



RECOMMENDATIONS

1. That an appropriate act be passed to control the practice of osteopathy in the Province of Quebec.
2. That the Province utilize various controlling and provincial bureaus as a means of regulating the practice of osteopathy in this Province.

BRIEF ON OSTEOPATHY

FOR THE HEALTH AND SOCIAL WELFARE INQUIRY COMMISSION

3. That the Province regulate the employment of osteopathic physicians as a means of controlling the practice and of being certified physicians in general hospitals.
4. That the Province realize the osteopathic profession's training in prophylactic patient care - as it relates to

PROVINCE OF QUEBEC OSTEOPATHIC ASSOCIATION  
Suite 126, 3545 Cote des Neiges Rd.,  
Montreal 25, Quebec.

5. That a medical care program be instituted in a manner to permit August, 1967. to assure maximum effectiveness of the program.
6. That a medicare program be based on fee-for-service.
7. That freedom of choice of physician by the patient and freedom of choice of patient by the physician be foundation stones of the program.

## RECOMMENDATIONS

1. That an appropriate act be passed to control the practice of osteopathy in the Province of Quebec.
2. That the Province utilize career counselling and provincial bursaries as a means of fostering the interest of Quebecers to study osteopathy and return to general practice in this Province.
3. That the Province consider the employment of osteopathic physicians as specialists in certain areas of hospital practice and as fully qualified physicians for staffing general hospitals.
4. That the Province utilize the osteopathic profession's training in prophylactic patient care - especially as it relates to diseases in children.
5. That a medical care program be instituted in a step-wise manner to permit concurrent control and correction to assure maximum effectiveness of the program.
6. That a medicare program be based on fee-for-service.
7. That freedom of choice of physician by the patient, and freedom of choice of patient by the physician be foundation stones of the program.

## RECOMMENDATIONS

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8. That the program permit reasonable freedom of action to the physician in his diagnostic and therapeutic program.

The Quebec Osteopathic Association's physicians have graduated from an osteopathic college approved by the Canadian Osteopathic Association. All of these physicians were trained in osteopathic colleges in the United States. Five of the eight present members of the Association have completed one year rotating internships in osteopathic hospitals in the United States. Five of the eight members of the Association hold full practice licenses in one or more states in the United States.

The two particular areas of interest about which the Association wishes to speak are; 1. the protection of individuals in Quebec from unqualified practitioners who call themselves osteopathic physicians; and 2. provision to Quebecers of osteopathic health services especially as they may be provided through a federal-provincial sponsored medical care program.

### Protection of the public

In the case of protection of Quebecers from charlatans the Province of Quebec Osteopathic Association wishes to call the attention of the Health and Welfare Commission to

1

This brief is presented by the Province of Quebec Osteopathic Association. The Association is composed of all the fully qualified osteopathic physicians practicing in the Province of Quebec. In order to be a member of the Province of Quebec Osteopathic Association a physician must have graduated from an osteopathic college approved by the Canadian Osteopathic Association. All of these physicians were trained in osteopathic colleges in the United States. Five of the eight present members of the Association have completed one year rotating internships in osteopathic hospitals in the United States. Five of the eight members of the Association hold full practice licenses in one or more states in the United States.

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The two particular areas of interest about which the Association wishes to speak are; 1. the protection of individuals in Quebec from unqualified practitioners who call themselves osteopathic physicians; and 2. provision to Quebecers of osteopathic health services especially as they may be provided through a federal-provincial sponsored medical care program.

3

Protection of the public

In the case of protection of Quebecers from charlatans the Province of Quebec Osteopathic Association wishes to call the attention of the Health and Welfare Commission to legislation until the report of the Health and Social Welfare Commission is available. This does not make any

less pressing the need of the people of Quebec on the  
the Report on Chiropraxy and Osteopathy submitted by its  
responsibility of the government to ensure that any one  
Commissioner, the Honourable Mr. Justice Gerard Lacroix,  
who calls himself an osteopath is in fact  
This is the first study of osteopathy made in Canada by a  
qualified to render services to patients in  
this Province.  
non-medical person. The Commission made the following  
recommendation:

"We are of the opinion that both for osteopathy and  
chiropractic, control and regulation should be established.  
In the case of osteopathy, which in addition to utilizing  
manipulative therapy, claims it forms part of traditional  
medicine, it is evident that it would be contrary to public  
order to allow individuals to offer their services as  
osteopaths if the public authority has no proof of the  
validity of their scientific knowledge, their studies,  
their training, and professional standing."

