request, the Board may decline to review the technique if there is a prior ruling in respect of that technique (or a reasonably similar technique) of sufficient currency that further review is not then warranted. Should the Board decline to review a technique, it will advise the requesting registrant(s) accordingly.

Third-party Submissions

4. At any time after receipt of a written request for review and before rendering a decision in respect of that review, the Board may invite submissions from registrants other than the requesting registrant(s) or such other reasonably interested parties as the Board may identify (the "Interested Parties"). When inviting third-party submissions, the Board may specify requirements for both format and timing.

Additional Submissions

5. Should the Board decide that it requires further information before ruling in respect of a review, it may invite additional submissions from the requesting registrant(s), other participating registrants and the Interested Parties. When inviting additional submissions, the Board may specify requirements for both format and timing. Where appropriate, the Board may also identify information that it feels is missing from the original submissions.

6. At any time prior to the Board rendering a decision in respect of a technique review, the requesting registrant(s), other participating registrant or the Interested parties may write to the Board attaching additional materials or asking for time to gather and submit additional materials.

7. Where possible, the requesting registrant(s) should be allowed to review additional submissions from other participating registrants and the Interested Parties before deciding whether to make additional submissions.

8. If at any time the Board deems that it has sufficient materials to render a decision, it may decline either to receive additional materials, or to grant time for the gathering and submission of additional materials.

Quality Assurance

9. The Quality Assurance Committee (the "Committee") will assemble all written submissions pertaining to a review for presentation to the Board. When presenting the submissions to the Board, the Committee may provide the Board with an opinion on whether or not the technique under review falls within the scope of practice. The Board may consider, but is not bound by the Committee's opinion regarding scope of practice.

Oral Submissions

10. At any time after receipt of a written request for review and before rendering a decision in respect of that review, the Board may request oral submissions from the requesting registrant(s), and if necessary, other registrants or the Interested Parties. Where possible, the Board should permit the requesting registrant(s) to make oral submissions, when other registrants or the Interested Parties are afforded that opportunity.

Preliminary Report

11. Before rendering a final decision, the Board may circulate a preliminary report to the requesting registrant(s), other participating registrants and the Interested Parties. The preliminary report will identify the issues raised during the technique review and propose a ruling in respect of the. Receiving parties will be afforded the opportunity to comment on the report.

Notice of Board Decision

12. The Board will provide the requesting registrant(s) with written notice of its final decision in respect of the technique review. A copy of that notice will be forwarded to all registrants or Interested Parties who provided submissions to the Board.

II. SUBMISSIONS FOR REVIEWS

The Board maintains full discretion as to the criteria that will apply to the review of a particular assessment or treatment technique. In general, however, the Board will consider submissions that are responsive to the following questions:

A. ASSESSMENT

1. Scope of practice

(a) How does this assessment technique fit within the scope of practice as defined by the *Act*, the *Chiropractors Regulation*, the *Health Professions General Regulation*, the *Bylaws*, the *Handbook* and prior rulings of the Board?

2. Safety

(a) What are the known or potential risks and contraindications associated with this assessment method?

(b) Is third party approval required (i.e. from Health Canada, Canadian Standards Assn.)?

(c) Is data regarding the assessment technique available from the CCPA or other similar organizations?

(d) Has the assessment technique been considered in the courts of Canada or the United States?

3. Basic Science

(a) What is the physiological and anatomical premise for the assessment technique?

(b) What are the structural and functional changes which are measured by this assessment technique?

(c) What pathophysiology is present?

4. Rationale/Purpose

(a) What are the indications for this assessment technique?

(b) What is the intended or known outcome?

(c) What are the examination findings that support this assessment technique and these pathophysiological changes?

5. Usual/Customary

(a) Is there a precedent for this assessment technique within the profession?

(b) Is there acceptance of this assessment technique within the profession?

(c) Is the assessment technique in the public domain or in use outside the chiropractic profession?

(d) Is the method of use for this assessment technique uniform, standard and customary within the chiropractic profession?

