CSME on the go....

Canadian Society of Medical Evaluators

President's Message

Spring looks like it is here to stay! 2010 has been a busy year thus far for CSME and I would like to address the organization before the summer is upon us. As I have previously written, the CSME Board fully supports our mandate of providing value to our members through excellence in education and standards, in addition to representing our professions within the medico-legal community and with our government. We are actively working on growing the organization on a national scale.

We have had great success to date in 2010, with respect to education and expanding our membership base. In February, we hosted a very successful Breakfast Seminar in Toronto ***"So You Think You Have Written an Expert Report?"*** regarding the "***Changes to the Rules of Civil Procedure and Expert Witnesses"*** that came into effect in January. This informative seminar provided an overview of changes and how they will affect the healthcare professionals that work in the medico-legal field.

Our organization presented a half day conference in Ottawa in March on the ***Auto Insurance Reform - Changes to the Statutory Accident Benefits Schedule and Changes to the Rules of Civil Procedure***. This event was well attended and will contribute to the growth of CSME in the Ottawa area.

A full day conference will take place on Friday, June 11th, 2010. The subject ***"Compensating Chronic Pain"*** is a very topical issue in our industry and we aim to provide an informative day for our members and interested non-members. The Annual General Meeting will also be held that day and we encourage all of our General and Associate Members to attend this meeting.

CSME will be hosting our Annual Social Event that evening and this year we will honour Dr. Arthur Ameis with the ***Michel Lacerte Award*** for outstanding service to CSME and the medicolegal profession. I'm sure many of our members would like to honour Arthur for all of his contributions to our industry, and I urge you to attend our dinner.

FSCO published the *Changes to the Automobile Insurance Regulations* in March, to become effective September 1, 2010. Over the coming months, FSCO will issue the Minor Injury Guideline, amongst other guidelines, and we hope to continue to work with FSCO in representing our quality standards as it pertains to medical expertise work inside the insurance industry in Ontario.

I hope to see you all at the Annual General Meeting on Friday, June 11th, 2010.

Dr. Doug Friars, MD, CCFP
President, CSME

Join us for dinner—to honour
Dr. Arthur Ameis, the second recipient of the
***"Michel Lacerte Award"*.**

Friday, June 11th, 2010 at 6:00 pm

"The Michel Lacerte Award" was created to recognize outstanding contributions and achievements by members of CSME.

CSME Office: 201-250 Consumers Road~Toronto, ON MJ 4V6
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eMail: info@csme.org~**Website:** www.csme.org

Inside this issue:

Industry News	2-3
Meetings Around the	4
Annual General Meeting	4
Lessons Learned	5-8
Resources At Your Finger	9-10
Message of the Program Committee	11-12

Industry News—Worth Sharing (Source: Canadian Underwriters—March & April 2010 for the four following articles)

Ontario Appeal Court overturns decision that would have widened scope for taping defence medical examinations

In a 3-2 decision, the Ontario Court of Appeal has reversed a lower court ruling that would have allowed taping of defence medical examinations in most (if not all) cases where a request is made, based on an alleged "systemic bias" among health practitioners who undertake medical examinations for the defence.

In doing so, the majority on the court also declined to reconsider the court's 1992 judgment in Bellamy v. Johnson, which set the ground rules for permitting the audio recording of a defence medical.

Writing for the majority, Ontario Court of Appeal Justice Robert Armstrong conceded "the litigation landscape has changed in the 18 years since Bellamy was decided" and that "legitimate concerns" have been expressed by the role of experts in the civil litigation process.

But in Adams v. Cook, Armstrong said "the record…is insufficient to broaden and set new parameters for the making of orders requiring the recording of defence medical examinations, which would take into account all of the complexities and nuances that go with the conduct of such examinations."

Armstrong further noted that changing the parameters for defence medical examinations should be a matter for the Civil Rules Committee.

In Adams v. Cook, plaintiff Lindsay Adams was injured in an auto accident. Her family doctor diagnosed her injury as cervical whiplash.

Counsel for the defendant, Helen Cook, sought an order to have the plaintiff examined by a specialist in physical medicine and rehabilitation.

The plaintiff agreed, but only on condition that the examination be audio recorded. Counsel for the defendant did not agree with this condition.

