

College *of*
Chiropractors
of Ontario

ANNUAL REPORT

2010

REPORT ANNUEL

l'Ordre *des*
Chiropraticiens
de l'Ontario

CHIROPRACTIC ACT, 1991

SCOPE OF PRACTICE The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of, (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and (b) dysfunctions or disorders arising from the structures or functions of the joints.

AUTHORIZED ACTS In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
   i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
   ii. a disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

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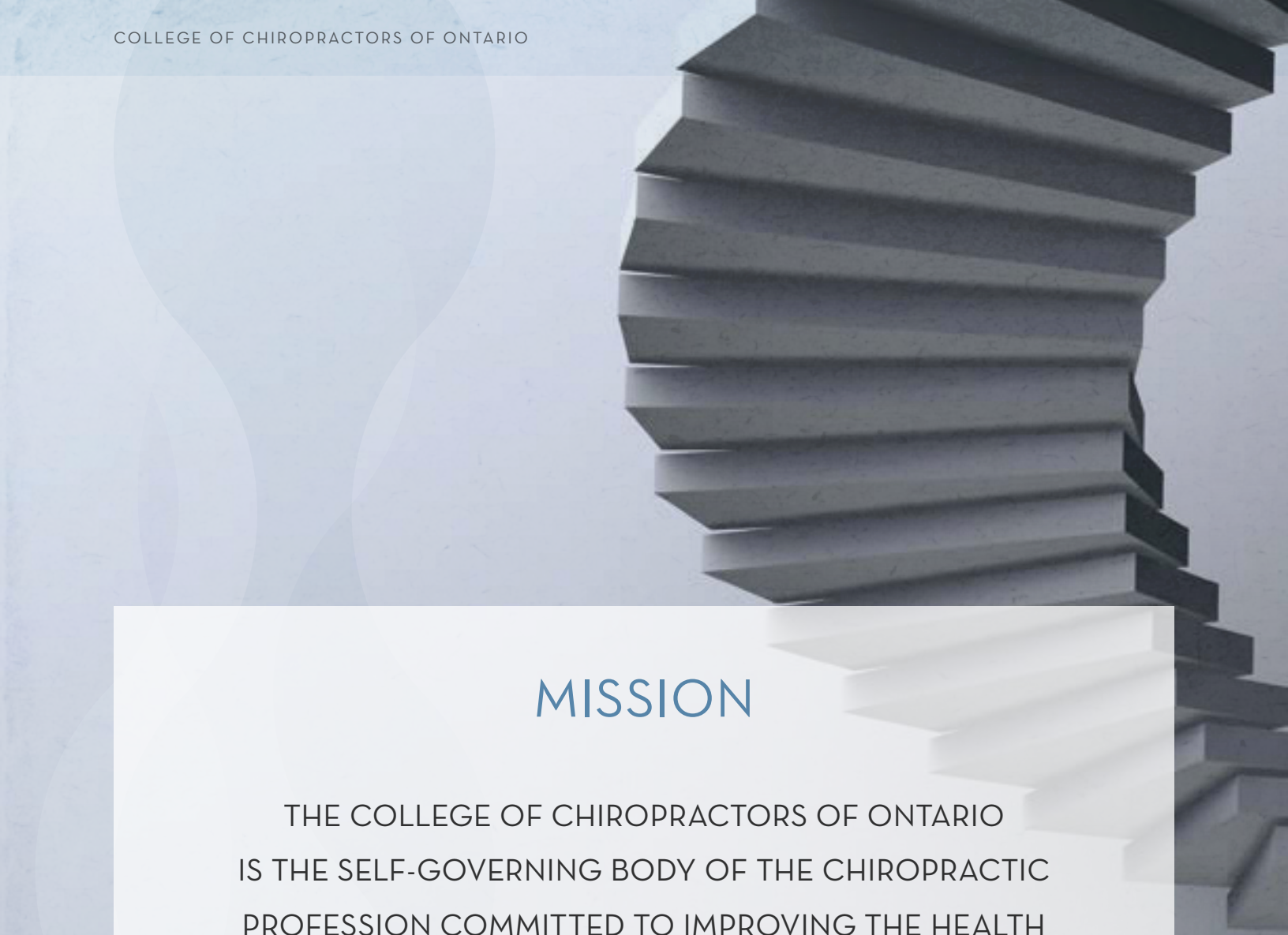
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COMMONLY USED ACRONYMS AT CCO

ACRONYM	FULL NAME
AGM	Annual General Meeting
CAC	Chiropractic Awareness Council
CCEC	Council on Chiropractic Education (Canada)
CCO	College of Chiropractors of Ontario
CE	Continuing education
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
CMCC	Canadian Memorial Chiropractic College
Code	*Health Professions Procedural Code, Schedule 2 to the RHPA*
FHRCO	Federation of Health Regulatory Colleges of Ontario
HPARB	Health Professions Appeal and Review Board
ICE	Independent Chiropractic Evaluation
ICRC	Inquiries, Complaints and Reports Committee
MOHLTC	Ministry of Health and Long-Term Care
OCA	Ontario Chiropractic Association
RHPA	*Regulated Health Professions Act, 1991*
SNM	Social networking mediums

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MISSION

THE COLLEGE OF CHIROPRACTORS OF ONTARIO IS THE SELF-GOVERNING BODY OF THE CHIROPRACTIC PROFESSION COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF ONTARIANS BY INFORMING THE PUBLIC AND ASSURING THEM OF COMPETENT AND ETHICAL CHIROPRACTIC CARE.

THE COLLEGE EXAMINES, REGISTERS AND REGULATES THE CHIROPRACTIC PROFESSION AND PARTNERS WITH OTHER HEALTH PROFESSIONS, THEIR LICENSING BODIES, ORGANIZATIONS AND GOVERNMENT.

DEVELOPED AT THE STRATEGIC PLANNING SESSION IN SEPTEMBER 2004.

APPROVED BY COUNCIL ON FEBRUARY 8, 2005.

STRATEGIC OBJECTIVES

1

IMPROVE COMMUNICATION OF THE ROLE, MANDATE AND MECHANISM OF CCO TO KEY INTERNAL AND EXTERNAL STAKEHOLDERS.

2

STRIVE FOR UNITY IN THE PUBLIC INTEREST, WHILE RESPECTING THE DIVERSITY WITHIN THE PROFESSION.

3

OPTIMIZE CHIROPRACTIC SERVICES IN THE PUBLIC INTEREST.

4

CONTINUE TO REGULATE IN A FISCALLY RESPONSIBLE MANNER: STATUTORY MANDATE MET AND PRIORITIES SET AND APPROPRIATELY RESOURCED (HUMAN AND FINANCIAL).

DEVELOPED AT THE STRATEGIC PLANNING SESSION: OCTOBER 2010.



DR. PETER AMLINGER

PRESIDENT

MEMBER OF CCO SINCE 1997

PRESIDENT'S MESSAGE

As I reflect over the past two years, during which time I had the honour of serving as CCO's president, I am inspired by the accomplishments of this Council and the staff of CCO. The accomplishments of Council, supported by our small but dedicated staff, illustrate what can be accomplished when a group of individuals comes together as a team and focuses on the mandate, vision, strategic objectives and the goals of the organization.

All members of CCO, elected Council members, public appointed members, the CCO administrative team and our non-elected Council members understand our responsibility of regulating the chiropractic profession in the public interest. We fully embrace the objects of health regulatory colleges that are outlined in legislation. We also recognize the benefits to the people of Ontario when they receive high quality chiropractic care which is focused on our scope of practice. I am deeply grateful for the support I have received over the past two years. I thank all CCO council members and our CCO staff for their commitment to the profession and to the people of Ontario that we serve.

The past year has been busy and exciting. We have worked closely with the Ministry of Health and Long-Term Care, building relationships and ensuring that they understand our role as the regulator, while at the same time brainstorming about how we can help them improve the health care experience of Ontarians, through patient-centred care models.

We have moved forward with our plans of building the CCO a new home in the future, which will ultimately help us continue to regulate our profession in a fiscally responsible manner well into the future.

A very successful strategic planning session was held this past fall and resulted in a number of short, medium and long-term goals which support our vision over the next five years.

Our continuing education program is well underway and we have also developed some new standards which allow us to respond to the health care questions of our patients in a professional and responsible manner.

A chain is as strong as its weakest link, a team as strong as its weakest player and a profession as strong as its weakest member or organization. CCO has, through the collective efforts of everyone associated with the College, emerged as a leader in the health regulatory world as evidenced by our Registrar, Ms Jo-Ann Willson, being elected as president of the Federation of Health Regulatory Colleges of Ontario. The College has also established itself as a leader in recognizing

MESSAGE DU PRÉSIDENT

Lorsque je me penche sur les deux années qui viennent de s'écouler, durant lesquelles j'ai eu l'honneur d'être président de l'OCO, je suis ravi de constater les succès enregistrés par ce Conseil et par le personnel de l'OCO. Les succès du Conseil, appuyés par notre équipe, petite par sa taille mais grande par son dévouement, illustrent ce qui peut être accompli lorsqu'un groupe de personnes forme une équipe et se concentre sur le mandat, la vision, les stratégies et les objectifs d'une organisation.