6. Body of Knowledge

(a) What is the body of knowledge and quality of researched papers pertaining to this assessment technique?

(b) Is there institutional support for this assessment technique from one or more of the recognized chiropractic education programs listed in Schedule “B” of the *Bylaws*?

(c) What information and research is present that supports this assessment technique?

7. Qualification

(a) What standard is required?

(b) Is any special education required to perform this assessment technique?

B. TREATMENT

1. Scope of practice

(a) How does this treatment technique fit within the scope of practice as defined by the *Act*, the *Chiropractors Regulation*, the *Health Professions General Regulation*, the *Bylaws*, the *Handbook* and prior rulings of the Board?

2. Safety

(a) What are known or potential risks and contraindications associated with this treatment technique?

(b) Is third party approval required (i.e. from Health Canada, Canadian Standards Assn.)?

(c) Is data regarding the treatment technique available from the CCPA or other similar organizations?

(d) Has the assessment technique been considered in the courts of Canada or the United States?

3. Basic Science

(a) What is the physiological and anatomical premise for the treatment technique?

(b) What are the structural and functional changes affected by this treatment?

(c) How does this treatment affect the pathophysiology?

4. Rationale/Purpose

(a) What are indications for this treatment technique?

(b) What is the intended or known outcome?

(c) What examination findings support this treatment technique?

(d) What indications are there that the treatment technique is necessary?

(e) What evidence is present that the purpose of the treatment technique is achieved?

5. Usual/Customary

(a) Is there a precedent for this treatment technique within the profession?

(b) Is there acceptance of this treatment technique within the profession?

(c) Is the treatment technique in the public domain or in use outside the chiropractic profession?

(d) Is the method of use for this treatment technique uniform, standard, and customary for this condition?

6. Body of Knowledge

(a) What is the body of knowledge and quality of researched papers pertaining to this treatment technique?

(b) Is there institutional support for this treatment technique from one or more of the recognized chiropractic education programs listed in Schedule “B” of the *Bylaws*?

(c) What information and research is present that supports this treatment technique?

7. Qualification

(a) What standard is required?

(b) Is there any special education required to perform this treatment technique?

APPENDIX "E": Guidelines for office sharing

1. The Board approves of all office sharing arrangements that comply with these guidelines.

2. Before proceeding with an office sharing arrangement, a registrant must deliver to the Registrar a signed copy of the "Office Sharing Application" attached as Schedule"1", including the acknowledgement from the other health care practitioner(s) that these guidelines are understood and accepted.
   The Board recommends that registrants enter into written agreements with the other health care practitioner(s) to ensure that the office sharing arrangement is as clear and certain as possible.

3. All registrants who violate these guidelines do so at their own risk. If a complaint is received about a registrant's office sharing arrangements and if the Board finds that the office sharing arrangements violate these guidelines, then the registrant may be subject to discipline. This discipline may include an order to terminate or modify the office sharing arrangements.

4. Registrants are not required to submit an office plan or a written office sharing agreement to the Board for approval. However, registrants may minimize the risk of non-compliance with these guidelines by submitting an office sharing plan and agreement to the Board for approval prior to entering into an office sharing arrangement. The Board encourages all registrants to do so in any circumstances where there is any doubt about the office sharing plan or where major financial commitments are being undertaken by the registrant.

5. The office sharing guidelines are intended to cover situations where registrants are sharing office space and overhead expenses with regulated health care practitioners and unregulated health care practitioners who do not purport to practice a regulated health care profession. Registrants are not permitted to enter into an office sharing arrangement with a person who purports to practice a regulated health care profession, but is not a registrant in good standing of the college constituted under either the *Health Professions Act* or other provincial legislation for the regulation of that profession. A regulated health care practitioner is a registrant in good standing of such a college.

6. The guidelines are not intended to cover any situation where the registrant is contracting with persons either as employees or as independent contractors to perform tasks which are within the scope of, ancillary to, or an adjunct of the practice of chiropractic and are performed under the direction, control and supervision of the registrant. In this context, the registrant remains responsible for the conduct of the employee or independent contractor in all patient interactions.