Before a motions judge, counsel for the plaintiff made no allegations against the medical specialist selected. Rather, he suggested there was a systemic bias among health care professionals who undertook medical examinations for the defence.

He submitted an affidavit describing certain scenarios in which defence medical examiners were, in the words of plaintiffs' counsel, no more than "hired guns."

The lower courts agreed. A motions judge, Ontario Superior Court Justice John Brockenshire, said the instances described in the lawyer's affidavit demonstrated "the potential for a bona fide concern that could be construed as compelling." He disallowed the defendant's motion to conduct the examination without conditions.

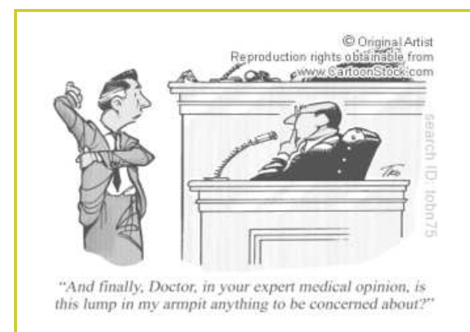
The Ontario Divisional Court upheld Brockenshire's decision. The Divisional Court made several references to Bellamy, and found that the bona fide request to tape an examination "should not be interpreted to require a specific factual foundation of potential abuse or concern directly attacking the credibility of the doctor chosen by the defence…"

The Ontario Court of Appeal disagreed, and overturned the decision of the Divisional Court.

"While I agree that it may not be necessary to attack the credibility of the doctor, there has to be something about the facts of the specific case that suggest to the court that an examination should be recorded," Armstrong wrote for the majority. "It is not enough simply to allege general bias on the part of doctors who do defence medicals in order to obtain such an order."

Reminders:

- Please be sure to provide us with any updates if your contact information has changed!
- If you would like to volunteer and work on the Education or Membership Committees, please contact Dr. Friars at president@csme.og
- Do you know of a colleague that would like to receive information on our conferences or membership?
- We would like to hear from you! Do you have information that you would like to share with your peers?



"And finally, Doctor, in your expert medical opinion, is this lump in my armpit anything to be concerned about?"

FSCO orders claimant to produce medical records of alleged prior accidents

The Financial Services Commission of Ontario (FSCO) has ordered a claimant to produce OHIP records and the clinical notes of his family doctor dating back to motor vehicle accidents that allegedly occurred up to five years prior to the 2005 accident that was the subject of arbitration.

The applicant, Karel Paskoe, was involved in a motor vehicle accident on Aug. 23, 2005. He agreed to provide records of his family doctor and OHIP records to his insurer, Motors Insurance Corporation, up to one year prior to the 2005 accident.

Some of the medical documents he produced referred to previous accidents.

For example, a 2007 physiotherapy assessment report noted Paskoe was involved in a minor accident in 2000. And a separate 2007 Paramount Rehabilitation Centre Inc. report stated: “Mr. Paskoe reported that he had previous motor vehicle accidents in 2001 and 2002. He was injured but recovered.”

Motors took the position that since the condition about which Paskoe complained is progressive, it would be unfair to restrict the production of pre-accident medical records to one year — particularly in light of evidence that suggested Paskoe sustained injuries in motor vehicle accidents occurring in 2000, 2001 and 2002.

Paskoe said the apparent inconsistencies in the medical reports were not a result of how he reported the information to the medical assessors in question.

He further argued that in the absence of supporting and reliable evidence produced by the insurer about the relevance of the medical reports to be produced, the claimant should be given the benefit of the doubt.

But the “references in the medical reports to earlier accidents provide a foundation for Motors to amplify the scope of foundations,” FSCO arbitrator Judith Killoran wrote in her decision. “Motors requires further medical information to properly assess questions of causation and quantum....

“I find it is reasonable and relevant for Mr. Paskoe to produce OHIP records and the clinical notes and records of his family doctor dating back to prior motor vehicle accidents as early as 2000.”

Insurance Brokers Association of Nova Scotia says province's auto injury cap is "warranted," but needs to be indexed

The Insurance Brokers Association of Nova Scotia (IBANS) says limitations placed on pain and suffering awards in the province have “resulted in a satisfied consumer, a competitive marketplace and rate stability that has been continuous since 2003.”