Tous les membres de l'OCO, les membres élus du Conseil, les membres nommés issus du public, l'équipe administrative de l'OCO et nos membres non élus comprennent la responsabilité qui nous incombe de réglementer la profession chiropratique dans l'intérêt du public. Nous reconnaissons absolument la mission des organismes de réglementation des professions de la santé qui est prévue par la loi. Nous reconnaissons également l'intérêt pour la population de l'Ontario de bénéficier de soins chiropratiques de bonne qualité centrés sur la portée de notre pratique. Je suis extrêmement reconnaissant du soutien dont j'ai bénéficié au cours des deux dernières années. Je remercie tous les membres du Conseil de l'OCO et le personnel de l'organisme pour son engagement envers la profession et envers la population de l'Ontario que nous servons.

L'année qui vient de s'écouler a été chargée et passionnante. Nous avons travaillé en étroite collaboration avec le ministère de la Santé et des Soins de longue durée pour établir des relations et faire en sorte que notre rôle en tant qu'organisme de réglementation soit bien compris, tout en nous demandant comment contribuer à améliorer l'expérience de soins de santé des Ontariens et des Ontariennes, grâce à des modèles de soins axés sur le patient.

Nous avons pris des mesures pour établir un nouveau centre d'accueil pour l'OCO, ce qui nous permettra au bout du compte de continuer à réglementer notre profession d'une façon financièrement responsable dans le futur.

L'automne dernier nous nous sommes réunis pour une séance de planification stratégique très réussie qui nous a permis de dégager un certain nombre d'objectifs à court, moyen et long terme qui vont dans le sens de notre vision pour les cinq années à venir.

Notre programme d'éducation permanente est bien avancé et nous avons également élaboré de nouvelles normes qui nous permettent de répondre de façon professionnelle et responsable aux questions relatives aux soins de santé que nous posent nos patients.

PRESIDENT'S MESSAGE

the diversity within the profession as we continue to develop standards which regulate the behaviour of our members and not the various styles of practice within our profession. This approach gives the people of Ontario the opportunity to choose a chiropractor that is well aligned with their health care goals, while ensuring that they receive competent, ethical and professional care.

I believe that one of the reasons the CCO has achieved so much is that everyone on Council and who supports the work of Council has embraced the ideology of Mary Kay Ash who founded Mary Kay Cosmetics. She said the most important ten two-letter words ever spoken:

"If it is to be, it is up to me."

Just as the spirit of these words serves us in our work at CCO, they can serve you in your office as you provide chiropractic care to your patients. Take responsibility for your work and realize that how you do anything is how you do everything. Also, realize that everything you do in your office reflects not only on you, but upon the entire profession.

Strive to master chiropractic and realize that the chiropractic adjustment, properly and appropriately delivered, is **essential health care**. People deserve the highest quality of care possible, so focus on mastering the chiropractic philosophy, science and art as you serve your community. I am always drawn to the words, written in *The Subluxation Specific - The Adjustment Specific* by Dr. BJ Palmer, DC, which I have paraphrased below.

Chiropractic in the hands of an incompetent fiend is a powerful weapon for ill, if it is used to extract money from the sick, caring little whether he or she turns the switch on or off. That person is a menace to society and his or her hands should be padlocked off that switch and his or her feet leg ironed so they cannot reach it.

He went on to say: Chiropractic, in the hands of a competent friend - one whose objectives are sound - can enlighten the nation. Used with sound objective, chiropractic is a powerful weapon for good, for the welfare of humanity. BJ said that if a person approaches "this switch" desiring to help humanity, that person is a benefactor to humanity and their hands should be assisted to stretch out and serve more, their feet should have wings, that they might reach people faster and obstacles in their path should be removed.

Dr. BJ went on to encourage all chiropractors to "*have a great vision of desire to achieve; holding a high and lofty respect for their profession and themselves; constantly supporting and consistently supporting an ideal; desiring to increase the value of their human service to the lowly*

MESSAGE DU PRÉSIDENT

Une chaîne n'est pas plus forte que le plus faible de ses maillons, une équipe n'est pas plus forte que le plus faible de ses membres et une profession n'est pas plus forte que le plus faible de ses membres ou la plus faible de ses organisations. L'OCO, grâce aux efforts collectifs de tous ceux et celles qui sont associés à l'Ordre, a fait figure de chef de file dans le monde des professions de la santé réglementées. C'est ce que prouve la nomination de notre registratrice, Jo-Ann Willson, au poste de présidente de l'ORPSO (Ordres de réglementation des professionnels de la santé de l'Ontario). L'Ordre s'est également positionné comme un chef de file en reconnaissant la diversité qui existe au sein de notre profession à l'heure où nous continuons d'élaborer des normes qui réglementent le comportement de nos membres et non les différents styles de pratique au sein de notre profession. Cette approche permet à la population ontarienne de choisir un chiropraticien qui respecte ses objectifs en matière de soins de santé, tout en veillant à ce qu'elle reçoive des soins qualifiés, éthiques et professionnels.

Je suis convaincu que l'une des raisons qui expliquent le succès de l'OCO est que tous les membres du Conseil et ceux et celles qui appuient le travail du Conseil ont adopté l'idéologie de Mary Kay Ash, la fondatrice de Mary Kay Cosmetics. Elle s'exprimait en ces termes :

Si cela doit être, c'est à moi de le faire.

L'esprit de ces mots nous inspire dans notre travail à l'OCO, il peut aussi servir d'inspiration pour vous qui prodiguez des soins chiropratiques à vos patients à votre cabinet. Assumez la responsabilité de votre travail et soyez conscient que la façon dont vous faites quelque chose vaut pour tout ce que vous accomplissez. De même, réalisez que ce que vous faites dans votre cabinet rejaillit non seulement sur vous, mais sur l'ensemble de la profession.

Efforcez-vous de maîtriser les soins chiropratiques et prenez conscience que l'ajustement chiropratique, correctement effectué, relève des soins de santé essentiels. Les patients méritent la meilleure qualité de soins possible alors concentrez-vous sur la maîtrise de la philosophie, de la science et de l'art des soins chiropratiques lorsque vous prodiguez des soins aux membres de votre collectivité. Je reviens toujours à l'ouvrage du Dr BJ Palmer, DC, intitulé The Subluxation Specific - The Adjustment Specific dont je paraphrase ici les mots.

La chiropratique dans les mains d'un passionné incompétent est une arme puissante pour le mal, si elle est utilisée pour soutirer de l'argent aux malades, peu importe si elle tourne le bouton sur marche ou arrêt. Cette personne est une menace pour la société et il faut la mettre hors d'état de

PRESIDENT'S MESSAGE

sick, seeking to add to their store of knowledge, to increase their competency."

These words capture the mandate of the CCO: we protect the public interest by regulating this profession to ensure the public receives the quality of care it desires and deserves. We have also, in alignment with legislation, developed a robust Quality Assurance program to help chiropractors improve themselves.

My vision is that all chiropractors aspire to become the competent friend that BJ described because, at the end of the day, the level of care the people of Ontario receive is up to me... and you!

PETER AMLINGER
PRESIDENT

MESSAGE DU PRÉSIDENT

nuire en l'empêchant d'atteindre ce bouton.

Il poursuivait en ces termes : La chiropratique, dans les mains d'un passionné compétent, quelqu'un dont les objectifs sont sains, peut éclairer une nation. Utilisée pour la poursuite d'objectifs sains, la chiropratique est une arme puissante pour le bien, pour le bien-être de l'humanité. BJ disait que si une personne s'approche de ce « bouton » pour venir en aide à l'humanité, cette personne est un bienfaiteur de l'humanité et il faut aider ses mains à servir davantage, ses pieds devraient avoir des ailes, elle doit pouvoir atteindre les gens plus rapidement et tout obstacle qui pourrait se trouver sur son chemin devrait être éliminé.

Le Dr BJ poursuivait en encourageant tous les chiropraticiens à « *avoir la volonté de réussir, de témoigner du respect à l'égard de leur profession et d'eux-mêmes, de toujours tendre vers un idéal, de vouloir accroître la valeur de leur service humain à l'égard des malades, de chercher à augmenter leur savoir et leur compétence* ».

Ces mots sont le reflet du mandat de l'OCO : nous protégeons l'intérêt du public en réglementant cette profession pour faire en sorte que le public bénéficie de la qualité de soins qu'il mérite et à laquelle il aspire. Nous avons également, conformément à la législation, mis sur pied un programme solide d'assurance de la qualité afin d'aider les chiropraticiens à améliorer leur pratique.

Mon ambition est que tous les chiropraticiens aspirent à devenir les passionnés compétents évoqués par BJ parce que, au bout du compte, la qualité des soins que la population de l'Ontario reçoit dépend de moi... et de vous!



MR. GILBERT SHARPE, FASKEN MARTINEAU AND DR. PETER AMLINGER, PRESIDENT, CCO

STRATEGIC PLANNING SESSION, OCTOBER 2010



CCO COUNCIL



CCO STAFF



FACILITATED WORKING SESSION

IN 2010, CCO COUNCIL AND STAFF PARTICIPATED IN A STRATEGIC PLANNING SESSION TO DEVELOP KEY STRATEGIC OBJECTIVES CONSISTENT WITH CCO'S STATUTORY MANDATE AND MISSION.