7. The health practices of the registrant and of the other health care practitioner(s) must be independent of each other. The registrant and the other health practitioner(s) must not be in an employment relationship where one is the employer of the other.
8. The registrant must not share office space with any other health care practitioner if that other health practitioner does not have adequate liability insurance to cover professional liability and comprehensive general liability.
9. Separate and distinct patient records must be maintained by the registrant and the other healthcare practitioner(s).
10. There must not be any fee sharing, referral fee, or finder fee arrangements between the registrant and the other health care practitioner(s).
11. If a registrant shares office space with a regulated health care practitioner, then the registrant may give patient referrals to and receive patient referrals from that regulated health care practitioner and may consult with that regulated health care practitioner in relation to patient care.
12. If a registrant shares office space with an unregulated health care practitioner, then the registrant must be careful at all times to avoid any suggestion that the registrant is responsible for or warranting the quality or the efficacy of the care of the unregulated health care practitioner. The registrant may suggest to a patient that the provision of health care by the unregulated health care practitioner is an option for the patient to consider; however, the registrant must not refer the patient for such care, or engage in any words or conduct that would suggest to the patient that the registrant is ordering or directing the care of the patient to or by the unregulated health care practitioner. Consultation about patient care with the unregulated health care practitioner should be avoided.

SCHEDULE "1" Office Sharing Application

RELEASE AND UNDERTAKING OFREGISTRANT

I,____, D.C., a registrant of the College of Chiropractors of British Columbia (the "College"), apply for permission to share office space with the health care practitioner(s) identified below.

I have read and understood the College's "Guidelines for Office Sharing" (the "Guidelines") which are Appendix "E" of the *Professional Conduct Handbook*.

I understand that if my office sharing arrangements violate the Guidelines I may be required by the College to terminate those office sharing arrangements. I understand that this may cause loss, damage, and expense to me and to anyone with whom I share office space. I acknowledge that I accept this risk as my own.

I hereby waive and release any right to make any claim for such loss, damage, or expense against the College, its officers, directors or employees.

If the College Board finds that my office sharing arrangements violate the Guidelines, I hereby undertake to abide by that ruling, and to terminate any office sharing arrangements if I am ordered to do so by the College Board.

______________________________ ____________________________
Signature Date

□ I elect to have my office sharing plans reviewed by the Board in advance of entering an office sharing agreement, and therefore, attach the following: (1) original signed office sharing agreement, (2) office plan showing designated treatment rooms and common shared areas, and (3) a letter of standing and proof of professional liability coverage for the other health care practitioner(s).

ACKNOWLEDGEMENT OF OTHER HEALTH PRACTITIONER(S)

By signing below, I confirm that I have been made aware of the College's Guidelines on office space sharing and that I understand that the chiropractor is bound by those Guidelines.

Name:	Profession:	Date:
__________________________	________________________	_________
__________________________	________________________	_________
__________________________	________________________	_________

APPENDIX "F": Letters for use upon dissolution of practice association

1. Letter from departing chiropractor

Dear Patient:

On [date] I am leaving [or left] ABC Chiropractic [or I ceased to practice in association with Dr._____] to set up my own practice at [address]. As I have been providing you with chiropractic treatment, I am required to inform you that you may continue to be treated by me at my new practice or you may choose to have ABC Chiropractic [or Dr.___] continue to treat you.

If you wish to continue your treatment with me, arrangements will have to be made to transfer your patient file from ABC Chiropractic [or Dr.___] to me. Please advise ABC Chiropractic [or Dr.__________] or me in writing of your decision so that continuity in your treatment is assured.

Yours truly,

2. Letter from remaining chiropractor(s)

Dear Patient:

On [date], Dr. [departing chiropractor] is leaving [or left] ABC Chiropractic [or my/our office] to establish his [or her] own practice.

As Dr. [departing chiropractor] was providing you with chiropractic treatment, we are required to inform you that you may choose to have Dr. [departing chiropractor] continue to treat you at his new practice or you may continue your treatment at ABC Chiropractic [or my/our office].