The association thus responded to a government review of the cap, promised during the province’s 2009 election campaign. The government issued a consultation paper in January 2010 that asks several questions, including: “Should there be limitations placed on pain and suffering awards?”

IBANS says the existing limitations are “warranted.” The association responded to the province’s discussion paper before the consultation period ended in mid-February 2010.

“IBANS has polled our members to determine what type of feedback has been received from our clients with respect to the cap,” the IBANS paper says. “With over half of our members responding, 96% of responses indicated there has been no negative feedback from their customers in relation to minor injury cap.

“It is clear to IBANS that the minor injury cap has not been an issue for the vast majority of consumers, even consumers who have had the misfortune to be involved in an automobile collision.”

If the cap is to be changed in any way, the association goes on to say, “it would be reasonable to suggest that some form of indexing clause be introduced.”

IBANS notes the current cap is not indexed to inflation. “IBANS is not qualified to determine what form this [indexing] should take, or how much the indexing should be, but clearly $2,500 in 2010 is not the same as $2,500 in 2003,” IBANS says in its submission to the government.

In an email to Canadian Underwriter, IBANS president Ken Myers says “we remain optimistic that changes related to the cap will reflect some adjustments in definitions and possibly in the dollar amount of the cap itself, but will not result in a replacement of the cap with a deductible, for example.”

Meetings Around the Globe—Mark Your Calendars

163rd Annual Meeting of the American Psychiatric Association
New Orleans, LA U.S.A.
May 22-27, 2010

For more information click here!

ABIME and American College of Disability Medicine
June 10-13, 2010
Las Vegas, NV

For more information click here!

International Commission on Occupational Health - Work Organisation and Psychosocial Factors Meeting
June 14-17, 2010
Amsterdam, Netherlands

For more information click here!

ABIME and American College of Disability Medicine
August 5-8, 2010
Chicago, IL

For more information click here!

13th World Congress on Pain 2010 (WCP 2010)
August 29-September 3, 2010
Montreal, QC Canada

For more information click here!

3rd Bodily Injury Association
International Congress
September 20-24, 2010
Madrid, SPAIN

For more information click here!

60th Annual Conference of the Canadian Psychiatric Association (CPA)
September 23-26, 2010
Toronto, ON Canada

For more information click here!

Sports Medicine Cruise Conference
7-Night Western Mediterranean Cruise
Barcelona, Spain
October 9-16, 2010

For more information click here!

"Board Member in Haiti". Dr. Jordi Cisa, CSME Board Member sends his best regards from Haiti, where he joined ***Medecins Sans Frontieres /Doctors without Borders*** for the last five weeks.

Annual General Meeting

Friday, June 11th, 2010
12:00 noon—1:30pm.
at the Novotel -Toronto Centre
at 45 The Esplanade
Toronto, Ontario, M5E 1W2

Agenda:

- President's Report;
- Treasurer's Report;
- The auditor's appointment;
- Board of Directors' nominations and election.
- Introduction of the incoming Board members

*The election of the Board will take place at the AGM

Lessons Learned

SABS Changes: Medical Evaluators Beware

September 1, 2010 will bring significant changes to the Statutory Accident Benefit Schedule for not only the insured but for services providers including the medical profession. Changes affect not only the quantification but as well the availability of benefits and the procedural process.

Catastrophic impairment

The definition of catastrophic impairment has been broadened to include the amputation of an arm or leg or other impairment causing the total and permanent loss of us of an arm or leg. This will effectively eliminate the need for these types of injuries to be assessed under a catastrophic impairment designation of 55% whole body impairment. Previously an assessment under the category of 55% whole body impairment could take place if a health practitioner stated in writing that the insured person's condition is unlikely to cease to be a catastrophic impairment or two years had elapsed. However now, the section reads that a claimant who is being assessed for a 55% whole body impairment can only be assessed in the case of a strictly physical injury at the two year period. In the case of an impairment that includes a brain impairment if a physician states in writing that the insured person's condition is unlikely to cease to be a catastrophic impairment or where the impairment that is only a brain impairment a neurospsychologist states in writing that the insured's person condition is unlikely to cease to be a catastrophic impairment they can be assessed before the two year period.