MS JO-ANN WILLSON, MS ANDREA SZAMETZ, AND MS SUE GARGIULO



DR. ROBBIE BERMAN, DR. JAMES LAWS, MS DAYNA GOODFELLOW AND MR. ROBERT MACKAY



MS VIKKI POWNALL AND MS JUDITH MCCUTCHEON



DR. DENNIS MIZEL, MR. JOEL FRIEDMAN, DR. MARSHALL DELTOFF AND DR. GAURI SHANKAR



MS JO-ANN WILLSON

REGISTRAR AND GENERAL COUNSEL

REGISTRAR'S REPORT

Introduction

There is good news and bad news in the fact that CCO has a statutory mandate and mandatory membership for anyone who wants to practice chiropractic in Ontario. The good news is that when CCO is faced with a number of competing priorities and requests for action, CCO Council can look to this mandate to determine if the request for action, funding or information relates in a direct and substantial way to CCO's statutory mandate. The bad news is that CCO cannot and should not do everything that may be requested of it by all stakeholders. CCO has to maintain its statutory public interest mandate at the centre of all of its actions and focus while complying with a number of legal obligations, including the obligation to maintain confidentiality with respect to certain types of information.

One of CCO's significant achievements in 2010 was a successful and comprehensive strategic planning session that helped CCO Council and staff "flesh out" four key strategic objectives consistent with CCO's statutory mandate and mission. These objectives will guide CCO's activities over the next several years.

Strategic Objectives

First, CCO Council and staff committed to *improving communication of the role, mandate and mechanism of CCO to key internal and external stakeholders.* CCO exercises its public interest role and mandate through a number of mechanisms such as the inclusion of public members on Council and all committees, the posting of information about CCO and its members on the CCO website and by ensuring Council meetings and discipline hearings are open to the public.

Self regulation is a privilege and in some jurisdictions, that privilege has been taken away because a profession was unable to demonstrate a commitment to the public interest. In Ontario, the Minister of Health and Long-Term Care retains authority over the health regulatory colleges, and has the authority to appoint a supervisor or auditor when sufficient concerns are raised. In some recent instances, the Minister has in fact appointed an auditor, or required a college to post information on its website when it appeared the college exceeded its statutory mandate.

Some stakeholders seem to have a lack of clarity around CCO's mechanisms to deal with any particular issue. It's important to understand that for CCO to act, there needs to be some substance to an expression of concern – an anonymous "tip" through a phone call or e-mail to CCO about alleged offensive behaviour may not be enough, particularly since CCO's complaints and discipline process requires a full, fair and comprehensive investigation which ultimately may result in a member losing his or her privilege to practice chiropractic in Ontario.

In 2010, CCO Council and staff also committed to *striving for unity in the public interest, while respecting the diversity within the profession.*

Stakeholders, including members, sometimes get nervous when the word "diversity" is mentioned in the context of chiropractic care. There have been many discussions at many tables about "diversity" within the profession. CCO Council and staff have consistently taken the position that chiropractors may be along a continuum on the art, science and philosophy of chiropractic, but they all must comply with CCO's standards, policies and guidelines. On that basis, CCO developed a new comprehensive Standard of Practice S-001: Chiropractic Scope of Practice to guide members. If a member is doing something that is inconsistent with the chiropractic scope of practice or CCO's expectations as set out in its standards, policies and guidelines, he or she runs a significant risk.

CCO Council and staff agreed on the following third strategic goal: *Optimize chiropractic services in the public interest.*

Chiropractors in Ontario have seven years of post-graduate training, a broad scope of practice, the doctor title, the authority to order and interpret X-rays, and the responsibility to diagnose. In that context, is it in the public interest for chiropractors to have access to 21st century diagnostics? Of course it is. This is part of the message CCO communicated to all stakeholders, including government, throughout 2010.

Finally, CCO Council and staff committed to *continuing to regulate in a fiscally responsible manner so that CCO's statutory mandate is met and priorities are set and appropriately resourced (both human and financial).* CCO can never lose sight of the fact that it is funded by membership dues, and is therefore entrusted to act in a financially responsible manner. At the same time, human and financial resources have to be appropriately allocated to ensure CCO is able to properly exercise its mandate.

Thank you!

Many people do not realize that CCO, despite having a significant statutory mandate, has a very small and incredibly efficient staff. 2010 marked the departure of two senior staff members, namely Ms Sue Gargiulo and Ms Kristina Mulak, both of whom were with CCO for over a decade and both of whom made significant contributions during their tenure. They are missed.

During this time of transition, I continue to appreciate the hard work all staff do to support the important work of CCO committees and Council. To Ms Rose Bustria, Mr. Joel Friedman, Ms Dayna Goodfellow, Ms Christine McKeown, Ms Tina Perryman, Ms Maria Simas and Ms Anda Vopni, thank you for everything. A special thank you also to Dr. Bruce Walton and Ms Andrea Szametz for taking to heart the phrase "and any other duties as assigned by the Registrar."

To Council, thank you for the opportunity to continue to make a contribution and to participate in the important work of CCO. We look forward to continuing the journey.

THE ROLE OF THE CANADIAN FEDERATION OF CHIROPRACTIC REGULATORY AND EDUCATIONAL ACCREDITING BOARDS (CFCREAB)

CFCREAB HAS TWO MAIN FUNCTIONS: IT IS THE BODY THAT REPRESENTS CHIROPRACTIC REGULATORY AUTHORITIES IN CANADA (SUCH AS THE COLLEGE OF CHIROPRACTORS OF ONTARIO) AND IT ALSO ACCREDITS, RECOGNIZES AND CERTIFIES THE QUALITY AND INTEGRITY OF CHIROPRACTIC EDUCATIONAL PROGRAMS.

THE ACCREDITATION FUNCTION UNDERTAKEN BY CFCREAB INCLUDES THE DEVELOPMENT OF STANDARDS THAT ARTICULATE THE ACCREDITATION PROCESS FOR THE REVIEW AND EVALUATION OF "DOCTOR OF CHIROPRACTIC" PROGRAMS, INCLUDING THE CRITERIA FOR ACCREDITATION. ALL CHIROPRACTIC PROGRAMS MUST HAVE A CLEARLY DEFINED MISSION AND SET OF GOALS, CONSISTENT WITH THE APPLICABLE STANDARDS.

OVERALL, CFCREAB ENCOURAGES EXCELLENCE IN EDUCATION IN CHIROPRACTIC PROGRAMS AND APPROPRIATELY KEEPS ITS VARIOUS STAKEHOLDERS INFORMED – THE PUBLIC, THE PROFESSION AND THE EDUCATIONAL COMMUNITY.

CFCREAB AGM AND SPRING MEETING, EDMONTON, ALBERTA, APRIL 2010



CFCREAB MEMBERS AND STAKEHOLDERS



DR. BLAKE CAMERON, REGISTRAR, COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA, AND DR. DREW POTTER, CHAIR, COUNCIL ON CHIROPRACTIC EDUCATION CANADA



DR. ROBERT KITCHEN, CFCREAB PRESIDENT, PRESENTING THE ANNUAL DR. NORMAND DENIS AWARD TO DR. WANDA LEE MACPHEE

THE ROLE OF THE FEDERATION OF HEALTH REGULATORY COLLEGES OF ONTARIO (FHRCO)

FHRCO IS MADE UP OF ONTARIO'S 26 HEALTH REGULATORY COLLEGES, WHICH WERE EACH CREATED UNDER THE *REGULATED HEALTH PROFESSIONS ACT (RHPA)* TO PROTECT THE RIGHTS OF ALL ONTARIANS IN BEING ABLE TO ACCESS SAFE, COMPETENT AND ETHICAL HEALTH CARE.

EACH COLLEGE HOLDS ITS REGISTERED HEALTH PROFESSIONALS (E.G., CHIROPRACTORS, DENTISTS, PHARMACISTS, ETC.) ACCOUNTABLE FOR THEIR CONDUCT AND PRACTICE. DIRECTED BY A COUNCIL OR BOARD OF DIRECTORS COMPRISED OF BOTH PROFESSIONALS (WHO ARE ELECTED BY THEIR PEERS) AS WELL AS MEMBERS OF THE PUBLIC (APPOINTED BY THE LIEUTENANT GOVERNOR OF ONTARIO), THE HEALTH REGULATORY COLLEGES IN ONTARIO ARE OBLIGED TO REGULATE THEIR RESPECTIVE PROFESSIONS IN THE PUBLIC INTEREST AT ALL TIMES.

FHRCO'S MEMBERS LOOK FOR EXCELLENCE IN CARE DELIVERY. EACH COLLEGE SETS AND ENFORCES STANDARDS, ENSURES THAT TRAINING AND EDUCATIONAL STANDARDS HAVE BEEN MET, AND DEVELOPS QUALITY ASSURANCE PROGRAMS TO HELP MEMBERS CONTINUALLY IMPROVE THEIR SKILLS. THE PUBLIC HAS THE CONFIDENCE THAT REGULATED PROFESSIONALS ARE ACCOUNTABLE FOR THE QUALITY OF CARE THEY PROVIDE.

IN 2010, CCO STAFF MEMBERS PARTICIPATED IN THE WORK OF FHRCO INCLUDING THE EXECUTIVE COMMITTEE AND THE DISCIPLINE ORIENTATION, COMMUNICATIONS AND MANAGERS OF INVESTIGATIONS AND HEARINGS WORKING GROUPS.



