



2008 ANNUAL REPORT

Manitoba Chiropractors' Association

Suite 610-1445 Portage Avenue, Winnipeg, MB R3G 3P4

Telephone: (204) 942-3000 Fax: (204) 942-3010

Email: info@mbchiro.org www.mbchiro.org

REGULATORY REPORTS

- Registrar's Report
- Licensing Committee Report
- Complaints Committee
- Standards Committee
- Acupuncture Committee



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MCA REGULATORY COMMITTEE 2008 REPORTS

Registrar's Report

In March 2008 I was appointed interim Registrar and have continued this role throughout the remainder of the year. It has been a pleasure to serve the profession in this capacity.

Standards of Practice

The rewriting of the MCA Practice Directives into Standards of Practice continues. My thanks to the Standards Committee for their ongoing efforts in the redrafting of the documents. This will create a more easily understood and transparent regulatory framework for the membership and profession. Once approved by the Board, each Standard of Practice will be posted on the website and the membership will be duly notified.

Member Advertising

The MCA continues to receive inquiries from members as to requirements for advertising. With the adoption of the new Code of Ethics, the MCA no longer reviews and pre-approves member advertising. It is up to the individual professional to review all prospective communications (including advertisements, signs, articles etc.) so that it:

- Is demonstrably true and accurate
- Is not misleading or deceptive or likely to mislead or deceive
- Is of dignified nature such as not to bring the profession into disrepute
- Does not claim or imply superiority of the advertising chiropractor or clinic over any other member of the association.

What do I do if I believe my colleague's advertisement offends the code? Please call the registrar and discuss the situation. Depending on the circumstances, you may be encouraged to contact the member and discuss your concerns directly with them. Or if the circumstances warrant it, the registrar will follow up with the involved member. If you believe a member's external communication (advertisement, letter, article etc.) is clearly outside of the bounds, a complaint may be lodged, which will be dealt with through the MCA complaints protocol.

Inquiries

In 2008 the MCA convened two Inquiry Committees as set out in the Act:

Inquiry 04-01: Convened November 5th, 2008. Following the reading of the citation and the agreed statement of facts, the member entered an uncontested plea of guilty to a charge of professional misconduct arising from a common assault which took place within the DC's office. The panel accepted the plea and referred the matter to the Board for penalty.

The member appeared before the Board on November 24, 2008. The Board accepted a joint recommendation from MCA legal counsel, the member and his legal counsel. The member



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was required to provide proof of having completed an Anger Management Course provided by an independent third party and ordered to pay costs in the amount of \$1,200.

Inquiry 07-01: Panel convened on July 17, 2008. The Inquiry Panel is set to meet in late March 2009 for the hearing of evidence.

Meeting with Manitoba Health Investigation Unit

In 2008 Manitoba Health Audit and Investigation Unit initiated two meetings with the MCA. The Registrar and Standards Chair met with the investigators to review copies of DC patient files identified from their random audit selection process. The auditors reviewed patient records to ensure the insured service was provided in accordance with the corresponding billing received by Manitoba Health.

These meetings with Audit and Investigation have revealed a few common elements: At times file notations are very difficult to interpret due to illegible handwriting or miniscule print. ***Please be reminded that it is your records that must substantiate what action(s) you have done.*** Take the necessary time to record them appropriately.

As well, be advised that Manitoba Health pays for an insured service, that being the ***chiropractic adjustment***. DC's may bill Manitoba Health only if an adjustment was performed and recorded on a given office visit.

Use of word "Chiropractic" as service provided by a Veterinary Clinic

A Winnipeg Veterinarian continues to use the word "chiropractic" in describing services offered by her clinic. A letter was sent to the veterinarian's respective licensing board on this issue. To date, no reply has been received. This issue was raised and briefly discussed at the CFCREAB (Federation) meeting in November 2008, and will be placed on the agenda for the April 2009 meeting, as it appears similar issues are arising in other provincial jurisdictions.

Canadian Federation of Chiropractic Regulatory and Education Accrediting Board (CFCREAB)

On November 29, 2008, I attended the CFCREAB directors' meeting in Toronto as the Manitoba delegate to the CFCREAB. All of the regulatory authorities in Canada were represented except for both Alberta and British Columbia, who had withdrawn from the organization. Also present were representatives from both Canadian institutions offering doctor of chiropractic programmes (DCP). These are Canadian Memorial Chiropractic College (CMCC) and Universite de Quebec a Trois-Riviere (UQTR). The Commission on Accreditation (COA) and the Accreditation Standing Policy Committee (ASPC) were also present.