Two things to note, there must be a brain impairment to be assessed before the two year period and secondly, if there is a combined physical and brain impairment a physician must write the report or if solely a brain impairment a neuropsychologist can author the report rather than previously where a health practitioner was required to write the report.

With the reduction in the medical and rehabilitation limits for a non-catastrophic injured person this could result in a physically injured person consuming their limits long before they are in a position to have an assessment done to determine if they come within the 55% whole body impairment. In cases where the insurer is of the opinion, based on the medical evidence available, that the insured would be found to be catastrophic they can continue to pay benefits to avoid the interest which would accrue in the event that the insured is later found to be catastrophic and past payments are owing. However where the medical evidence does not support a finding of catastrophic impairment the insurer may take the position that ongoing benefits are not payable and accordingly the insured will likely be looking to the tortfeasor for an advance payment to pay for ongoing treatment expenses.

The new Regulation introduces the concept of Guidelines and in particular under the section relating to applying for a catastrophic designation it states that, "if a Guideline specifies conditions, restrictions or limits with respect to the determination of whether an impairment is a catastrophic impairment, the determination must be made in accordance with those conditions, restrictions and limits. " This, arguably, imposes a positive obligation on physicians and neuropsychologists to ensure that they are aware of any Guidelines relating to applying for a catastrophic designation which contain conditions, restrictions or limits and must abide by those conditions, restrictions or limits.

Medical and Rehabilitation Benefits

As noted above the medical and rehabilitation limits have been reduced by half to $50,000 unless optional benefits are purchased. The new legislation also authorizes that the cost of assessments other than s. 44 assessments to be deducted from the medical and rehabilitation limits.

The new legislation eliminates the Pre-Approved Framework but introduces the concept of a "Minor Injury". A "Minor Injury" is defined to include sprains, strains, whiplash associated disorder, contusion, abrasion, laceration or subluxation and any clinically associated sequelae. We note that, where previously the PAF program recognized that a WAD I and WAD II injury were treated in a different manner, under this legislation there is no limitation to the level of whiplash injury. The wording is such that it is all inclusive however this remains to be defined by the FSCO arbitrators and/or courts.

However the section which sets out the monetary limits states, "the sum of the medical and rehabilitation benefits payable to in respect of an insured person who

Continued on page 6-7

Lessons Learned ..... *Cont'd from page 5*

sustains an impairment that is ***predominantly*** a minor injury shall not exceed $3,500 for any one accident.." [emphasis added].

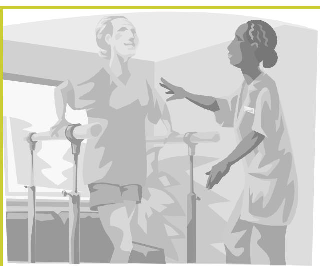
One queries what "*predominantly a minor injury*" will be interpreted to mean.

This reduced limit will not apply if the insured's health practitioner determines and provides compelling evidence that the insured person has a pre-existing medical condition that will prevent the insured person from achieving maximal recovery from the minor injury. Given how quickly an insured will utilize the $3,500 limit it is questionable how a health practitioner will be in a position that early in the insured's recovery process to comment on whether the insured would be prevented from being able to achieve maximal recovery. Further would a health practitioner be aware of pre-existing condition and finally there is no guidance as to what evidence is required to meet the test of "*compelling evidence*".

The section allows for a health practitioner to complete the Treatment and Assessment Plan and make this determination. The new Rules relating to Treatment and Assessment Plans make it mandatory that the person providing the services must be the one to complete the Treatment and Assessment Plan and therefore must provide the compelling evidence.

If the injuries fall within the Minor Injury Guidelines the insured must submit a Treatment Confirmation Form . The same rules apply in that the service provider (health practitioner) must be the one who completes the form. If the service provider changes an amended Treatment Confirmation form must be submitted. You will note that the insurer is only obligated to pay to the extent the goods and services have not already been provided in accordance with the Minor Injury Guidelines.

To date, the Minor Injury Guidelines have not been released.



Treatment and Assessment Plans effectively merge the process for Treatment approval and requests for Assessments into one process. Therefore if we consider a request for a catastrophic assessment and the requirement under that section that the request must be completed by a physician or neuropsychologist (if the injury is a brain impairment) and cross reference this with the section for Treatment and Assessment Plans which requires that the service provider that completes the request must be the person providing the services suggests that the only person's entitled to conduct catastrophic assessments are a physician or a neuropsychologist.