P 32 - Osteopathy - Report of Royal Commission on  
Chiropraxy and Osteopathy, Commissioner - The  
Honourable Mr. Justice Gerard Lacroix.

4 As a result of the "Lacroix Report", the provincial  
government in 1966 entered a public bill to control the  
practice of osteopathy. The Health and Social Welfare  
Inquiry Commission may know that a provincial election took  
place before second and third readings were held on this  
bill. The new government set aside reintroducing any  
legislation until the report of the Health and Social  
Welfare Commission is available. This does not make any

less pressing the need of the people of Quebec or the responsibility of the government to insure that any one who calls himself an osteopathic physician is in fact qualified to render osteopathic health care to patients in this Province.

5 Provincial Regulation of Osteopathy

Osteopathy is different than allopathy and should be governed by a separate osteopathic act. It should not be controlled by the Medical Practice Act. Osteopathy differs sufficiently from allopathy that a medical practitioner is not capable of completely examining an osteopathic physician to determine if he can provide full osteopathic services.

6 Osteopathic philosophy pervades the whole of diagnosis and practice and is not merely a series of manipulative procedures to correct bodily aches or pains. The osteopathic concept that structure and function are interrelated is a vital part of this consideration. This concept sets the osteopathic physicians to looking long and hard for the basic causes of the disease processes beyond symptoms.

7 The osteopathic act should provide for the establishment of an osteopathic board. This should be a separate professional board under a superior council of boards as

recommended by the Royal Commission on Osteopathy. This superior council would operate under the responsibility of the Minister of Health of the Province.

8 An osteopathic act might be patterned after the one suggested in Appendix (1). We suggest that modification of the recommendations of the Royal Commission on Osteopathy be made. They should include: 1. No restriction on citizenship. 2. The same practice rights accorded other fully qualified physicians. These rights include equivalent practice scope and ethical standards. Practice scope should permit full practice "as taught" including medical, surgical, obstetrical, radiological, and osteopathic practice by osteopathic physicians so qualified by the Board. 3. The title "Doctor" is appropriate for an osteopathic physician. He earns his doctorate in a fully accredited institution "after a minimum of six years academic and/or professional discipline". (Ref. P. 81, Vol. II Royal Commission on Health Services - Queen's Printer, Ottawa, 1965). In reference to the use of the word "university" it should be pointed out that such famous medical colleges as the Hahneman and Jefferson Medical Colleges in the U.S.A. are not part of a university and would be thus classified with the independent osteopathic colleges. 4. Ethical standards should be at least the equivalent of those of the allopathic profession in Quebec.

5. The addition of a clause requiring annual post-graduate training for relicensure is important. It fosters professional growth and educational development of the physician who might otherwise find himself in a professional "rut".

9 General Practitioner Health Services

The second area of interest about which the Province of Quebec Osteopathic Association wishes to speak includes the provision of general practitioner health services to the people of Quebec both in urban and rural areas.

10 The Osteopathic Physician - A General Practitioner

The osteopathic profession has traditionally provided general practitioners in greater proportion than the medical profession. The following two citations support this statement: Edward W. Hassinger, in his publication Background and Community Orientation of Rural Physicians Compared with Metropolitan Physicians in Missouri. (Research Bulletin 822, August 1963, University of Missouri, Columbia, Missouri, Page 8, Appendix II) states that 75.2% of all medical physicians and 40.3% of osteopathic physicians practice in the metropolitan areas of Missouri. This means that slightly less than 25% of all medical physicians and slightly less than 60% of all osteopathic physicians are found in cities of 50,000 or under. As a matter of fact 10.6% of the

medical physicians and 45.3% of the osteopathic physicians practiced in towns of 5,000 or less. of the medical doctors specialize. According to the American Osteopathic

11 Also in the Bingham Associates Fund publication "The Unmet Needs in Medical Care of Rural People State of Maine 1956" by Wilson G. Smillie, M.D. and Jean A. Curran, M.D., pages 72 and 73, it is noted that in rural state of Maine, the ratio of medical doctors to osteopathic physicians is 5 to 1 in towns and cities of 2,500 and over, while in towns of 2,500 or less the ratio is 3 to 1.