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The nominations committee reported there is a vacancy for a public member on the COA which would best be filled by a francophone. If any member knows of a potential candidate, please provide the registrar with the contact information.

Mr. Waite presented a brief report on a trademark issue. An entrepreneur from BC had sought to trademark a home massage device as "Mr. Chiropractor". As the Federation holds the federal trademark to the term "chiropractic / tor", the individual abandoned his efforts. This led to MB making comments about the situation with the veterinarian using the term "chiropractic" on her signage. A situation has also arisen in New Brunswick, with an animal show coming into the province seeking to have chiropractic care provided to the animals. The veterinarians in NB were not cooperating with the NB regulatory board in facilitating the process. It was agreed this would be an agenda item for the next meeting in the spring of 2009.

Mr. Brent Windwick, Chair for both the Canadian Patient Safety Institute (CPSI) Legal Regulatory Advisory Committee and the Disclosure Working Group made a presentation on the CPSI Canadian Disclosure Guideline document.

Disclosure means different things to the patient as compared to an organization. For the individual patient it is all about transparency. Reporting when it comes to an organization can be closed to protect the provider. The document attempts to find a balance between the tensions of these two elements.

Using language that alludes to or talks about "error" moves down the slope of individual blame and fault. Individual accountability leads to error fault. The guideline does not talk about standards or deviation from standard. Rather, it stresses disclosure and working to rectify the issue which led to the poor outcome.

An apology does not imply acceptance of fault. Disclosure is basically useless without an apology (for the person affected). It makes the situation worse rather than better. There is now Legislation in several provinces setting out that an apology does not constitute liability (BC, AB, MB, NS, ON pending). CCPA has for years been doing "apology" with its members when involved in adverse events.

Member Duty to Know Legislative Framework

Be advised that not knowing a particular Standard of Practice or regulation or that some directive has changed is not a defense in a disciplinary matter. Being competent does not only relate to clinical expertise. Competence also includes knowing what the current rules and regulations are governing the profession and implementing them into your clinical practice.



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Make sure that you take the time to read, digest and integrate the various pieces of communication you receive from the MCA. Where you are unsure of the intent or wish to seek clarification of what is required, please do not hesitate in calling the MCA or myself.

Respectfully submitted,

Dr. Ernest P. Miron
MCA Registrar

MCA Licensing Committee

Licensing Committee Chair: Dr. Ernest P. Miron

Members: Dr. Lori Petrilli
Dr. Alain Kolt

The MCA wishes to thank Dr. Tracy Hamin who resigned from the licensing committee after having served for many years.

Current MCA Membership: As of January 28, 2009, MCA membership by category was as follows:

Regular Members:	219
Senior Members:	15
Special Practicing Members:	4
Life Members:	3
Semi-Retired:	10
TOTAL:	251

New Members

Dr. Kristian Dorken	from Ontario via reciprocity
Dr. Harpal Duggal	new graduate
Dr. Aimee Hatcher	new graduate
Dr. Sasha Kamani	from California via reciprocity
Dr. Shameer Kamani	from California via reciprocity
Dr. Domenic McKenna	from Alberta via reciprocity
Dr. Chris Notley	new graduate
Dr. Nelson Robertson	from British Columbia via reciprocity



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Departing Members

Dr. James Aldridge	to Ontario
Dr. Janelle Bohemier	to British Columbia
Dr. Bart Dyszy	leave of absence
Dr. Tracey Hamin	retired
Dr. Kyle Kelbert	to Saskatchewan
Dr. Lueyjo Brandon Lee	to North Carolina
Dr. Jessica Lee	to North Carolina
Dr. Darrin Orr	left the profession
Dr. Nelson Robertson	to British Columbia
Dr. Cary Yurkiw	to British Columbia

Canadian Chiropractic Examination Board (CCEB)

The CCEB provides a service to Provincial licensing boards in Canada. For several years the MCA has utilized their services for the purpose of testing the competency of licensing candidates.

The Canadian Board examinations are divided into three parts, A, B, and C.