Whether an expense is "incurred" is now defined under the regulation as follows: where an expense has been received, has been paid, and where there has been a promise to pay or where there was a legal obligation to pay or where the person providing the goods or services has sustained an economic loss. One additional category of incurred benefits is where the court or arbitration deem the expense to be incurred because the insurer unreasonably withheld or delayed payment.

Attendant Care

The amount available to a non-catastrophic insured has been reduced to a maximum of $36,000. The benefit is not available to a person with a "minor injury".

Housekeeping

Housekeeping has been eliminated for non-catastrophic injuries. This expense will now be claimed in the tort action and medical and rehabilitation experts will likely be requested to comment on this issue in assessments done in the tort action.

WEEKLY INDEMNITY BENEFITS

Income Replacement Benefits

The income replacement benefit is now based on 70% of gross earnings rather than 80% of net income. This may reduce the need for retaining an expert to do the calculation of the benefit. This new legislation also stipulates that the insurer will pay this expense but that the expert's fees are capped at $2,500.

Caregiver Benefits

Caregiver benefits are only available in cases of catastrophic impairment. Accordingly when a catastrophic assessment is conducted the insurer is now obligated, where the circumstances warrant, to advise the insured that he or she has the right to make an election.

PROCEDURALLY

The maximum amount that will be paid for any assessment whether requested by the insured or an insurer is $2,000. If the insured is represented by counsel and a

Lessons Learned ..... Cont'd from page 6

request is made for an assessment, there is the possibility that, as with a tort action, the firm will be responsible for the payment of the excess amount over $2,000 for the cost of the report and then claim it back as a disbursement in any action or arbitration. Further if there is a
tort claim it is possible that the plaintiff may try to receive reimbursement for the excess cost through that action. However from the perspective of the insurer they will be restricted to paying the designated amount only.

The cost of Future Care Costs Reports will no longer be covered under the SABS. The Rebuttal report has been eliminated. Interest has been reduced from 2% compounded monthly on overdue payments to 1% compounded monthly. A review of the new SABS as compared to the existing legislation shows that the wording has been changed throughout with a view to making it more succinct and understandable, although one questions whether this was actually achieved. Please note that these changes could also affect how the regulation will be interpreted by the courts and arbitrators. This paper is not meant to be a complete recitation of all of the changes but rather is meant to bring to your attention the more significant changes and is not meant to be a statement of the law. Each case will vary dependent upon its facts and the law as it applies to the facts.

The Financial Services Commission has slated in the upcoming months that they will issue additional bulletins on the revised accident benefit claims forms, auto policy and endorsement forms, filing guidelines, the Minor Injury Guideline and on the issue of transition from existing claims and the new SABS.

Debbie Orth
Bertschi Orth Smith, LLP

So You Think You Have Written an Expert Report? a presentation to CSME by Mr. Rodney Dale, LLP

Mr. Rodney Dale, LLP, presented on the New Rules of Evidence before a packed CSME audience on February 5th. The new rules, which took effect January 1st of this year, were written in part to reinforce independence, objectivity and transparency of expert witnesses, and to protect the system from unreliable expert evidence.

Mr. Dale outlined the impact these rules will have on our work as experts to the courts, dealing specifically with lawyers' instructions to experts, required elements in expert reports, completion of the new Form 53 (acknowledgement of expert's duty), and possible discussion between experts at pre-trial to determine areas of agreement on key issues. He also highlighted the primary obligation of experts to serve the courts.

While this has always been the case, the new rules of evidence seek to reinforce this obligation and reduce the potential for experts to serve as "hired guns." There was a lively interchange, with Mr. Dale fielding questions throughout his discussion. Most of the questions directed to Mr. Dale related to required aspects of expert reports under the new rules. What became apparent was that if experts are already providing objective findings and conclusions based on solid scientific methodology, then their work and reports will change very little under these new rules. Experts will be required to address the range of opinions given in response to lawyers' questions in their reports, which, for example, will mean simply providing a clear and transparent differential diagnosis that explains why one diagnostic formulation was chosen over other reasonable possibilities. Another issue discussed is that lawyers' instructions and description of experts' qualifications relevant to those instruction will now be required elements to include in expert reports. Many of us have long had the practice of including such instructions and descriptions of our credentials in our reports, and this will likely cause little change for most experts.