If you wish to continue being treated by Dr. [departing chiropractor] arrangements will have to be made to transfer your patient file from ABC Chiropractic [or my/our office] to his office. Please advise us [or me] or Dr. [departing chiropractor] in writing of your decision so that continuity in your treatment is assured.

Yours truly,

APPENDIX "G": Community/ public screening guidelines

Screening:

1. Screening is the application of a test to detect a potential illness or condition in a person who has no known sign or symptoms of that illness or condition. It is performed on "at risk" populations in order to identify potential health problems and determine appropriate interventions.

Purpose of Screening Test:

2. The purpose of a community or public screening test is not to diagnose, but to identify possible health problems that may need attention.

Conduct of the Screening Test:

3. Prior to performing a screening test, a chiropractor should advise the individual who is to be tested of the nature and purpose of the test and, in accordance with section 2.3 of the *Handbook*, obtain the individual's consent to proceed.

4. Following the screening test, a chiropractor should provide the test subject with a simple explanation of the results, including if the chiropractor desires, a short report or graph of findings. A chiropractor should not attempt to diagnose the subject.

5. While the chiropractor may suggest follow up at a chiropractic office for a full examination and diagnosis, it is up to the individual who has been tested to decide whether and where to follow up. It is a good idea for the chiropractor conducting the screening to have on hand a College registrants list to assist interested individuals with identifying a chiropractic office convenient to them.

6. A chiropractor conducting a community or public screening must remember that some of the individuals he or she tests will be under the active care of another chiropractor. In accordance with section 11.4 of the *Handbook*, the chiropractor conducting the screening should be careful not to solicit those individuals who are under active chiropractic care.

Set Up of Display:

Location:

7. A Chiropractor who intends to conduct a community or public screening must pick a suitable location and ensure that he or she has the necessary permission and permits from the owner or authority in charge.

Possible Locations:	Schools	Large Stores
	Factories	Community Events
	Shopping Malls	Health Fairs

Appearance:

8. A chiropractor who is conducting a community or public screening will ensure that his or her display is professional looking and that all materials used in conjunction with the display have been approved by the College Board.

9. If a chiropractor has any questions about display appearance and materials, he or she should direct those to the Quality Assurance Committee.

List of Possible Screening Tests:

10. The following is a list of tests that a chiropractor may use for community or public screening:

manual posture analysis

computerized digital posture

analysis SAM Spinal Analysis

Machine Surface EMG

Goniometer

Computerized Dual

Inclinometry Pressure

Algometer Dynamometer

Dual or Quadrant Scales

Functional Tests (examples: *Rehabilitation of the Spine* by C. Leibenson, D.C.).

This list is not intended to be comprehensive, if a chiropractor would like to use tests for community or public screening that are not included in this list, he or she should contact the Quality Assurance Committee.

APPENDIX "H": Guidelines for referencing designations, affiliations and awards

When communicating with the public, chiropractors may refer to

- their experience as a writer or presenter,
- their affiliations with events and organizations,
- any ranks titles and offices held with such organizations, and
- awards, honours and distinctions they have obtained, but only in accordance with the

following guidelines.

(1) Writing and presenting credits:

(a) Chiropractors may describe their activities as an author, editor or presenter of information except where the sole or primary purpose for publishing, presenting or broadcasting the information was marketing as that term is described in section 85(1) of the *Bylaws*.

(b) Chiropractors must not refer to themselves using terms such as "author", "editor", "presenter", "columnist", "reporter" or "broadcaster" unless they regularly participate in those activities or they identify at least one publication, presentation or broadcast that justifies the use of the term (i.e., "author of an article entitled '[title]' published in the Vancouver Sun on [dates]").

(2) Affiliations

(a) Chiropractors may list any chiropractic organization in which they are currently a member.

(b) Chiropractors may list any federally or provincially incorporated community or religious organization in which they are currently a member.

(c) Chiropractors may list any ranks, titles or offices they currently hold or previously held at an organization listed in paragraphs (2)(a) and (b) above.