- Part A is the basic and applied sciences exam. This exam may be written after a student has completed a full two years of their respective four year course of study at an accredited chiropractic college. It is offered twice yearly, February and September.
- Part B is the clinical decision making and diagnostic imaging exam. Candidates must have successfully completed Part A to sit Part B. They may sit for part B no sooner than six months prior to graduation from an accredited chiropractic college. It also is offered twice yearly, February and September.
- Part C is the clinical skills evaluation. Candidates must have completed parts A and B to sit for Part C. Component C must be written no later than three years after having completed component B. Candidates can sit this exam no sooner than two months prior to graduation from an accredited chiropractic college. This exam consists of 10 objective structured clinical evaluation (OSCE) stations. It is offered twice yearly, January and June.

Successful completion of all three components (Parts A, B and C) results in the candidate being awarded a CCEB certificate, which is a requirement of licensure in all jurisdictions of Canada.

In the past, the CCEB also offered a Practitioner Assessment Exam (PAE) at the request of a licensing board. When conceived, it had two purposes: The first was to assist licensing boards in testing competency of lapsed practitioners; and the second was to act as a form of clinical/ethical review in cases of discipline. Over its life, the PAE was only being utilized to



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test competency and had never been used in a discipline case. Due to several factors, including the low number of requests for the PAE and the inability to validate the exam process, the Board of the CCEB made a decision to abandon it.

Instead, the CCEB will offer licensing boards a re-certification exam (January and June). This exam will consist of Parts B and C given on the same weekend. It will continue to be only provided at the request of individual licensing boards.

Examination Statistics Report:

The statistics for 2007-2008 fiscal year are as follows:

Component A Basic and Applied Sciences Exam

Table is the total candidate numbers for the fiscal year 2007-2008.	Number of Candidates	Number of Repeat Candidates	Overall Candidate Pass Percentage	% First Time Candidate Pass	% Repeat Candidate Pass
Canadian Candidates	253	11	95%	96%	73%
American Candidates	170	47	68%	69%	64%
Other Candidates	17	7	59%	66%	40%
Total Candidates	440	63	83%	86%	63%

There were 6 candidates who failed the exam more than three times in September and 2 in April. These candidates must wait a year before qualifying to write their final attempt.

The overall pass rate for 2007-2008 Component A was higher than the previous fiscal year by 5%. This is most likely attributable to an increase in Canadian candidates by 28, a decrease in American candidates by 24.



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Component B Clinical Decision Making and Diagnostic Imaging Exam

	Number of Candidates	Number of Repeat Candidates	Percentage Overall Pass	Percentage first time Candidate Pass	Percentage Repeat Candidate Pass
Canadian Candidates	227	10	95%	95%	90%
American Candidates	129	24	77%	81%	58%
Other Candidates	5	0	100%	100%	
Total Candidates	361	34	85%	87%	59%

There were five candidates who failed more than three times in September and one in January. They have been told they must wait a year before they are able to sit for their final attempt.

The pass percentage increased by 3% this fiscal year as compared to the last two years. There was an increase of 19 Canadian candidates, with a corresponding decrease of 15 American candidates.

Component C Clinical Skills Exam

	Canadian Candidates	American Candidates	Other Candidates	Total Candidates
# of Candidates	222	125	10	357
# of Repeat Candidates	8	28	2	38
% Pass History Stations	93%	83%	70%	89%
% Pass Physical Stations	90%	66%	70%	81%
% Pass Multiple Directed Stations	94%	84%	90%	90%
% Pass Combined Stations	86%	67%	60%	79%
% Pass Consent Station	90%	85%	40%	87%
% Pass Treatment Station	96%	74%	100%	88%
% Pass Overall	97%	82%	80%	91%
% Repeat Candidate Pass	99%	74%	40%	87%



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There is one candidate who has failed the exam three times and has been notified they must wait a year before taking their final attempt.

The overall pass rate has been comparable with previous years.

Effect of CCEB Re-Write Policy

As of September 2007: Six candidates were required to wait one year before re-writing their final attempt of Component A. Three of them wrote in September 2008, one was unsuccessful on their fourth and final attempt. In April two candidates failed for their third time and must wait out a year. Five candidates were required to wait one year before re-writing Component B for their final attempt. In September 2008, two were unsuccessful on their 5th and final attempts. In January 2008, one candidate failed on their third attempt and is waiting out their year.

As of June 2007: One candidate waited out their year and wrote their final attempt for Component C in June 2008. They were unsuccessful.