MS BETH ANN KENNY, EXECUTIVE COORDINATOR, FHRCO AND MS JO-ANN WILLSON, FHRCO PRESIDENT

EXECUTIVE COMMITTEE



DR. PETER AMLINGER **CHAIR**

COMMITTEE MEMBERS

Dr. Dennis Mizel, *Vice Chair*

Mr. Martin Ward, *Treasurer*

Dr. Robbie Berman

Dr. Brian Gleberzon

Mr. Robert MacKay

Mme Lise Marin

STAFF SUPPORT

Mr. Joel Friedman,
Director, Policy & Research

Ms Jo-Ann Willson,
Registrar and General Counsel

COMMITTEE MANDATE

- To exercise the powers of Council between meetings of Council with respect to any matter requiring immediate attention other than the power to make, amend or revoke a regulation or by-law.
- To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest.

Committee Activities in 2010

Throughout 2010, the Executive Committee supported Council in successfully advancing CCO's strategic objectives, strengthening ties with government and other key stakeholders and participating in collaborative initiatives with stakeholders including other health care regulators. Between Council meetings, the Executive Committee also provided continuity in planning for the fall strategic planning session in Niagara-on-the-Lake. In 2010, the Executive Committee:

- convened five meetings
- made a submission to the Standing Committee on Social Policy re: *Bill 179, Regulated Health Professions Statute Law Amendment, 2009*
- collaborated with OCA and CMCC to produce and deliver *Strengthening the Links: Maximizing the Contributions of Chiropractic Care to Patients in Ontario* to the Ministry of Health and Long-Term Care on June 25
- initiated proactive and informative communication to members and other stakeholders regarding the outcome of the Leering case
- attended various meetings and events:

  - Hon. Deb Matthews, Minister of Health and Long-Term Care and her staff
  - CFCREAB's annual general meeting in Edmonton (Dr. Dennis Mizel and Ms Jo-Ann Willson)
  - presentation to the Halton Chiropractic Society meeting by Ms Jo-Ann Willson on May 12
  - presentation to the Standing Committee on Justice Policy by Mr. Joel Friedman on May 20
  - Chiropractic Summit 2010 (CRCREAB), attended by Dr. Dennis Mizel, Mr. Robert MacKay and Ms Jo-Ann Willson
  - roundtable meeting of stakeholders with Minister Deb Matthews on October 6
- recommended amendments to policies (such as I-012: Policies and Procedures for the Reimbursement of Reasonable Expenses and for Submitting Per Diem and Expenses Claims for Committee Members) and by-laws (such as By-law 6: Election of Council Members and By-law 9: Remuneration), including distribution to members and stakeholders for review and feedback
- guided CCO proactively by communicating CCO's mandate in protecting the public interest in responding to CBC Marketplace's program on chiropractic and to media attention on DRX-9000 spinal decompression machines
- initiated a three-year phased-in membership fee increase for members (By-law 13: Fees) and a new phased-in fee schedule for new chiropractor graduates (approved by Council in September)
- upon her retirement, acknowledged the six-year contribution and commitment of CCO public member, Ms Lynn Daigneault
- upon his re-appointment by the Ministry of Health and Long-Term Care to December 31, 2013, recognized the long-term dedication and commitment of CCO public member, Mr. Martin Ward
- congratulated Ms Jo-Ann Willson on her election as President of FHRCO
- reviewed and recommended the implementation of cost-saving measures in the publication of the CCO annual report and member directory (towards full electronic publication, with hard copies available on request) (approved by Council in December).

A Message from the Chair

Over the past year, the Executive Committee, under the direction of Council, continued its efforts to build and maintain healthy relationships with government. We were fortunate to have many meetings with the key people in government. We communicated that, through CCO's commitment to its role as the regulator working within our legislated mandate, we can help the government achieve its goal of a patient-centred, high quality and efficient health care system.

As you can see by the activities listed above, the Committee was also busy fulfilling its mandate and ensuring that CCO continued to establish itself as a leader in the world of health regulation as well as in the chiropractic profession.

The Committee was fortunate to have a diverse and immense set of skills around the table and this made the challenging work we do interesting and fun. I am thankful for all of the talents, dedication and hard work the Committee members brought to our table. Thank you all for your commitment to ensuring that all Ontarians receive high quality, professional and ethical chiropractic care.

I am grateful, as well, for the support that Council gave the Executive Committee. As we brought recommendations to Council, the high level of discussion around our Council table refined our work and moved all projects in which CCO is engaged in forward in an efficient manner.

The support that this Committee receives from Mr. Joel Friedman and Ms Andrea Szametz is second to none. Andrea, in a semi-miraculous manner, tracks our conversations and converts them into meaningful minutes, which accurately captures the details of our work. Joel works tirelessly, in an ever-expanding capacity to do whatever needs to be done to help move the work of this Committee forward. Heartfelt thanks to both of you.

My Vice-President, Dr. Dennis Mizel. was a constant source of support, a voice of reason and he was able to give me insight into many issues because of his vast experience in many areas of this profession. Thank you, Dr. Mizel.

Ms Jo-Ann Willson, our Registrar and General Counsel, kept me grounded and therefore kept the Committee grounded and focused on its work, our mandate and our strategic plan. The huge skill set and insight she brings is an enormous asset for this Committee and the CCO. I thank her for all of her support and guidance over the year.

I am humbled by and grateful for the overwhelming support that I have received from this Committee, the entire Council, our support team and the profession as a whole as I navigated the past two years as Chair of this Committee and as President of the College of Chiropractors of Ontario. It has been a great honour and privilege to serve the people of Ontario and the profession that I love. Thank you.

ADVERTISING COMMITTEE



Dr. Brian Gleberzon **CHAIR**

COMMITTEE MEMBERS

Mr. Shakil Akhter, *Alternate*

Mr. Robert MacKay

Dr. Lawrence McCarthy, *Non-Council Member*

Dr. Gauri Shankar

STAFF SUPPORT

Mr. Joel Friedman, *Director, Policy & Research*

COMMITTEE MANDATE

- To review proposed advertisements by members to ensure compliance with CCO's Standard of Practice S-003: Advertising and Guideline G-003: Advertising.

Committee Activities in 2010

In addition to many hours of reviewing and providing input to members who submit their advertisements for review prior to publication or responding to complainants about members' advertisements, the Advertising Committee increased its attention on the impact of technology and social media on members' practices and how it upholds the public interest. In 2010, the Committee:

- convened three meetings
- via email, reviewed and responded to proposed advertisements submitted by members for review prior to publication
- provided feedback to the appropriate stakeholders on advertisements submitted for review as a result of a complaint from the public or from another member because of potentially questionable content
- explored the parameters around which members' websites are considered a form of advertising and how they might be regulated under the advertising standard of practice
- undertook preliminary steps in determining how to address current and emerging

trends in technology as they relate to members' marketing and advertising activities

- updated the Committee's Terms of Reference and Glossary of Terms documents
- revised Policy P-016: Public Display Protocol to enhance protection of the public.

The Committee reminds members that they are encouraged to submit their proposed advertisements for approval prior to distribution. The Committee's goal is to provide a response to pre-submitted advertisements within 10 business days. For up-to-date information relating to advertising standards, policies and guidelines, members should review CCO's website: www.cco.on.ca.

A Message from the Chair

In addition to our usual work of providing feedback to members who submit their advertisements for pre-approval in a timely manner, the Advertising Committee had to navigate uncharted territories this year: social networking mediums (SNM) and bundled advertising. Chiropractors are using SNM sites such as Facebook, Twitter and Linkedin to communicate with patients and colleagues, and some chiropractors have started to offer services as a discounted fee on websites such as Groupon or Wagjag. The Committee is carefully weighing how the CCO ought to provide direction and oversight for members who use these marketing services, being mindful of CCO's mandate to protect the public interest. We encourage members to maintain a professional image at all times and not to breach any patient's privacy or confidentiality on these public domains.

As my second year comes to an end, I would like to thank Dr. Gauri Shankar and Dr. Larry McCarthy, as well as public members Mr. Robert Mackay and Mr. Shakil Akhter, for their hard work and careful attention to detail, as well as Ms Sue Gargiulo and Mr. Joel Friedman who provided essential administrative support.

FITNESS TO PRACTISE COMMITTEE

The Fitness to Practise Committee did not meet and had no hearings in 2010.



Dr. Dennis Mizel **CHAIR**

COMMITTEE MEMBERS

Mr. Shakil Akhter

Dr. Gauri Shankar

STAFF SUPPORT

Ms Jo-Ann Wilson, *Registrar and General Counsel*

COMMITTEE MANDATE

- To hear and determine allegations of mental or physical incapacity referred to the committee by the Executive Committee.
- To review applications for reinstatement following an incapacity finding.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE



Dr. Brian Gleberzon **CHAIR**

COMMITTEE MEMBERS

Mr. Shakil Akhter, *Alternate*

Dr. Marshall Deltoff

Dr. Lezlee Detzler, *Non-Council Member*

Mr. Martin Ward

STAFF SUPPORT

Ms Christine McKeown, *Inquiries, Complaints and Reports Officer*

Ms Kristina Mulak, *Manager, Inquiries, Complaints and Reports*

Ms Tina Perryman, *Complaints Coordinator*

COMMITTEE MANDATE

- To respond to inquiries, complaints and reports in a manner consistent with its legislative mandate under the *RHPA*.
- To review reports of investigations and make decisions concerning the possible referral of specified allegations of professional misconduct to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member's certificate of registration.