12 These quotation are cited to underline the fact that osteopathic physicians, who trained primarily as general practitioners, tend towards general practice in rural areas.

13 Re: General Practice vs. Specialists

Although there has been a marked tendency in metropolitan areas for the partitioning of patient health care into specialist categories, there is an upsurge, seen especially in the U.S. today, to reinstitute total patient control in the hands of the "generalist", "the family physician", etc., etc. The inescapable importance of having one trained physician responsible for coordinating the total care of the patient has become especially clear in superspecialized hospitals.

14 We have seen in the press and the Journal of the  
American Medical Association that 60% of the medical doctors  
specialize. According to the American Osteopathic  
Association 40% of osteopathic doctors specialize. This  
underscores the general practice orientation of the  
osteopathic profession. (1966 Annual Report of the  
Osteopathic Profession - American Osteopathic Association -  
212 East Ohio Street, Chicago, Illinois) Appendix III.

15 The osteopathic profession can help to supply the  
general practitioners needed in Quebec as it has in Maine  
and Missouri. The Province must help to attract these  
physicians both through immigration channels and via  
internal changes such as enactment of proper statutes and  
by career guidance counselling to direct Quebec residents  
to this profession.

16 In an address by Norman J. Belliveau, M.D., President  
of the All Canadian provinces depend upon foreign-trained  
physicians to make up the deficit of doctors. The Royal  
Commission on Health Services Report, 1964, Volume 1,  
page 242, says that in the period 1950 - 1960, 15,000  
physicians were registered in Canada. Of this number about  
1/3 were foreign medical graduates. This heavy dependence  
on foreign trained physicians becomes even more striking  
when we consider that as a percentage of Canadian medical

graduates, the graduates of foreign medical schools who were new registrants between 1950 and 1960 rose from 24.8 to 60.4%. The heavy flow of immigrant physicians has helped to some extent to meet the increasing demand for medical services. This demand has not been met fully due to a number of factors.

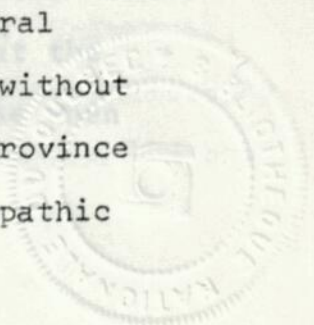
17 In the Montreal Star, Thursday, March 9, 1967 an article appeared reporting on a speech by Heward Grafttey, Conservative M.P. from Brome-Mississquoi. He said, "The old family doctor is not being replaced in smaller centers, yet hundreds of qualified applicants were being turned down at our medical schools last year. These schools turned out in 1965 the same number of doctors they did 10 years ago but 400 of the 1,000 1965 medical students left the country."

18 In an address by Norman J. Belliveau, M.D., President of the Province of Quebec Medical Association, to the Kiwanis Club of Montreal, Thursday, March 18, 1965, Dr. Belliveau said "The Hall Commission has pointed out, and this is confirmed by other studies also, that there is a shortage of doctors in Canada at the moment and that this shortage will get worse in future years unless we initiate immediately a crash program to expand the number and capacity of our medical schools." He went on to say,

"Although the present doctor-population ratio in Canada is not bad, placing Canada 13 in the list of nations in the world, yet because of the size of the country and the scattered nature of the population there are areas in Canada where the proportion of doctors to population is dangerously low."

19 In the Canadian Medical Association Journal, April 22, 1967, page 1170, W. G. Burrows, M.D., who is a Canadian-trained physician practicing in the United States, wrote that out of 191 graduates from the University of Toronto in 1943, 21 of that class have "emigrated" and are living and working in the United States. Dr. Burrows termed this situation "the brain drip", quoting the Canadian Medical Association Journal.

20 The foregoing indicates that Quebec will have to compete not only with other countries, but with other provinces for physicians. Attractive non-restrictive osteopathic statutes will put the Province in a position to compete for U.S. and Canadian citizens who attend osteopathic colleges. Provincial scholarships and career guidance will further increase the supply of general practice osteopathic physicians to the Province (without the expense of building new universities). The Province must realize, as many of its citizens, that osteopathic



physicians provide special health care not available from the allopathic profession. It should ensure that such service remains available to those who wish it.