The Board would like to thank Dr. Gerald Olin (MCA member) for his continued service on the Board of Governors of the CCEB. He is currently serving as the Chair of the CCEB Board.

The Agreement on Internal Trade (AIT)

The Premiers of all provinces and leaders of territories have unanimously signed onto an agreement called the Agreement on Internal Trade (AIT). Chapter 7 of this agreement has to do with labour mobility. The premiers and territorial leaders have unanimously decided that effective April 1, 2009 every jurisdiction must comply with full labour mobility.

In addition, Chapter 7 of the AIT has been strengthened with dispute resolution policies and significant monetary penalties for non-compliance.

Governments have agreed to “mutual recognition” of all qualified workers. This exists when any qualified worker from other Canadian jurisdictions are recognized without any additional testing or re-assessment. This includes internationally trained workers and workers who were “grandparented” for licensure in one jurisdiction and seek registration in another. This does not affect testing for local jurisprudence as is current practice with all regulated professions.

The current wording of Chapter 7 has resulted in an onus on “process” rather than “outcome”, a fundamental shift in the goal of the Mutual Recognition Agreements (MRA) between provincial regulators.



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For complete transparency to the public, all additional requirements for licensure (beyond jurisprudence testing), must be justified and approved by government as a legitimate objection and published. Additional requirements are defined as any measure that a particular province or territory (or one of its regulatory authorities), imposes on qualified workers from other jurisdictions.

What this means to you as an MCA member is that the concept of reciprocity of licensure is now guaranteed. For the most part, this was occurring through mutual recognition agreements between the provincial regulators. Now it exists whether or not formal mutual recognition agreements are in place.

Fair Registration in Regulated Professions Act

New legislation was announced in Manitoba in 2007 to ensure regulated professions and individuals applying for registration by regulated professions are governed by registration practices that are transparent, objective, impartial and fair. Reporting to the Fairness Commissioner, Manitoba regulated professions will be required to report on their respective registration practices and internal review or appeal process, timelines for registration, objective requirements for registration, information about supports available to registrants through the registration process, and fee scale related to registrations.

Review of MCA Membership Categories

With the changes occurring at the national level through AIT, the Board instituted a review of the membership categories in 2008. While the full review has not yet been completed, a decision was made to remove the categories of Associate member and Affiliate member.

In the past Associate membership was taken out by individuals who may have at one time been licensed in Manitoba and decided to leave the province. It was seen as a way “to keep the door open” to regain full licensure upon return to Manitoba. With the changes needed to comply with the AIT, such membership has no purpose and therefore the Board dropped this category of membership as well as that of affiliate member.

Annual Licensure Application and Payment

Each December members are required to complete a request for license renewal. This is needed to ensure we have up to date information. Chiropractic licenses are granted on an annual basis.

With the advent of the monthly DEFT program, some members have the impression that licensure runs month to month. This is not the case. The monthly DEFT processing has been offered to members starting their second year of licensure as a service for those who do not wish to pay their full dues on January 1st of each renewal year.

The monthly DEFT is a significant administrative burden on the MCA office. In the review of all licensing protocols, the Board is considering changing from a monthly DEFT to a quarterly



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DEFT payment schedule for those members who do not pay their full dues on January 1st of each licensing year. If and when that decision is made, members will be provided ample notice.

Respectfully submitted,

Dr. Ernest P. Miron
MCA Registrar

MCA COMPLAINTS COMMITTEE

Committee Chair: **Dr. Brian McWhirter**

Committee Members: Dr. Harold Nachtigall
Dr. Guil Perrault (Lay-Member)

The Complaints Committee is a standing committee legislated under the Chiropractic Act of Manitoba, Section 32 and 33:

33(1) The complaints committee shall receive and review complaints brought against any member and where the committee considers appropriate, it shall attempt to informally resolve the matter.

33(2) Where a complainant or the member does not accept the resolution of the complaints committee, or where the committee so determines, the matter shall be referred to the investigation chairman.

In 2008 there were 5 formal complaints received by the MCA office of which 3 were informally resolved, with one proceeding to investigation and one currently with the committee.

Outline of the 2008 Complaints

Complaint 08-01

Nature of the Complaint: A complaint was received by a woman who was asked to provide payment ahead of time for services not yet received. It was identified and later determined that the complainant's daughter was also asked to provide pre-payment for services not yet rendered from the same office.