(d) Chiropractors may list sports and community events for which they provided professional services on either a paid or voluntary basis.

(3) Awards, honours and distinctions

Chiropractors may list professional, community and athletic awards, honours and distinctions they have received.

(4) Verification

It is the duty of Chiropractors who provide information to the public as permitted under this guideline to verify that information when called upon to do so by the Registrar, the Inquiry Committee, the Discipline Committee or the Board.

APPENDIX “I”:Repealed

[Repealed.],

APPENDIX "J": Policy on vaccination and immunization
(May 2015)

The College of Chiropractors of British Columbia (CCBC) is a strong proponent of preventive health care and the protection of individuals from the serious consequences of infectious disease. The CCBC recognizes that immunization through the technique of vaccination is well established and widely mandated in public health policy to protect individuals against infectious disease.

The prevention and treatment of infectious disease is not within the scope of chiropractic practice. Accordingly, British Columbia chiropractors must not provide any professional advice or counseling to patients in relation to vaccination issues. Patients with vaccination questions should be advised to contact their medical doctor or local public health officials.

As well, while functioning in a professional capacity, B.C. chiropractors should avoid expressing any personal opinion to patients or to the public about vaccination because any such statements may be misunderstood or misconstrued by the patient.

The CCBC recognizes and supports each individual's right to freedom of choice in health care and full disclosure of information related to such a choice. Each individual should responsibly evaluate and consider all public health information and medical advice including benefits and risks related to any proposed health intervention including immunization through vaccination.

As primary care practitioners, chiropractors play an important role in identifying disease, illness or injury conditions and directing their patients to the proper health care when the treatment required is not within the scope of chiropractic. When a pandemic threatens, B.C.'s chiropractors are fully prepared to support the public health authority response to the pandemic.

APPENDIX “K”: Laser instrument guidelines

1. Lasers MUST only be used for treatment and/or procedures that fall within the scope of practice of Chiropractors in BC.

2. The type, quality and name of any laser used must meet CSA standards and be approved by Health Canada. Registrants must be familiar with and observe the CSA standards.

3. Non-pulsed visible lasers that put out less than 1.0 milliwatt of power (class 1, 2, and 3a) are considered low power.

4. The use of class 1, 2 or 3a lasers requires:
   a. Protective eyewear for patients and staff as specified by the manufacturer.
   b. A laser warning sign on the device.

5. Those lasers that have a power output of 1.0 - 5.0 milliwatts (class 3b and 4) are considered to be high power.

6. The use of class 3b or 4 lasers requires:
   a. Protective eyewear for patients and staff as specified by the manufacturer.
   b. A laser warning sign on the device.
   c. A laser warning sign in the area of use.

7. Before using a laser, a registrant must obtain appropriate training for the laser’s use and the conditions under which the laser is to be employed. Proof of training must be readily available to the College upon assessment, inspection or request.

8. A practitioner who uses a laser must have in place appropriate emergency plan and protocols. Proof of the same must be readily available to the College upon assessment, inspection or request.

9. Practitioners must meet all federal and provincial requirements respecting the use of lasers in practice, including but not limited to having a Laser Safety Officer (LSO) appointed and properly trained within the practice.

10. As with any treatment mode, informed consent must be obtained from the patient prior to administration of any laser procedure.

11. Use of the laser may be delegated to staff but only under the “direct supervision” of a registrant. (See Bylaws s. 81(1)(a) and definitions). The registrant remains ultimately responsible for the patient’s chiropractic health.

12. Maintenance of the laser.
    a. Laser output should be tested and recalibrated as specified in the manufacturer's manual. These records must be maintained at the office.
    b. Laser heads must be cleaned after each use.

13. A Laser Safety Office is required under regulation. This person should be the CCBC registrant.

14. The LSO is responsible for the Laser Safety Program that includes but is not limited to training, safe use, protective equipment and eyewear.

Laser Resources

Note: Some sections of the following documents relate to removal and vaporization of tissue and other podiatric or medical procedures. Those sections are not applicable to chiropractors, not within our scope of practice.