21 Osteopathic Health Care Different from Allopathic Care.

How does osteopathic care differ from allopathic "medical" service? It offers, in addition to the usual medical diagnostic and therapeutic modes, special consideration of musculoskeletal factors. These factors may be directly or indirectly related to the patient's complaint. By his attention to structural factors, the osteopathic physician attempts to utilize in diagnosis and therapy a system comprising more than 50% of the body mass. The musculoskeletal system is readily available to the clinician for examination and treatment. Its central nervous system connections permit it to function as a mirror of visceral disease. These same central connections permit, and at times demand, its management as part of the total care of the patient.

22 The application of the structure-function concept to prophylactic health management is perhaps the greatest contribution to come from the osteopathic profession. Since its earliest days the profession has suggested that the human body is less likely to become host to disease when

its structural components function normally. Today patients seek regular osteopathic consultation to maintain health and prevent disease. They ask the osteopathic physicians to find and treat sub-clinical states in the musculoskeletal system. The osteopathic physician, for his part, sees structural and functional distortions as energy wasting mechanisms where body stresses are focused. While the excessive energy loss leads to chronic fatiguability, the structural "perversion" may be the precursor of local degenerative joint disease or a distant visceral malfunction.

- 23 Osteopathic care is especially effective in children. Its prophylactic application is constantly being extended. A recent clinical study indicates, for instance, that evaluation and management of the new born skull may not only lower neonatal mortality and morbidity but may provide a key to the amelioration or prevention of "diseases" such as cerebral palsy. (Appendix IV). Clinical research has been done to demonstrate the efficacy of osteopathic manipulative therapy in the prevention of bacterial complications of infectious diseases of children. (Purse, F.M. Clinical Evaluation of Osteopathic Manipulative Therapy in Measles - Journal of the American Osteopathic Association, Volume 61, December 1961, p. 274 ff.) The structure-function philosophy of osteopathy is its greatest mark of difference and the one

which offers the most logical, reasonable, and simple basis for development of prophylactic care of patients.

24 How Osteopathic Physicians can Serve Quebec Under a Medical Care Program.

The osteopathic profession can help provide much-needed general practitioners for Quebec. This subject has been discussed and documented earlier in this brief. Over 95% of osteopathic college graduates complete a minimum of 12 months training in an approved rotating internship. The hospital milieu is familiar to them therefore. The profession has the capability of augmenting hospital staffs both in smaller "general practice hospitals" as regular staff members and in both small and large hospitals as a consultant in the special field of structural diagnosis and therapy. For instance many patients are hospitalized for management of low back and sciatic pain problems whose hospital stay could be shortened by osteopathic care. Osteopathic physicians can help in the management of patients with disease problems such as pneumonia, edema of the extremities, headache and certain post-surgical problems, to cite a few examples.

25 Should the osteopathic physician be a specialist he would be as capable as specialists in the allopathic profession of managing patients with problems related to his

specialty in the hospital with the added advantage of his special "osteopathic" diagnostic and therapeutic skills.

26 Fees Under Medical Care Plans

The osteopathic profession supports the concept of fee-for-service under insured medical plans. The fees should be scaled depending upon the type of service provided the patient. If a special service is provided by a specially trained and qualified individual then the fee should be more than that for a routine service.

27 It is our opinion that osteopathic manipulative services are a special health service. This special health service is provided by specially trained physicians. Certainly, there are few, if any, medical doctors in the Province of Quebec who have any specialized training in the field of structural diagnosis and therapy. We believe that fees for special osteopathic services should be higher than those for general medical services provided by either medical or osteopathic physicians. This statement recognizes the fact that the osteopathic physician may provide a "medical" service to the patient, i.e. repair a laceration or fracture, perform an immunizing procedure, or deliver a baby.

30 How Might a Medical Care Program be Developed?

The experience of the National Health Service in Great Britain and the Medicare program in the United States

28 have "Ordinary" or routine office fees of Quebec osteopathic physicians in general practice are reported as \$5.00 to \$9.00 per visit. The fee varies depending upon the location of the practice. Downtown metropolitan fees were the highest. These fees are comparable to those charged by osteopathic physicians in similar practice in cities of similar size in Canada and the U.S.A.

29 Funding of a Medical Care Plan

The Province of Quebec Osteopathic Association appreciates the high costs associated with medical care programs. It appreciates that initially costs have been grossly underestimated both in the U.S. and the U.K. It appreciates the great value of such a plan to low income and indigent persons and therefore to the Province and the Nation. It also appreciates the relatively high cost of such a program to the tax payer. General taxing appears to be the only source of enough funds to support such a program ultimately. The Province of Quebec Osteopathic Association recommends that the program be developed slowly to permit economic adjustment of the tax payer to the inevitable added tax burden.