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Outcome: The committee undertook a review of the file including interviews with the patient(s) and the DC. In an effort to resolve, the member entered into a Memorandum of Understanding with the MCA and plead guilty to three counts of violating MCA regulation

4(2)(g) in the form of accepting pre-payment for services. The DC undertook to cease entering into any new prepayment arrangements and to terminate any current prepayment arrangements, pay costs of \$1,500 and will be subject to an office inspection in 8 months time. File informally resolved.

Complaint 08-02

Nature of the Complaint: A woman claimed that her doctor had refused to discuss her x-ray findings without her spouse being present.

Outcome: The committee reviewed the file and undertook interviews with the DC and the Patient. Several issues were identified including potential breach of patient confidentiality and PHIA, poor communication skills, poor record keeping and x-ray quality. The member worked to informally resolve the matter by writing a letter of apology to the patient, utilizing the PHIA template provided to show proof all clinic staff had signed the confidentiality declarations, attended to a meeting with the Registrar to address requirements to be in compliance with legislation, and will be subject to an office re-inspection. File informally resolved.

Complaint 08-03

Nature of the Complaint: A patient complained that her DC pre-sold adjustments to her and her husband. The patient felt this was wrong and wanted her money back.

Outcome: A review of the matter was undertaken by the Complaint's Committee including interviews with the patient and doctor. As an informal resolution was not possible, the file was referred to Investigation.

Complaint 08-04

Nature of the Complaint: The Registrar was informed an office was offering prepayment plans. The Registrar contacted the office and was assured by the receptionist that prepayment was indeed an option at this office. The Registrar lodged a formal complaint.

Outcome: A review of the information by the Complaints Committee was undertaken including a meeting with the DC. In an effort to resolve the matter, the member entered into a Memorandum of Understanding with the MCA and plead guilty to one count of violating MCA regulation 4(2)(g) in the form of offering pre-payment for services. The DC undertook to cease entering into any new prepayment arrangements and terminate any current prepayment arrangements, pay costs of \$500 and will be subject to an office inspection by the Standards Committee. File informally resolved.



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Complaint 08-05

Nature of the Complaint: A formal complaint was received from the Registrar of another regulated health profession. It is alleged that during the course of a public presentation provided by a chiropractor there was a lack of evidence based research that was provided to the public, as well as presenting studies from reputable journals out of context.

Outcome: Currently under review by Complaints Committee.

Summary

The Committee has attempted to detail the nature of each complaint so that the incidents may serve to educate the membership.

The common thread to most complaints is a communication breakdown. It is imperative that members and their staff *listen to their patients*. This is the essential component of communication. When a patient feels they are not being heard by the DC or their staff, they will express this frustration to their family, friends and ultimately to the MCA in the form of a complaint. Keep those lines of communication open.

In the late 1990's it was usual for the MCA to receive in excess of 40 formal complaints per year. Here it is 10 years later and for the first time in many, many years, we are in the single digits. While this could be an anomaly, the committee sees this as a very positive trend which we hope continues!

Respectfully submitted,
Dr. Brian McWhirter

Standards Committee

Committee Chair: Dr. Audrey Toth

Committee Members:

Dr. Russ Baron
Dr. Jason Whittaker
Dr. Greg Kos
Ms. Wendy Elliott

Dr. Christian Chatzoglou
Dr. Gord Partridge
Dr. Brent Van Den Bussche
Mr. Jon van der Krabben

The Standards Committee is a standing committee legislated under the Chiropractic Act of Manitoba, Section 29(1). Its mandate is as follows "The Board shall appoint a standards committee which shall be responsible for the supervision of the practice of chiropractic by



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members of the association and the committee or any other member or authorized agent thereof, may during reasonable hours and after reasonable notice inspect the premises, books, records and other documents, equipment of any member that relate to his practice of chiropractic at this place of practice or elsewhere.” The Standards Committee generally meets once per month.

At the end of 2008, the committee bid fond farewell to **Dr. Paul Kowall**. We thank Dr. Kowall for his commitment, time and service to the committee and the profession. The committee extends a warm welcome to new members, **Drs. Greg Kos and Gord Partridge** and thanks the Board for their contemplation and appointment of these members to the committee.

The Standards Committee continues to maintain pace with a very busy year. Since the April 2008 annual general meeting the committee has addressed the following:

Regulatory duties within the Act

The Standards Committee completes office inspections as required by the Act for new and existing chiropractic offices which have been identified for review by the Registrar and/or Complaints Committee. As a group, we are current with new practitioners to ensure that members commence practice well informed of what the professional standard is in Manitoba.