Committee Activities in 2010

The ICRC:

- convened 17 meetings
- completed 108 decisions and disposed of 118 matters (not all matters disposed of were received in 2010).

Health Professions Appeal and Review Board (HPARB)

HPARB is an independent adjudicative board. On request, its mandate includes reviewing decisions made by the Inquiries, Complaints and Reports Committee (formerly the Complaints Committee) of the self-regulating health professions colleges in Ontario. Requests for review can be made by either the complainant or the member. HPARB considers whether the investigation by the ICRC has been adequate and whether the decision is reasonable. HPARB may do one or more of the following things:

- confirm all or part of the ICRC's decision
- make recommendations to the ICRC
- require the ICRC to exercise any of its powers other than to request a Registrar's investigation

In 2010, HPARB issued decisions on seven reviews of decisions of the previous Complaints Committee. All seven reviews had been requested by complainants. After considering all information before it and hearing submissions from the parties, in five cases, HPARB upheld the Complaints Committee decisions, deeming the investigations to be adequate and the decisions reasonable. In two of the cases, HPARB returned the decision for further investigation.

For full information about the procedures for the processing of inquiries, complaints or reports,

members of CCO and members of the public should refer to the CCO website: www.cco.on.ca.

A Message from the Chair

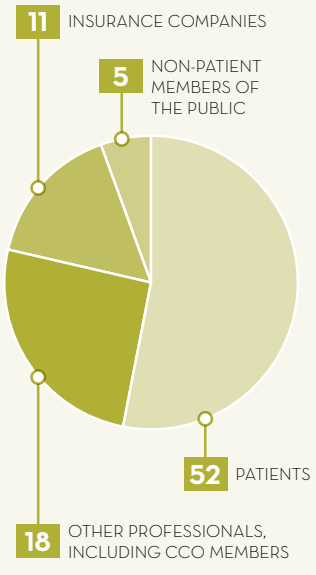
The ICRC was very busy this year, and each meeting had a full agenda. We dealt with a variety of allegations, and changes to the *RHPA* increased our mandate and responsibilities. Fortunately, the Committee functioned as a team in all sense of the word and was able to reach unanimous decisions on each case we dealt with. We were particularly fortunate to have the institutional memory and knowledge of Ms Kristina Mulak who, sadly, decided to pursue other opportunities after 10 years at CCO. Ms Tina Perryman has filled Kristina's shoes very well and has brought new initiatives to the organizational mechanizations of the Committee.

As I begin my second term as Chair of the ICRC, I would like to thank Dr. Marshall Deltoff and Dr. Lezlee Detzler and public members Mr. Martin Ward and Mr. Shakil Akhter for their collective wisdom and co-operative spirit. I would also like to again thank Ms Kristina Mulak for her kindness during the time I worked with her at CCO, and appreciate the continued diligence to detail and the tireless efforts of Ms Tina Perryman, Ms Christine McKeown and Ms Andrea Szametz. The Committee especially benefited from the mentoring from Ms Gail Siskind during its time of transition.



MS TINA PERRYMAN (LEFT) AND MS KRISTINA MULAK (RIGHT) CCO THANKS MS MULAK FOR HER CONTRIBUTIONS THROUGHOUT HER TENURE AT CCO, JUNE 2000 TO OCTOBER 2010

GRAPH 1:
ORIGIN OF COMPLAINTS IN 2010 – TOTAL 86



TOTAL COMPLAINTS	**86**
TOTAL REPORTS	**22**
TOTAL INQUIRIES	**0**

GRAPH 2:
DISPOSITION OF MATTERS IN 2010 – TOTAL 118

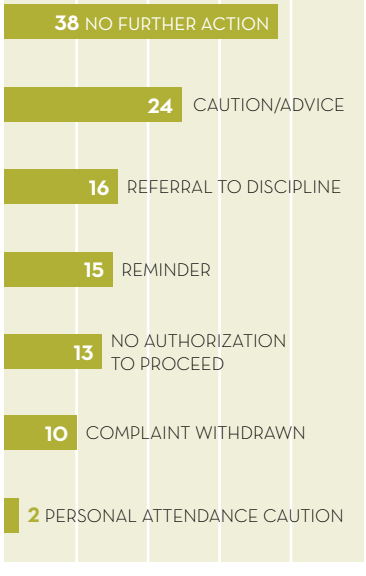


TABLE 1:
MAIN AREAS OF CONCERN IDENTIFIED BY COMPLAINANTS IN 2010 – TOTAL 86

AREA OF CONCERN	**TOTAL**
INSURANCE FRAUD	**16**
PATIENT HARM	**15**
ICE	**14**
DISPUTE	**8**
ADVERTISING	**6**
BILLING PRACTICES	**6**
BLOCK FEES	**5**
FAILURE TO PROVIDE INFORMATION	**3**
SEXUAL ABUSE	**3**
MISINFORMATION OR LACK OF INFORMATION RE TREATMENT	**3**
ORTHOTICS	**2**
DISSEMINATING INFORMATION ON VACCINATION	**2**
CONSENT TO TREATMENT	**1**
SCOPE OF PRACTICE	**1**
IMPROPER TERMINATION OF CARE	**1**

DISCIPLINE COMMITTEE



Mr. Robert MacKay **CHAIR**

COMMITTEE MEMBERS

Dr. Michaela Cadeau,
Non-Council Member

Dr. Heather Jones,
Non-Council Member

Dr. James Laws

Mme Lise Marin

Dr. Bryan Wolfe

STAFF SUPPORT

Ms Jo-Ann Willson,
Registrar and General Counsel

COMMITTEE MANDATE

- To adjudicate specific allegations of professional misconduct or incompetence referred to the committee by the Inquiries, Complaints and Reports Committee.
- To review applications for reinstatement following a discipline finding.

A Message from the Chair

I would characterize the past year in discipline as being very successful and a smooth ride.

CCO is fortunate to have a balanced Discipline Committee with well-seasoned and capable members on the Committee and available to us from Council. Even the less experienced members (both public and professional) who served on panels in the last year brought their own abilities and the willingness to learn and participate in this important work of the College.

Even when matters before a panel unfolded in a way that we, at least in my time, had never experienced before, the panels were able to adapt, keep on track and move forward in a way that was fair to the member whose conduct was under examination and continued to fulfill our mandate to protect the public interest.

I'm pleased to report that all matters that were convened in 2010 were completed and the written decisions released in a timely manner. I would like to remind you that all CCO decisions are available, usually in their entirety, on the College's website at www.cco.on.ca.

I wish to thank our staff support, Ms Jo-Ann Willson, for her leadership and professionalism. I would like to acknowledge all the members of the Discipline Committee and all those members of Council who served on a panel or panels in 2010. Without their enthusiasm, dedication and expertise, it could not have been such a successful and smooth year.

DISCIPLINE DECISIONS INVOLVING JOINT SUBMISSIONS

DR. JOSEPH ARCURI (#4559), NIAGARA FALLS

Agreed Statement of Facts

- The Member has been a member of CCO since 2003.
- During the relevant period, the Member was the sole owner and operator of a clinic ("Clinic") that provided a variety of health services, including chiropractic and massage.
- During the period February 28, 2005 – August 26, 2008, on more than 50 separate occasions, the Clinic submitted claims to an insurer for services allegedly provided by four massage therapists. Three hundred and seventy four of the claims submitted by the Clinic were false claims as the massage therapists had not provided the treatments being claimed.
- The insurer paid the Clinic approximately $24,000 for the false claims and the Member received the payments.
- The Member was ultimately responsible for the false claims submitted to the insurer.

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(2) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he failed to maintain the standard of practice expected of members of the profession.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(19) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he failed to keep records as required by the regulations.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(23) of *Ontario Regulation 852/93 (Professional Misconduct)* in that on one or more occasions, he submitted an account or charge for services that he knew was false or misleading.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Reasons for Findings

- The Member admitted, and the panel of the Discipline Committee agreed, that the Member's conduct, as set out above, constituted professional misconduct.

Penalty

The parties proposed the following penalty which the panel accepted. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded
- Directing the Registrar to suspend the Member's certificate of registration for a period of 12 months
- Directing the Registrar to impose the following specified terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - the Member shall be peer assessed
  - the Member shall attend a record keeping workshop
  - The Member shall successfully complete the legislation and ethics examination at his own expense
- Six months of the suspension will be suspended if, within six months of the date of the panel's decision, the Member has:
  - successfully completed a record keeping workshop
  - successfully completed the legislation and ethics examination at his own expense
- Requiring the Member to pay a portion of the College's investigative and legal costs in the amount of $10,000, with $2,000 payable by December 31, 2010, and the remainder paid on or before September 7, 2011.

Reasons for Penalty

- The parties' proposed penalty was fair and equitable, and balanced the issues of public protection and remediation of the Member and his practice. It was reasonable and in the public interest. The Member cooperated with the CCO and accepted responsibility for his actions, avoiding unnecessary expense and delay in resolving the allegations at a contested hearing.