1. BCCDC Safety Guidelines

For a comprehensive discussion of higher power (class 3b and 4a) laser safeguards, please refer to the BC Center for Disease Control web site:

http://www.bccdc.ca/health-info/health-your-environment/electro-magnetic-exposures/optical/general-laser-guidelines

2. WorkSafeBC Occupational Health and Safety Regulation – Part 7 Division 3 Radiation Exposure

www2.worksafebc.com/Publications/OHSRegulation/GuidelinePart7.asp

The relevant content is found at sections G7.19(4)-2 through G7.20(2).

This WorkSafeBC document also mentions:

- CSA Z386-2014 *Safe use of lasers in health care*
- ANSI Z136.3-2011 *Safe use of lasers in health care*

Definitions

Practitioners should be aware of the following terms:

Laser Light amplification by Stimulated Emission of Radiation

Laser Safety Officer (LSO)
A person appointed to administer a laser safety program; to be responsible for effecting the knowledgeable evaluation of laser hazards, and authorized and responsible to monitor and oversee the control of such laser hazards.

MPE Maximal Permissible Exposure

ANZI American National Standard for Safe Use of Lasers

BEI Biological Exposure Limits

PPE Personal Protective Equipment

APPENDIX “L”: Imaging requests

This guideline applies to situations where chiropractors order imaging from another facility: including x-rays for diagnostic imaging purposes, x-rays for purpose of computerized axial tomography, and electromagnetism for the purpose of magnetic resonance imaging.

Chiropractors are trained in interpreting x-rays within the scope of practice for chiropractic and can provide a radiology report further to that interpretation.

Where chiropractors order x-rays for purpose of computerized axial tomography, and electromagnetism for the purpose of magnetic resonance imaging, they must have the results interpreted by a qualified health professional and receive a written report documenting that interpretation.

Chiropractors are responsible for making an appropriate referral where they determine that imaging they have ordered includes findings or recommendations outside the scope of practice for chiropractic

All action taken and referrals made following on the receipt of ordered imaging must be documented in the patient file.

APPENDIX “M”: Delegation

(1) Delegation occurs when a chiropractor asks an assistant employed or contracted to work at the same clinic to perform an aspect of chiropractic practice.

(2) When delegating an aspect of chiropractic practice involving patient assessment or treatment, the chiropractor remains responsible for the patient’s chiropractic health and must directly supervise the assistant’s performance of the aspect of practice.

(3) An aspect of practice involving patient assessment or treatment may be part of the chiropractor’s overall assessment or treatment of the patient. It does not include turning the patient over to an assistant for care at one or more subsequent appointments where the patient does not see the chiropractor.

(4) Whenever a patient attends an appointment for chiropractic care, the chiropractor must be involved in the intake of the patient and, based on consideration of the patient’s history and assessment, must make a decision on the need for continued care.

(5) If the chiropractor does not see the patient at the beginning of an appointment, he or she cannot identify whether there are any clinically relevant changes in the patient’s condition and determine what, if any, alterations to the care plan may be necessary to address those changes. This is true whether the intended treatment is to be delivered by the chiropractor or delegated to an assistant.

(6) A delegated aspect of practice involving patient assessment or treatment may be invoiced or billed through the chiropractor.

(7) When a patient is referred to another health care practitioner, any care provided by that practitioner is no longer the responsibility of the chiropractor and the services of the other practitioner cannot be invoiced or billed through the chiropractor.

(8) A student registrant may only provide chiropractic services while under the direct supervision of a chiropractor who is a full registrant. This includes when a student is conducting an examination, taking a history, x-ray marking, developing a treatment plan, reporting findings or a treatment plan, and applying therapeutic modalities or treatments.

(9) A student registrant must not delegate or supervise any aspect of practice involving patient assessment or treatment.

APPENDIX "N": Acceptable Evidence

It is the duty of a registrant, when requested by the college or Inquiry Committee to verify statements and claims made in their marketing materials

The College of Chiropractors of British Columbia (CCBC) recognizes that chiropractic care may offer relief for persons experiencing neuro-musculoskeletal symptoms. Chiropractors must not make statements or claims that create an unjustified expectation of the potential benefit of chiropractic treatment and care.