30 How Might a Medical Care Program be Planned?

The experience of the National Health Services in Great Britain and the Medicare program in the United States

have been looked at from the point of view of the government, the physicians and the patient. Mostly the writers insist that the programs have been too broad to begin with or have been developed too rapidly. Too rapid expansion has caused confusion, inefficient employment of medical resources, unnecessary medical expenses, and in some cases unsatisfactory medical care of the patient.

"freedom of the individual" in all phases of the program.

31 It We recommend that a medicare program be developed stepwise in order to:

1. Permit administrative and medical personnel and services to develop and keep pace with the demand. We know that the demand will increase as it has both in the United States and the United Kingdom.

in developing a schedule of fees so that the physicians are

2. Permit adjustments for economical and efficient employment of personnel and services. This has been one of the biggest stumbling blocks in development of the program in the United States and has caused considerable disturbance as far as proper treatment of patients is concerned.

as to whom he will treat. Except in cases of emergency he

3. To provide services where they are most needed. The most difficult areas in Quebec to deal with will be the northern sparsely populated areas and the rural areas in the St. Lawrence River valley. A master plan for the development of satellite hospitals is an appropriate step to be taken in

the development of medical services for these areas. The development of rural group practices, even if they must be subsidized by the Province, will be essential both in order to staff satellite hospitals and in order to provide adequate medical services to the rural population.

not he wishes to participate in

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Any medical care program must also guarantee the "freedom of the individual" in all phases of the program. It should guarantee to the patient free choice of physician. The patient must be free to elect the physician of his choice to provide his health care. Free choice of physician brings attendant complication in areas where there are few doctors. It may tend to overload some doctors while other doctors do not work at full capacity. This situation must be considered in developing a schedule of fees so that the physicians are compensated for work they perform.

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On the other hand, the physician must be protected. He must have reasonably free choice as far as the type of treatment is concerned. He must have reasonably free choice as to whom he will treat. Except in cases of emergency he must be free to choose whether he will undertake or continue the treatment of a patient. In cases of emergency it would be a violation of his ethical code not to treat the patient. Within the limits of local practice standards he should be

free to select the therapeutic program for the patient. There should be free choice as far as the patient is concerned as to whether he wishes to participate in a medical care program. On the other hand this same freedom must be extended to the physician so that he may decide whether or not he wishes to participate in such a program.

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SECTION III. No osteopathic physician shall, with reference to the practice of his profession, designate himself otherwise than as an osteopathic physician, osteopath, Doctor of Osteopathy, or D.O. (It should be stated that each physician and doctor must identify himself and his school of practice by appropriate sign boards, and inscriptions on his stationery.

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APPENDIX I - A SUGGESTED OSTEOPATHIC STATUTE

In the Act there should be definitions of the word "Board";  
"The Osteopathic Board".

SECTION IV. No person shall practice the profession of osteopathy  
the title of osteopathic physician or osteopath unless he holds a license.  
A. Definition of "profession"; the profession of osteopathy  
is defined in another section.

B. "License" would be an osteopathic license issued under the  
and the information useful to the public such as his address,  
Act.  
telephone number, and office hours in any inscription on his

C. "By-Laws"; By-laws would be made under this act as prescribed.  
He is forbidden to issue any publicity other than that permitted

d. "Prescribed"; what is prescribed by the law as By-law.  
(appended).

SECTION II. Osteopaths shall be entitled to practice medicine  
SECTION VI. To obtain a license it shall be necessary to  
and surgery subject to the restrictions imposed by the By-laws.  
comply with the following conditions.

The osteopathic physician shall be deemed to be a physician  
1. To be at least 21 years of age.  
within the meaning of the Pharmacy Act.

2. To be the holder of a degree of Bachelor of Arts, or  
professional college training declared equivalent by By-law  
SECTION III. No osteopathic physician shall, with reference to  
the practice of his profession, designate himself otherwise  
than as an osteopathic physician, osteopath, Doctor of  
the Province of Quebec  
Osteopathy, or D.O. (It should be stated that each physician  
To have followed a complete course in osteopathy  
and doctor must identify himself and his school of practice  
course requiring at least 4 years of study of a type which  
a total of at least 4,200 hours of instruction in a college  
by appropriate sign boards, and inscriptions on his stationery.