One area that remains unclear is how the new provision for "hot tubbing" will be used. It has been noted that health professionals more commonly use a collaborative model for discussing findings and conclusions, as opposed to the adversarial approach that underlies the legal system. Judges will now have an opportunity to bring the collaborative approach we often enjoy in the health sciences into the court proceedings by having the experts meet at pretrial to arrive at areas of agreement that need not be pursued further during trial. As this is an innovation that has not yet been put to the test in an actual proceeding, it's impact and how it actually will unfold are not yet known.

Dr. Brian Levitt, Psy.D., C.Psych.
DESS, medicolegal expertise
CSME, Associate Member

More Industry News—Cont'd from pages 3&4

HST impact equivalent to that of a large catastrophic loss: IBC

The impact of the Harmonized Sales Tax (HST) on Ontario and B.C. property and casualty insurers' reserves in 2009 — estimated to be $268 million — is equivalent to that of a large catastrophic loss, according to the Insurance Bureau of Canada (IBC).
Barbara Sulzenko-Laurie, IBC's vice president of policy, noted the effects of the HST in slides she presented at the 2010 Swiss Re Breakfast in Toronto.
Her remarks were part of a wide-ranging discussion on the broader state of the Canadian P&C insurance industry in 2009.
One IBC slide showed a number of projected effects of the HST on Ontario and B.C. insurers between 2010 and 2015.
For example, retail sales tax (RST) on claims and operating costs for Ontario and B.C. insurers in 2010 is projected to total $436 million.
But add an additional $34 million in operating expenses due to the HST, as well as an extra $83 million in claims costs due to the HST, IBC figures show.
Suddenly, total RST paid, as well as increases to operating expenses and claims costs due to the HST, balloon up to $553 million in 2010.
IBC figures show the effects of the HST are even more pronounced in 2015.
In 2015, the IBC projects RST alone paid on claims and operating costs for Ontario and B.C. insurers would amount to $484 million.
Add the HST, however, and operating expenses would increase by $73 million in 2015. In addition, claims costs would increase by an extra $186 million.
And so in 2015, Ontario and B.C. insurers would pay an extra $259 million on top of the $484 million in RST alone, bringing the figure up to $743 million.

"Medical science has proven time and again that when the resources are provided, great progress in the treatment, cure, and prevention of disease can occur." **Michael J fox**

Injury threshold in Ontario does not establish a "barrier" to jury aware recovery: Ontario Judge

The threshold in Ontario for determining whether injuries are "serious" enough to warrant jury awards are not supposed to be treated as barriers by insurance defence counsel, an Ontario Superior Court Justice remarked in the threshold case, *Nicolas v. Bowers*.
"I cannot leave this judgment without observing that the recent decisions of the Ontario Court of Appeal are reminders to trial judges that s. 267.5(5) of the *Insurance Act* exacts a threshold which an injured plaintiff must cross before recovering a jury award," Ontario Superior Court Justice Arthur Gans wrote. "It does not by definition create a complete or even a partial barrier as is often implied in the arguments of counsel for the defendants."
Defendant Joseph Bowers brought a motion to dismiss a jury award to plaintiffs Victoria and Carlos Nicolas, on the basis that Victoria Nicolas' permanent injuries, sustained in a vehicle accident, were not "serious" enough to warrant a jury award.
Defence argued that although Nicolas' soft-tissue injuries were permanent, they nevertheless did not "substantially interfere" with her enjoyment of life.
Gans noted in *Brak v. Walsh* that: "The requirement that impairment be 'serious' may be satisfied even although plaintiffs, through determination, resume the activities of employment and the responsibilities of household but continue to experience pain."
Walsh goes on to note pain might "seriously affect" a person's ability to socialize with others, have intimate relations, enjoy their children and engage in recreational pursuits.
Gans found that because Nicolas' pain "and its consequence affects two very important pre-accident 'life joys,' namely her ability to fully experience the intimacy of sleeping with her husband, day to day, and entertaining her extended family on a weekly basis, without help from others," her injury met the threshold for being "serious" and thus warranted a jury award.

Resources — At Your Finger Tips!