The Standards Committee has rendered opinion from time to time, at the request of the Registrar or the Complaints Committee, on files as they specifically relate to the standard of care provided by the respective chiropractors.

The Standards Committee has been required to implement specific refresher training in various areas of chiropractic practice for individual chiropractors, as a requirement in different undertakings.

Drafting / Review of MCA Practice Directives and other Regulatory Documents

The Standards Committee continues work with the updating and reformatting remaining Practice Directives into Standards of Practice to assist the Association with the coming Umbrella Legislation.

Tips for the Profession – Ouch Files from the Standards Committee

“Ouch Files” have been appearing in publications/newsletters to the profession. These “Ouch Files” serve as a general reminder of the common theme issues that we have noted while fulfilling our responsibilities throughout the year, such as during the course of conducting office inspections or file reviews. Names of specific practitioners are not published by the Standards Committee in the “Ouch File” articles.



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Correspondence Distribution Protocol Change

The Standards Committee correspondence detailing post-inspection or post-review findings will no longer arrive via regular Canada Post service. The M.C.A. was reluctant to have to use registered mail or courier services because some members of the profession might view this to be with a negative or brow-beating tone. We had hoped that by keeping things a bit informal, we might convey and achieve a spirit of cooperation and working together as a profession. Regrettably, we have been advised by one too many members that they had not received their correspondence following their inspection and we have had to reconsider our mailing and distribution protocols. Thus, if you are a recipient of a registered letter or required to provide over a signature to receive our correspondence, please do not view it negatively.

Do Not Phone-A-Friend

I remind the membership that if one finds himself / herself in a complaint-related situation where a request for opinion may be required of the Standards Committee to reconcile the issue, ***please do not attempt to contact any current member of the Standards Committee for personal or professional counseling on that issue!*** There were occasions when a call to a friend who served the committee caused that committee member to have to step away from the table when it came time to discuss and deliberate on the issue that had been disclosed. It does not behoove anyone to place any standards committee member into conflict on an issue, particularly when that member could have potentially made a very valuable and thoughtful contribution in the debate.

If members have a concern on complaints-related issue, the committee requests that contact be made with the Registrar, or the Complaints Committee Chair to discuss the matter. As a last resort, the chair of the Standards Committee may be contacted.

Final Notes

During my time as Chair for the Standards Committee, I have expressed a great deal of appreciation and praise to our dedicated members. If not for their ongoing commitment to the profession, we would be unable to complete our required work promptly and effectively. And while I take a moment to honor these individuals, I wish I could sufficiently express to all the extraordinary efforts our committee members (past and current) have made on behalf of the membership. As always, the Standards Committee strives to ensure that the legislated mandate is swiftly fulfilled as required with the delivery of reasoned decisions which have been made thoughtfully and fairly – accomplishing this with the very highest regard for the public we serve.

Gratitude is also owed to our members-at-large, identified and deputized by the Registrar, who stepped up to help us complete office inspections when schedules collide or when new members open their rural offices.



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On behalf of the committee, I recognize and thank the friendly administrative staff at the MCA office for the considerable work they must do to keep our committee meetings organized and on course. Additionally, I appreciate my liaison interaction with **Dr. Martin Gurvey**, **Dr. Ernie Miron**, and **Ms. Pam Wylie**, in regard to member files. The insight and support of the Registrars and Executive Director with those practitioners who required specific undertakings was greatly appreciated throughout the year.

It remains my privilege and pleasure to serve our profession. I humbly thank the MCA Board of Directors (both current and past) for allowing me the opportunity to chip in.

Respectfully submitted,

Dr. Audrey Toth, Chair
MCA - Standards Committee

MCA Acupuncture Committee (Subcommittee of the Standards Committee)

Acupuncture Committee Co-Chairs: **Dr. Brian Lecker**
Dr. Tim Pethrick

Committee Members: Dr. Ian Ledger
Dr. Paul Pritchard
Dr. Eugenio Capitano

The Acupuncture Committee has a meeting scheduled for Tuesday February 3 2009, following which an updated list of acupuncture providers will be forwarded to the Board. The Acupuncture Committee has nothing else to report at this time

Respectfully submitted,

Dr. Brian Lecker/Dr. Tim Pethrick
Co-Chairs: Acupuncture Committee