He must indicate whether his degree is M.D., D.O., D.M.D., D.V.M., etc.)

SECTION IV. No person shall practice the profession or assume the title of osteopathic physician or advertise himself as an osteopath unless he holds a license.

SECTION V. An osteopathic physician may mention only his title and the information useful to the public such as his address, telephone number, and office hours in any inscription on his letter paper, entrance to his office, or telephone listings. He is forbidden to issue any publicity other than that permitted by the Code of Ethics of the Canadian Osteopathic Association (appended).

SECTION VI. To obtain a license it shall be necessary to comply with the following conditions.

1. To be at least 21 years of age.
2. To be the holder of a degree of Bachelor of Arts, or preprofessional college training declared equivalent by By-law or decision of the Board to that of medical physicians licensed in the Province of Quebec.
3. To have followed a complete course in osteopathy, such course requiring at least 4 years of study of 9 months each and a total of at least 4,200 hours of instruction in a college

approved by the Board, and to have obtained a degree in osteopathy conferred by such a college.

4. To have, after the course of study, served a period of internship of at least one year in a hospital or clinic approved by the Board.

5. To have passed before the Board of Examiners the prescribed examinations for admission to practice.

6. To have paid the prescribed registration fees.

7. It shall be required for annual relicensure that the osteopathic physician produce evidence that he has attended at least ten hours of acceptable post graduate training within the past twelve month period. The Board shall determine what post graduate training is acceptable for fulfillment of this requirement.

SECTION VII. The Board may grant a license to any person who practiced the profession of osteopathy in the Province before (Date to be inserted) even though he has not fully complied with conditions prescribed in paragraphs 2, 3 and 4 of Section VI, if he applies in writing before the (Date to be inserted) and passes appropriate examinations for licensure.

SECTION VIII. The Secretary and the other examiners and The examinations contemplated in this section may be different than those prescribed under Paragraph 5, Section VI, and the content and requirements thereof may differ for various and classes of candidates according to the length of time they have

practiced the profession. The Board shall keep at its corporate seat a register of all members.

SECTION VIII. A body constituted under the name of "Osteopathic Board" in English, and "College de L'Osteopathie" in French. Such Board shall consist of five to nine persons appointed by the Lieutenant Governor in Counsel who shall designate one of them as President and one as Vice President. The members of the Board shall be appointed for three years and shall remain in office until reappointed or replaced. Nevertheless, 1/3 to the nearest whole, of the first members shall be appointed for two years and another similar third for four years.

SECTION XII. The Board may make By-laws;

Any vacancy on the Board shall be filled for the term of office of the member to be replaced, calling and holding the meetings of the Board, its quorum and any other matter of

SECTION IX. The members of the Board and of the Board of Examiners shall receive no salary. They shall be indemnified for expenses incurred for attending meetings and shall also receive an attendance allowance fixed by the Lieutenant Governor in Counsel.

SECTION X. The Secretary and the other functionaries and employees of the Board shall be appointed and remunerated according to the Civil Service Act. The Lieutenant Governor in Counsel may also appoint any expert deemed necessary and fix his remuneration.

SECTION XI. The Secretary of the Board shall keep at its corporate seat a register of all osteopaths.

physicians;

Such register shall be open for inspection by the public during ordinary office hours and any person may obtain a copy or extract thereof upon payment of the prescribed fee.

The register and copies or extracts certified by the Secretary shall be authentic and make proof of contents without it being necessary to prove the signature of the Secretary.

thirty days following such publication they will be void and

SECTION XII. The Board may make By-laws;

- A. to fix the place of the corporate seat of the Board;
- B. to regulate the procedure for calling and holding the meetings of the Board, its quorum and any other matter of internal management;
- C. to define the duties and powers of the functionaries and employees of the Board;
- D. to affix the amount and date of payment of the annual contribution payable by the holder of licenses or authorizations;
- E. to adopt a deontologic code and define the acts derogatory to the honor of the profession;
- F. to make a list of the colleges where the courses must be followed, and of the hospital and clinics where period of training may be served;

- G. to determine the form of licenses;
- H. to regulate the ethical standards of osteopathic physicians;
- I. to prescribe whatever is to be prescribed;
- J. to determine the restrictions to the practice of medicine and surgery by osteopathic physicians licensed under this act.