Useful Links

Financial Services Commission on Ontario
Canadian Underwriters
Canadian Association of Cardiac Rehabilitation
Ontario Medical Association
Royal College of Physicians and Surgeons of Canada
Doctor's Guide to Medical Conferences & Meetings
Society of General Internal Medicine
Canadian Medical Association
The Canadian Medical Protective Association (CMPA)
Canadian Institute for the Relief of Pain and Disability
The Canadian Society of Chiropractics Evaluators
Canadian Medical Association Journal
Ontario Court Services/Forms
Canadian Neurological Sciences Federation
Canadian Pain Society
Canadian Psychological Association
International Association for the Study of Pain
Society of Chest Pain Centers
Insurance Bureau of Canada (IBC)
Ontario Physiotherapy Association
The Association of Faculties of Medicine of Canada

Canadian Medical Regulatory Authorities

Provincial & Territorial Medical Regulatory Authorities

British Columbia, College of Physicians and Surgeons
Alberta, College of Physicians and Surgeons
Saskatchewan, College of Physicians and Surgeons
Manitoba, College of Physicians and Surgeons
Ontario, College of Physicians and Surgeons
Quebec, College of Physicians and Surgeons
New Brunswick, College of Physicians and Surgeons
Nova Scotia, College of Physicians and Surgeons
Prince Edward Island, College of Physicians and Surgeons
Newfoundland & Labrador, College of Physicians and Surgeons
Yukon Medical Council
Northwest Territories, Department of Health & Social Services

IMPORTANT REMINDER: Harmonized Sales Tax (HST) for Ontario - in effective July 1, 2010

In Ontario, the period between May 1 and June 30, 2010 is a transition period: for events and services that take place during that period, either GST or HST may be charged. For events, goods and services delivered after the transition period, from July 1, 2010 onwards, the HST will apply.

Most associations and not-for-profit entities will start to charge the HST on items such as membership from May 1, 2010 onwards, generally for simplicity and to avoid different calculations for small adjustments on the two month interim period, and to avoid placing the onus for "self-assessment" on individuals for the applicable portion of their membership fee.

Have Questions?
To learn more about the benefits of HST visit **www.ontario.ca/taxchange**. You can also call 1 800 337-7222, teletypewriter (TTY) 1 800 263-7776.
For more information, you can also contact the Canada Revenue Agency. Visit the CRA website at **www.cra.gc.ca/harmonization** or call 1 800 959-5525.

From the Desk of the Program Committee

Association of Academic Physiatrists (AAP 2010)
Bonita Spring, Florida
April 6-10 2010

The Association of Academic Physiatrists or AAP, regroups 1100 among the 8300 board physiatrists in the USA. This year meeting had 3 concurrent courses ; course B, entitled « Road to recovery after combat polytrauma was directed by Dr Robert D. Rondinelli, editor of the 6th edition of the AMA guide and Dr J Burris. This course gave the perspectives of the US Veterans Benefits Administration on Compensation and Pensioning. Mr Michael McGeary, Senior Program Officer at the Institute of Medicine, delivered the Erdman lecture entitled : « Advancing disability concepts and public policies and programs : the IOM studies of disability ». Please contact mmcgeary@nas.edu to obtain copy of the (IOM disability report), which includes recommandations to the SSA and VA administrations to improve disability determination. The new model of disability evaluation, proposed by the IOM, goes beyond the ICF model, with validated tools to add measures of quality of life to the disability assessment. This was well illustrated amongst 19 other lectures by Dr John Melvin, who delivered an excellent lecture on (Metrics for non-work Loss disability evaluation).

You can have the flavor of such topics by ordering the UM lecture MMD6227-B6 by Dr R. Rondinelli (please contact eva.medalsy@umontreal.ca).

AIDC 2010
Madrid, 20-24th of September 2010
3rd International congress of the Association on Bodily Damage

Why not to plan a trip to Europe this autumn?

The AIDC, or International society of medical experts on personal damage organizes its 3rd meeting in Madrid. Please come and share your experience with medical experts from the 5 continents. After the first meeting in Rio, in 2006, the second AIDC meeting, in June 2008 in Monastir, Tunisia, was a great success, and the 4th meeting of the AIDC, in September 2012 will be held in Montreal, Canada.