DR. MARK GROSSMAN (#1683), THORNHILL

Agreed Statement of Facts

- The Member has been a member of CCO since 1981.
- During the relevant period, the Member had a chiropractic clinic in Thornhill.
- A significant portion of the Member's practice involved the provision of orthotics. For the most part, his clinic was a "walk-in" clinic" and he did not keep an appointment book.
- The Member maintained a chiropractic record for a patient known as "K.B." that contained an assessment, documentation indicating the Member treated the patient on 15 occasions between January 10, 2005 and March 21, 2005, a prescription for orthotics purportedly written by a "Dr. Susan Leung", and invoices indicating the Member had provided chiropractic treatments to the patient and dispensed orthotics that had been paid for by the patient.
- K.B. was never assessed or treated by the Member and did not receive orthotics from him. "Dr. Susan Leung" was not a member of any regulated health profession college entitled to prescribe. The address on the prescription did not exist. K.B. did not pay the Member as indicated on the invoices.
- The Member admitted that his documentation regarding K.B. was not accurate or true. He also admitted issuing invoices for chiropractic treatments and orthotics which indicated the amounts on the invoices had been paid, when they had not.
- The Member maintained records for 4 members of the "P" Family. The Member's records indicated he provided chiropractic treatment, assessed the need for orthotics and dispensed orthopedic shoes and/or orthotics, issued invoices for the treatments and services that had been paid, and included prescriptions for orthotics, massage, and braces. The prescriptions were signed by "Dr. Philip Roberts" and Dr. Zaztman.
- In a number of instances, the dates the Member billed for services preceeded the dates he documented providing the services.
- The Member admitted he filled in the patient name, date, and prescription for all of the prescriptions. He agreed "Dr. Philip Roberts" was not a member of any regulated health profession college entitled to prescribe. The Member admitted issuing invoices for chiropractic treatments, orthotics, orthopedic shoes and braces which indicated the amounts on the invoices had been paid, when they had not. Finally, the Member admitted that his assessment, treatment, documentation and invoicing for the P. Family failed to maintain the standards of practice of the profession, and that he did not comply with the CCO Standard of Practice S-012: Orthotics, when dispensing orthotics to P. Family members.
- The Member had submitted 34 original prescriptions to an insurer as part of his patient records. The prescriptions were signed by 4 different doctors, and were for devices, such as orthotics, orthopedic shoes, compression stockings, braces, and tens units, and services such as massage. The Member signed all of the prescriptions, with the exception of two. Three of the doctors do not exist and the addresses on their prescriptions either do not exist or are not the addresses of medical offices.

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(2) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he failed to maintain the standard of practice expected of members of the profession.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Reasons for Findings

- The Member admitted, and the panel of the Discipline Committee agreed, that the Member's conduct, as set out above, constituted professional misconduct.

Penalty

The parties proposed the following penalty which the panel accepted. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded
- Directing the Registrar to suspend the Member's certificate of registration for a period of 12 months
- Directing the Registrar to impose the following specified terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - the Member shall be peer assessed
  - the Member shall attend a record keeping workshop
  - the Member shall successfully complete the legislation and ethics examination at his own expense

DR. MARK GROSSMAN CONTINUED

- Five months of the suspension will be suspended if, within seven months of the date of the panel's decision, the Member has:
  - successfully completed a record keeping workshop
  - successfully completed the legislation and ethics examination at his own expense
- Requiring the Member to pay a portion of the College's investigative and legal costs in the amount of $10,000, payable by December 31, 2010.

Reasons for Penalty

- The parties' proposed penalty was fair and equitable, and balanced the issues of public protection and remediation of the Member and his practice. It was reasonable and in the public interest. The Member cooperated with the CCO and accepted responsibility for his actions, avoiding unnecessary expense and delay in resolving the allegations at a contested hearing.

DR. JOHN HARDY (#1685), TORONTO

Agreed Statement of Facts

- The Member has been a member of CCO since 1981.
- During the relevant period, the Member had two chiropractic clinics in Toronto.
- In 2004, a patient attended one of the Member's clinics to obtain orthotics. The patient's insurance policy provided for one pair of orthotics annually, and required the patient to pay for orthotics before reimbursement by the insurer.
- The Member provided the patient with two pairs of orthotics and told the patient he did not need to pay for the orthotics up front. The Member had the patient sign blank insurance forMs
- The patient submitted an insurance claim in 2004 for one pair of the orthotics. The insurer audited the claim and refused to pay for the orthotics because the patient had not paid for them.
- In 2006, the Member's clinic submitted a claim to the insurer for an assessment and orthotics, which had allegedly been provided in 2006. The insurer sent a cheque to the patient, which he returned.
- The Member was aware that in 2006, his clinic submitted a claim to the insurer for an assessment and orthotics using blank forms signed by the patient in 2004, although the patient had not been assessed or received orthotics in 2006.

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(2) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he failed to maintain the standard of practice expected of members of the profession.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional because he:
  - counselled D.W. to make a claim or claims to the insurer for orthotics that contained false information
  - signed or issued a document indicating D.W. had paid for orthotics when that was not true
  - submitted a claim to the insurer, on one or more occasions, knowing it contained false information

Reasons for Findings

- The Member admitted, and the panel of the Discipline Committee agreed, that the Member's conduct, as set out above, constituted professional misconduct.

Penalty

The parties proposed the following penalty which the panel accepted. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded
- Directing the Registrar to suspend the Member's certificate of registration for a period of 6 weeks with the suspension commencing on the date of the Order
- Directing the Registrar to impose the following specified terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - the Member shall inform the Registrar in writing prior to his return to the practice of chiropractic of the date he will return to practice and his practice location
  - prior to returning to the practice of chiropractic, the Member shall:
    i) successfully complete a legislation and ethics examination
    ii) review all College Standards, including but not limited to, Standard of Practice S-002: Record Keeping and Standard of Practice S-012: Orthotics, and the College's proposed regulations on billing and conflict of interest, and provide proof to the Registrar that he has done so

DR. JOHN HARDY CONTINUED

- the Member shall be peer assessed within 6 months of his return to practice

- Requiring the Member to pay a portion of the College's investigative and legal costs in the amount of $1,000, payable by December 31, 2010.

Reasons for Penalty

- The parties' proposed penalty was reasonable and in the public interest. The Member cooperated with the CCO and accepted responsibility for his actions, avoiding unnecessary expense and delay.

DR. CHRISTOPHER MACLEAN (#3202), TORONTO

Agreed Statement of Facts

- The Member has been a member of CCO since 1996.
- During the relevant period, the Member had a chiropractic clinic in Toronto.
- On November 2007, the Member began treating patient "Z.T.", who had been in a car accident and presented with a sore neck and shoulder. The patient was vulnerable when she started receiving treatment from the Member as she was depressed and living alone on Toronto, isolated from her family and friends.
- The Member provided chiropractic treatments to the patient on 21 occasions between November 3, 2007 and December 20, 2007.
- Shortly after Z.T. became his patient, the Member developed a personal relationship with Z.T. that included:
  - picking up Z.T. at her house and driving her to his office in the morning
  - buying Z.T. coffee and taking her out for coffee;
  - taking Z.T. out for lunch and dinner
  - taking Z.T. to bars for drinks
  - calling Z.T. at home for personal reasons
  - taking Z.T. shopping and buying her presents
  - driving Z.T. home
  - going to Z.T.'s apartment building for personal reasons
  - taking Z.T. to his gym and arranging for her to have a free trial membership
  - driving Z.T. to the gym and home from the gym
  - having conversations with Z.T. about intimate topics, including the Member's relationships prior to meeting his wife
  - having conversations with Z.T. that included sexual content, jokes and innuendo
  - having unprofessional physical contact with Z.T.
  - telling Z.T. personal information about other patients
  - becoming Z.T.'s "confidant"
- The Member's certificate of registration was suspended on March 2, 2009 for non-payment of fees. Although he received notice of the suspension from the CCO and was advised by a CCO investigator that he could not practice chiropractic while his certificate of registration was suspended, the Member continued to practice chiropractic, including using the tile "chiropractor", performing controlled acts, and holding himself out as a person who was qualified to practice in Ontario as a chiropractor until November 29, 2009, when the suspension was lifted following payment of his annual fees.
- On January 23, 2009, a patient known as "P.I." received treatment from the Member for the first time. P.I. had been in a car accident and had hip, shoulder and neck pain.
- During the treatment, the Member made inappropriate comments to P.I., which she interpreted as being of a sexual nature. He also treated P.I. using a technique that involved close body contact without adequately explaining to her the nature of the treatment. Following the treatment, P.I. cancelled a second scheduled appointment, saying the Member had touched her inappropriately.

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(b) of the *Code* in that he sexually abused Z.T. as defined in subsection 1.(3)(b) of the *Code* by behaviour and remarks of a sexual nature towards her.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional by:
  - practicing chiropractic, using the titles "chiropractor" and "doctor", performing controlled acts, and holding himself out as a person qualified to practice chiropractic while his certificate of registration was suspended for non-payment of annual registration fees
  - making personal and/or sexual comments to P.I.

DR. CHRISTOPHER MACLEAN CONTINUED

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(2) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he failed to maintain the standard of practice expected of members of the profession because he failed to adequately explain to P.I. the nature of the treatment he was providing.

Reasons for Findings

- The Member admitted, and the panel of the Discipline Committee agreed, that the Member's conduct, as set out above, constituted professional misconduct.