SECTION XIII. The By-laws shall be published in the Quebec Official Gazette with a notice that at the expiration of thirty days following such publication they will be submitted for approval to the Lieutenant Governor in Council. They shall not come into force until after similar publication of a notice of such approval.

SECTION XIV: For the better observance of the law, the By-laws and the deontologic code; the Board may constitute itself a Committee on Discipline or constitute such committee among its members.

SECTION XV: It shall be the duty of the Committee on Discipline to enquire into, hear and decide finally and to the exclusion of any court, every charge and complaint against an osteopathic physician for dereliction of his professional duties or for any act derogatory to the honor and dignity of the profession. Every infringement or any provision of this act, of a By-law

or of the deontologic code shall be an act derogatory to the honor and dignity of the profession.

SECTION XVI: In the exercise of the powers conferred upon it, the Committee shall proceed deliberately and may adopt such means as it deems expedient to ascertain the facts in issue and permit the accused to defend himself.

SECTION XVII: The commission of an indictable offense legally proved and followed by sentence by a common court ordering imprisonment in a penitentiary shall of itself entail the cancellation of licensure.

SECTION XVIII: The clerk of any court of criminal jurisdiction in this Province, before which an osteopathic physician is tried or prosecuted, shall forthwith notify the Secretary of the Board of the sentence pronounced and shall send him a certified copy of that sentence.

SECTION XIX: Any osteopathic physician found guilty of an indictable offense and sentenced definitively by a competent court, but not to the penitentiary, may be suspended or expelled by the Committee on production of a certified copy of the judgement and without other enquiries.

- A. Reprimand
- B. A fine not exceeding \$100
- C. Suspension of licensure
- D. Cancellation of licensure

SECTION XVII: If it be established by a final unappealable judgement of the court that an osteopathic physician has committed any serious dereliction of his duties or has committed an act derogatory to the honor of the profession, the Committee may suspend or cancel his license without investigation, on production of a certified copy of such judgement.

SECTION XX: Every complaint against an osteopathic physician shall be made in writing taken under oath and addressed to the Secretary of the Board.

The complaint shall indicate summarily the nature, time, place and circumstances of the offense.

SECTION XXIV: However, the Committee, of its own motion, may hear a case respecting an osteopathic physician, though no complaint or accusation has been made against him by a third party provided that the procedure laid down in this section is followed.

SECTION XXI: Disciplinary penalties which may be imposed by the Committee are:

- A. Reprimand
- B. A fine not exceeding \$500.00
- C. Suspension of licensure
- D. Cancellation of licensure

SECTION XXII: The penalties other than cancellation of license may be imposed separately or simultaneously.

SECTION XXIII: After final decision, a copy of the decision of the Committee, certified by the Secretary, shall be served by a bailif within thirty days on the osteopathic physician condemned to a fine, suspended or expelled.

The clerk of the provincial court of the district where the party condemned resides upon production of a certified copy of the decision of the Committee, shall issue a writ of execution for recovery of a fine imposed by the Committee as in the case of the judgement of the provincial court.

SECTION XXIV: In all cases of suspension or expulsion of an osteopathic physician notice thereof shall be given over the signature of the Secretary to the members of the Quebec Official Gazette immediately after judgement has been rendered.

SECTION XXIX: This Act shall come into force on the day of its Such notice shall also be published twice in an English daily newspaper and twice in a French daily newspaper published or circulated in the judicial district where the osteopathic physician suspended or expelled resides.

SECTION XXV: Any person not the holder of a license in force who practices the profession or assumes the title osteopathic

physician or any other title of such nature as to lead to the belief that he does practice the profession, commits an offense and is liable to a fine of \$100 to \$200 for each offense and \$200 to \$500 an offence within two years.

SECTION XXVI: The fines imposed by this Act shall be recovered with cost, on summary of proceedings, accordance with the summary of Convictions Act (Revised Statutes, 1964, Chapter 35)

Part Two of the said Act shall apply to such proceedings.

SECTION XXVII: Nothing in this Act shall effect the rights conferred by law on medical physicians, radiological technicians, and nurses.

SECTION XXVIII: The Minister of Health shall have charge of the carrying out of this Act.

SECTION XXIX: This Act shall come into force on the day of its sanction.



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