At the last AIDC meeting held in Tunisia in 2008, the Board of directors entrusted to Spain the organization of the 3rd International Congress, with the title: “Diseases and sequellae of difficult diagnoses and assessments”.

Plan your direct flight soon or use your frequent flyer points. We plan to have a significant number of attendees from North America. For registration, go to : http://www.aidc2010.org/registration_uk.htm

Posters and communications : you can send your communication till June 30th, 2010.

DO YOU KNOW CanLII ??

If you want to find a specific decision or statute with a citation, decisions involving a specific expert or judge (including yourself!), or find decisions pertaining to a certain medical condition, please visit www.canlii.org

If you want to familiarize with Canadian legal research and with basic tools used to retrieve legal materials on the Internet and how how to retrieve important court decisions, you can order the UM lecture MMD6227-B9 (please contact eva.medalsy@umontreal.ca).

Imagine your fun discovering several evaluations by different Judges of your opponent expert’s IMEs, prior to a court testimony. You may also discover through judges’ appreciation of your work, that you might have to improve the quality of your reasoning, in court or in your IME. Register then for the University of Montreal curriculum at www.mae.umontreal.ca

International Research Meeting for the Implementation of the ICF on August 12-13, 2010

McMaster University, Institute of Applied Health Sciences, Room 201
Mohawk/McMaster Institute for Applied Health Sciences (IAHS)
1400 Main Street West Rm. 201
Hamilton, ON, Canada L8S 1C7
Tel: (905. 525. 9140

Program at a Glance!
August 12th
8:00 Registration & Breakfast
9:00 Welcome & Introduction to the events Olaf Kraus de Camargo
9:30 Implementation Example – Early Intervention Liane Simon
10:00 Implementation Example – Neuro-Rehab Nicole Habenicht
10:30 Coffee Break
11:00 Implementation Example – Special Education Judith Hollenweger
11:30 Implementation Example – Patient Education Carla Sabariego
12:00 Implementation Example – Student Education Armin Sohns
12:30 ***Lunch***
13:30 – 15:30
Workshop A: The ICF and Professional Education
Workshop B: The ICF and Health Services
15:30 Coffee Break
4:00 Reports from the workshops – Discussion
6:00 Dinner at the University Club

August 13th
9:00—11:30
Workshop C: The ICF and Communication with Professionals and Parents
Workshop D: The ICF in Clinical Research
11:30 Reports from the workshops – Discussion
12:30 Lunch
13:30 Research Projects Discussion
04:30 End of Meeting
05:30 After-Meeting BBQ (Brazilian Churrasco) at Olaf's place (103 Chedoke Ave.)

Please indicate to Nancy Murphy (murphyn@mcmaster.ca, 905-521-2100 # 74275), if you are planning to attend the dinner/BBQ on the 12th and 13th. Nancy can also assist you in finding accommodation in Hamilton, should you need so.

Directions **From points north and east (i.e. Hwys 401/407/QEW - Toonto/Oakville/ Burlington):**

- take Hwy #403 West to Hamilton
- take the **Main Street West exit** and immediately **turn left (west)** at the lights
- Proceed thru 4 lights and pass McMaster Health Sciences Centre.
- Stay in the right lane and take the right filter lane to Cootes Drive towards Dundas;
- take the first off ramp to the right into the University
- Turn right and continue past the parking kiosk, towards Main St. to parking lot **'I'** (see campus map). Enter the lot and retain the parking ticket.

Have a safe trip!

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Have an article to contribute for our next issue?

Contact Cristina

By phone at 416-487-4040
888-672-9999 or by email at
info@csme.org

"Compensating Chronic Pain Conference & AGM"

Friday, June 11th, 2010
8:30am – 4:30 pm

Followed by dinner— to honour **Dr. Arthur Ameis**, the second recipient of the **"Michel Lacerte Award"**.

"The Michel Lacerte Award" was created to recognize outstanding contributions and achievements by members of CSME.

Novotel -Toronto Centre-45 The Esplanade
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The Canadian Society of Medical Evaluators (CSME) exists to serve Canadian healthcare professionals who perform medical and medicolegal evaluations as a professional service to employers, workplace safety and insurance or workers compensation boards or CSST, lawyers and the insurance industry, using evidence based medicine, best clinical practices and practice guidelines.

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