Penalty

The parties proposed the following penalty which the panel accepted. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded
- Directing the Registrar to suspend the Member's certificate of registration for a period of 12 months
- Directing the Registrar to impose the following specified terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - the Member shall be peer assessed within 6 months of the removal of the suspension of his certificate of registration
  - the Member shall successfully complete the legislation and ethics examination
  - the Member shall successfully complete, at his own expense, a course or training in gender sensitivity approved by the Registrar, and provide the Registrar with proof of successful completion
- Four months of the suspension will be suspended if, within eight months of the date of the panel's decision, the Member has:
  - successfully completed the legislation and ethics examination
  - successfully completed, at his own expense, a course or training in gender sensitivity approved by the Registrar, and provided the Registrar with proof of successful completion
- Requiring the Member to reimburse the College for funding provided for Z.T. under the program required by section 85.7 of the Code if Z.T. requests such finding and her request is approved by the CCO's Patient Relations Committee.
- Requiring the Member to pay a portion of the College's investigative and legal costs in the amount of $7,500, payable by December 31, 2010 or a later date approved by the Registrar.

Reasons for Penalty

- The parties' proposed penalty was fair and equitable, and balanced the issues of public protection and remediation of the Member and his practice. It was reasonable and in the public interest. The Member cooperated with the CCO and accepted responsibility for his actions, avoiding unnecessary expense and delay in resolving the allegations at a contested hearing.

DR. SHAHIN POURGOL (#3045), TORONTO

Agreed Statement of Facts

- The Member has been a member of CCO since 1995.
- During the relevant period, the Member controlled, ran, managed, or had family connections to a number of clinics that provided legal, assessment or rehabilitation services. The clinics primarily served persons who had been involved in motor vehicle accidents and were eligible for benefits pursuant to the Ontario Statutory Accident Benefits Schedule.
- On November 1, 2003, legislative amendments were made to the Ontario Statutory Accident Benefits Schedule, including amendments that required every provider to declare conflicts of interest, and permitted insurers to refuse to pay a claim if there was a conflict of interest.
- Following November 1, 2003, the Member began signing certain statutory reports and documents, including Treatment Plans, Applications for Approval of an Assessment or Examination, and Auto Insurance Standard Invoices in his capacity as a chiropractor, using the names Shahin P. Kharat, Pourgol Kharat, and/or Shahin Pourgol Kharat. The Member also began identifying himself to insurers and others using the names Shawn Palys and Shawn Kharat.
- The Member's use of names other than his name as set out in the College's register in the course of providing or offering to provide services within the scope of practice of the profession meant that certain insurers, amongst others, were either unable or were handicapped in their ability to review and audit insurance claims and applications.

DR. SHAHIN POURGOL CONTINUED

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(2) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he failed to maintain the standard of practice expected of members of the profession.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(18) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he used a name, other than his name as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(19) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he failed to keep records as required by the regulations.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(22) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he issued, in his professional capacity, a document he knew contained a false or misleading statement.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable or unprofessional.

Reasons for Findings

- The Member admitted, and the panel of the Discipline Committee agreed, that the Member's conduct, as set out above, constituted professional misconduct.

Penalty

The parties proposed the following penalty which the panel accepted. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded
- Directing the Registrar to suspend the Member's certificate of registration for a period of 2 months
- Directing the Registrar to impose the following specified terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - the Member shall successfully complete a legislation and ethics examination
  - the Member shall review all College Standards, including but not limited to, Standard of Practice S-002: Record Keeping and the College's proposed regulations on billing and conflict of interest, and provide proof to the Registrar that he has done so
  - the Member shall be peer assessed within 6 months of his return to practice
- One month of the suspension will be suspended if the Member successfully completes a legislation and ethics examination and reviews all College Standards, including but not limited to, Standard of Practice S-002: Record Keeping and the College's proposed regulations on billing and conflict of interest, and provides proof to the Registrar that he has done so within one month of the date of this decision.
- Requiring the Member to pay a portion of the College's investigative and legal costs in the amount of $15,000, payable by January 15, 2011.

Reasons for Penalty

- The parties' proposed penalty was fair and equitable, and balanced the issues of public protection and remediation of the Member and his practice. It was reasonable and in the public interest. The Member cooperated with the CCO and accepted responsibility for his actions, avoiding unnecessary expense and delay in resolving the allegations at a contested hearing.

CONTESTED HEARINGS

DR. THANG LE (#4352), RICHMOND HILL

Hearing Dates: August 23, 2010, January 4, 2011

Allegations

CCO alleged that the Member had issued invoices containing false information and obstructed a CCO investigator, and, in doing so, committed acts of professional misconduct as provided by subsection 51(1)(c) of the *Code* and *Ontario Regulation 852/93 (Professional Misconduct)* by:

(i) failing to maintain the standard of practice expected of members of the profession

(ii) falsifying one or more records relating to his practice

(iii) signing or issuing in his professional capacity a document he knew contained a false or misleading statement

DR. THANG LE CONTINUED

(iv) submitting accounts or charges for services that he knew were false or misleading

(v) contravening the *Regulated Health Professions Act, 1991*

(vi) engaging in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional

Overview

The hearing was held on August 23, 2010. The Member did not attend the hearing. The panel satisfied itself that the Member had been served with the Notice of Hearing and noted that the CCO had exceeded statutory requirements in providing the Member with notice of the hearing. During the one-day hearing, the CCO called six witnesses, and submitted 28 documents as exhibits.

Findings

Based on the documentary evidence and the evidence of CCO's witnesses, which the panel found to be credible, the panel determined the following facts:

- The Member, either directly or indirectly through his office, submitted false claims and fabricated receipts of service with the forged initials of a registered massage therapist to an insurer.
- The Member, either directly or indirectly through his office, submitted false claims and fabricated receipts of service with the forged initials of a registered physiotherapist to a second insurer.
- The Member was responsible for the claims and receipts coming from his office.
- The Member had a professional obligation to respond to the CCO regarding complaints made about him and had repeatedly failed to do so.

The panel found, based on all of the facts, that the Member had committed acts of professional misconduct as provided by subsection 51(1)(c) of the *Code* and:

- Paragraph 1(2) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he failed to maintain the standard of practice expected of members of the profession by:
  - issuing three invoices for physiotherapy and one invoice for massage therapy that contained false information
  - failing to respond to requests from the CCO that he respond to complaints made against him
  - failing to respond to messages left for him by the CCO investigator
- Paragraph 1(20) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he falsified records relating to his practice by providing three invoices for physiotherapy and one invoice for massage therapy to insurers for services that were not provided
- Paragraph 1(22) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he signed or issued, in his professional capacity, documents he knew contained false or misleading statements by providing three invoices for physiotherapy and one invoice for massage therapy to insurers for services that were not provided
- Paragraph 1(23) of *Ontario Regulation 852/93 (Professional Misconduct)* in that he submitted accounts or charges for services that he knew were misleading by providing three invoices for physiotherapy and one invoice for massage therapy to insurers for services that were not provided; and
- Paragraph 1(33) of Ontario Regulation 852/93 (Professional Misconduct) in that he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional by:
  - issuing invoices for physiotherapy and massage therapy services that were not provided
  - failing to respond to requests from the CCO that he respond to complaints made against him
  - failing to respond to messages left for him by the CCO investigator
  - obstructing the CCO investigator

Interim Events

On September 7, 2010, the Member entered into an Interim Memorandum of Agreement with the CCO in which, among other things, he undertook to surrender his certificate of registration and not to practice chiropractic until the matters that were the subject of the Notice of Hearing were either disposed of by the appropriate CCO statutory committee or the Registrar agreed he could do so.

Penalty

The Member attended the penalty portion of the hearing with his counsel. The parties jointly proposed the following penalty, which the panel accepted. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.

DR. THANG LE CONTINUED

- Directing the Registrar to suspend the Member's certificate of registration for a period of 12 months starting immediately. Given the Member's voluntary surrender of his certificate of registration and undertaking not to practice chiropractic, the Registrar shall credit the Member for already having served 4 months of the 12-month suspension.
- Directing the Registrar to impose specified terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - the Member shall, at his own expense,
    a) be peer assessed
    b) attend a record keeping workshop
    c) successfully complete a legislation and ethics examination
  - prior to returning to the practice of chiropractic, the Member shall have:
    a) successfully completed a long-term residential treatment program for substance dependence at the Homewood Health Centre, Guelph, Ontario or a program approved by the Registrar after she obtains, if necessary, advice regarding the appropriateness of the program ("Treatment Program"), and filed with the Registrar a copy of the Discharge Summary respecting the Treatment Program ("Discharge Summary")
    b) arranged for continuing treatment and monitoring by a physician in good standing with the College of Physicians and Surgeons of Ontario who has training and expertise in assessing and treating persons with addiction approved by the Registrar ("Addiction Specialist"), in order to treat his substance dependency disorder
    c) established a comprehensive aftercare program ("Aftercare Program") approved by his Addiction Specialist
    c.1) for a period of time to be agreed to by the Registrar and the Addiction Specialist, which time shall not exceed 12 months from the start of the Member's Aftercare Program, the Addiction Specialist will provide the Registrar with a letter confirming the Member's compliance or non-compliance with the Aftercare Program. Such letters will be provided by the Addiction Specialist on a quarterly basis, or on such other interval as is agreed to by the Registrar
    d) provided to the Registrar the analysis of a minimum of 3 random supervised urine samples per month for the 4 months immediately preceding his return to practice, unless the Member returns to practice in three months, in which case the Member shall provide samples on the foregoing terms for 3 months preceding his return to practice and for 1 month following his return to practice. The sampling and analysis of the samples shall be under the direction of the Addiction Specialist
    e) obtained and delivered to the Registrar a current written report from his Addiction Specialist:
      A) advising of his/her involvement in the Member's treatment, the nature of the Member's current program/treatment and the results of all urine and/or hair analyses which were stated to be positive for the presence of controlled or mood altering substance(s) or alcohol
      (B) providing details of the Member's Aftercare Program
      (C) confirming that the Member does not suffer from a substance dependence disorder, or use of substances, including but not limited to alcohol and/or cocaine, that affects his ability to practice chiropractic in Ontario or puts the public at risk
- Five months of the suspension will be suspended if, within three months of the date of the penalty decision in this matter, the Member has:
  - successfully completed a legislation and ethics examination
  - either attended a record keeping workshop or undertaken to attend the first record keeping workshop offered by the College following the Member's completion of the Treatment Program
- If five months of the suspension have been suspended and the Member has undertaken and failed to attend the first record keeping workshop offered by the College following the Member's completion of the Treatment Program, the Member's certificate of registration shall be suspended for five months and the Member shall not practice chiropractic until he has attended a record keeping workshop.
- Requiring the Member to pay a portion of the College's investigative and legal costs in the amount of $7,500. The Member will pay the College $2,000 by April 30, 2011, $2,000 by September 30, 2011, and the remainder by December 30, 2011.