Under section 85 of the College Bylaws, registrants must not engage in marketing that is false, inaccurate, unverifiable, misleading or misrepresentative of the effectiveness or a technique, procedure, instrument or device. Both specific claims and the overall impression of marketing must be considered. Marketing violates section 85 if it is likely to create unjustified expectations for treatment in the mind of patients or the public.

In addition to more traditional advertisements and printed materials, marketing also includes the use of websites, email newsletters, social media, promotional activities and public appearances. Chiropractors are strongly encouraged to regularly review their marketing to ensure compliance with section 85 of the Bylaws and Part 14 of the College's Professional Conduct Handbook.

What is acceptable evidence?

Adopted from the Australian Health Practitioner Regulation Agency

Chiropractors must not advertise health benefits of their services when there is not acceptable evidence that these benefits can be achieved.

When assessing whether there is acceptable evidence for therapeutic claims, the issues to consider include:

- Is the evidence relied on objective and based on accepted principles of good research? Is the evidence from a reputable source? For example a properly peer-reviewed journal.
- Do the studies used provide clear evidence for the therapeutic claims made or are they one of a number of possible explanations for treatment outcomes?
- Have the results of the study been replicated? Results consistent across multiple studies, replicated on independent populations, are more likely to be sound.
- Has the evidence been contradicted by more objective, higher quality studies? (For example, evidence from a single study would not be acceptable evidence if it is contradicted by a systematic review) Statements and claims in marketing that are contrary to higher-level evidence are not acceptable.

The following types of studies may not be considered sufficient acceptable evidence for advertising claims:

- Studies involving no human subjects;
- before and after studies with little or no control or reference group (eg. case studies);
- self-assessment studies;
- anecdotal evidence based on observations in practice; and,
- outcome studies or audits, unless bias or other factors that may influence the results are carefully controlled.

The evidence base for clinical practice is constantly developing so it is important that chiropractors make sure that any scientific information they rely on is current. Chiropractors must take care to not mislead or create false impressions when using scientific information in marketing. Scientific information in marketing must be presented in a manner that is accurate, balanced and not misleading and using wording that will be readily understood by the intended recipients. The source of the information must be accurately cited.

APPENDIX "O": Billing insured claims

It is important that chiropractors submit true and accurate claims to their patients' insurance providers, and also ensure that any documents they may create to support such claims are true and accurate.

Also, where a co-payment is applicable in an insurance claim, the chiropractor must collect, or make reasonable attempts to collect, that co-payment or deductible from the patient.
With these issues in mind, the following rules apply to the billing of insured claims for chiropractic services or products.

1. If a chiropractor knows or ought to know that an insurance claim for a chiropractic service or product is false or misleading, the chiropractor must not submit that claim to an insurance provider.

2. If a chiropractor knows or ought to know that documentation which may be used to support an insurance claim for a chiropractic service or product is false or misleading, the chiropractor must not provide that documentation to a patient.

3. A chiropractor must not represent to an insurance provider that he or she has charged a patient a fee for a chiropractic service or product unless the chiropractor has collected the full amount of that fee from the patient or make good faith efforts to do so.

4. A chiropractor must not charge an insurance provider a fee for a chiropractic service or product that is higher than the fee the chiropractor would typically charge for the same service or product if the patient did not have insurance coverage.

5. Patient financial records kept further to s. 72(1)(b) of the Bylaws must include an accurate record of

    a. the amount of all fees charged for chiropractic services or products,

    b. the date and amount of all payments received from a patient,

    c. the date and amount of all payments received from an insurance provider,

    d. notations of the attempts made by office staff to collect co-payments and deductibles from the patient should also be recorded,

    e. copies of all documentation, including receipts or completed claims forms,

        i. provided to a patient in support of an insurance claim for a chiropractic service or product, or

        ii. submitted to an insurance provider further to an insurance claim for a chiropractic service or product.