Reasons for Penalty

- The parties' proposed penalty was fair and equitable, and balanced the issues of public protection and remediation of the Member and his practice. It was reasonable and in the public interest.

COURT PROCEEDINGS

DR. IAN KAI (#3352), SCARBOROUGH

As reported in the 2009 CCO Annual Report, the Member was found to have committed an act of professional misconduct for failing to attend a CCO record keeping workshop. The Member appealed the panel's decision to the Divisional Court. On May 12, 2010, the Divisional Court dismissed the Member's appeal and ordered him to pay $13,000 in costs to the CCO.

DR. MICHEAL VENNERI (#3054), ST. CATHARINES

As reported in the 2008 and 2009 CCO Annual Reports, the Member was the subject of a Discipline Committee hearing in 2008, in which he was found to have committed acts of professional misconduct. The Member appealed the panel's decisions regarding findings of professional misconduct and penalty to the Divisional Court and his appeal was dismissed.

The Member appealed the panel's cost decision to the Divisional Court on January 18, 2010. At the appeal, the Member also brought a motion to admit fresh evidence. Both the motion to admit fresh evidence and the appeal of the panel's cost decision were dismissed and the Member was ordered to pay $7,500 to the CCO in costs. The Member then sought leave to appeal the Divisional Court's decision to the Court of Appeal. Leave to appeal was refused on December 24, 2010, and the Court of Appeal ordered the Member to pay the CCO $1,000 in costs.

PATIENT RELATIONS COMMITTEE



Dr. Bryan Wolfe **CHAIR**

COMMITTEE MEMBERS

Mr. Shakil Akhter

Dr. Stuart Kinsinger,
Non-Council Member

Ms Judith McCutcheon

Dr. Calvin Neely,
Non-Council Member, Alternate

Dr. Robin Whale,
Non-Council Member

STAFF SUPPORT

Mr. Joel Friedman,
Director, Policy & Research

Ms Jo-Ann Willson,
Registrar and General Counsel

COMMITTEE MANDATE

- To develop and implement a program/guidelines to enhance the doctor-patient relationship.
- To develop and implement measures for preventing and dealing with sexual abuse of patients.
- To develop, establish and maintain programs to assist individuals in exercising their rights under the *RHPA*.

Committee Activities in 2010

In 2010, the Committee:

- convened five meetings
- continued the work of previous committees in helping patients to be fully informed of their rights in dealing with members of the profession through continued communication about the *Partnership of Care* document and the role of the regulatory college in protecting the public interest
- building on the *Partnership of Care* document, developed marketing tools (tent cards and bookmarks) to be provided and available to members in their practices (approved by Council in December)
- revised the Committee vision statement and terms of reference to reflect current legislation
- recommended and implemented a toll-free line for members and the public to enhance access to CCO (approved by Council in April)
- recommended revised forms for Applications for Funding for Therapy and Counselling to Council (approved by Council in February for posting to the CCO website)
- recommended revisions to Guideline G-005: Guidelines for the Member and Staff of a Chiropractic Office, Prevention of Sexual Abuse of Patients (approved by Council in September)
- made minor amendments to Policy P-018.5: Funding for Therapy and Counselling for Patients Sexually Abused by Members (approved by Council in June)
- developed and recommended the distribution of a questionnaire: Professional Boundaries – Assessing Your Risk Factors to members
- recommended revised CCO Standard of Practice S-014: Prohibition Against a Sexual Relationship with a Patient to Council (approved by Council for feedback).

A Message from the Chair

In 2010, the Patient Relations Committee continued work on initiatives reflecting its regulatory mandate. Committee activities reflected the changing nature of professional practice, particularly with regards to our mandate to develop programs and guidelines to enhance the doctor/patient relationship and to develop and implement measures for preventing and dealing with sexual abuse of patients. As a result, revisions and amendments were made to several policies and guidelines to reflect the new practice environment.

The Committee also completed work on revising the "Boundaries in Professional Relationships" document and an accompanying set of professional boundaries scenarios designed to encourage members to consider and review their own interaction with patients. The intent is to help identify and avoid situations that could lead to boundary crossing or violations, the most serious of which could result in allegations of sexual abuse.

This year, the very popular *Partnership of Care/Parneariat de soins de Sante* document was revisited and printed in several new formats, including a tent card and bookmark. Member feedback notes that this document is a valuable tool in enhancing the doctor/patient relationship and is appreciated by their patients.

Finally, we are pleased that the Patient Relations Committee was instrumental in setting up a toll-free number for the CCO in order to facilitate easier access to the College for any inquiries or concerns.

As this is my final year as Chair of Patient Relations, I want to express my gratitude to a very dedicated committee team of professional and public members and an extremely hard-working staff. This year also marks the departure of two long-serving members of the committee, Dr. Stuart Kinsinger and Dr. Robin Whale. Their dedication to participating in the mechanics of self-regulation is at the heart of what makes the process work. Ms Sue Gargiulo was one of our staff support team and, as she has moved to new challenges, I would also like to acknowledge the role she played in all aspects of patient relations.

PARTNERSHIP OF CARE

PATIENT'S CHARTER OF RIGHTS AND RESPONSIBILITIES
APPROVED BY COUNCIL: DECEMBER 11, 2008.

You and your chiropractor have an equal and vital role in the pursuit of your optimum health and well-being.

You have the right to expect your chiropractor to provide...

- ethical conduct of practice
- respectful, honest and clear communication in all aspects of care
- relevant, safe and supportive patient-centred care
- accurate and comprehensive records
- an awareness of current health and well-being issues
- information about what chiropractic offers
- timely and necessary communication and/or referral to other health professionals
- timely transfer of records, when appropriate
- compliance with CCO of Chiropractors of Ontario's (CCO) regulations, standards of practice, policies and guidelines (information is posted on CCO's website at www.cco.on.ca)
- privacy and confidentiality
- behaviour and clarity regarding dignified professional boundaries
- disclosure of real or perceived conflicts of interest
- a process for declining treatment and withdrawal of consent at any time
- full disclosure of policies, procedures and fees

Your responsibilities to your chiropractor are to provide...

- honest, accurate and full disclosure of all pertinent health information
- constructive feedback (positive/negative) regarding all aspects of care
- a cooperative commitment to your treatment plan
- compliance with office policies, procedures and fees
- courtesy and respect for the office environment, staff and other patients
- up-to-date contact information

PARTENARIAT DE SOINS DE SANTÉ

CHARTE DES DROITS DU PATIENT/E ET DES RESPONSABILITÉS À L'ÉGARD DU PATIENT/E.
APPROUVÉ PAR LE CONSEIL LE 11 DECEMBRE 2008.

Votre chiropraticien(ne) et vous jouez le même rôle vital qui consiste à obtenir pour vous le meilleur état de santé et de bien-être possible.

Vous avez le droit d'exiger de votre chiropraticien(ne) qu'il ou elle :

- assure une communication respectueuse, honnête et claire dans tous les aspects ayant trait aux soins apportés
- fournisse des soins pertinents, sûrs et utiles axés sur le patient ou la patiente
- fournisse des dossiers exacts et complets
- possède une connaissance des problèmes de santé et de bien-être actuels
- fournisse des renseignements sur les services qu'il ou elle offre
- assure une comm unication régulière et nécessaire ou l'acheminement vers d'autres professionnels ou professionnelles de la santé
- assure le transfert régulier de dossiers, s'il y a lieu
- soit conforme aux réglementations, aux normes de pratique, aux politiques et aux directives de l'Ordre des Chiropraticiens de l'Ontario (OCO) (les renseignements à ce sujet se trouvent sur le site Web de l'OCO à l'adresse www.cco.on.ca)
- respecte la vie privée et la confidentialité
- démontre un comportement et une clarté de communication appropriés et conformes aux barrières professionnelles ne portant pas atteinte à la dignité
- assure la divulgation de conflits d'intérêt réels ou présumés
- offre un processus de refus de traitement et l'annulation du consentement en tout temps
- établisse clairement les politiques, les procédures et les honoraires

Vos responsabilités envers votre chiropraticien(ne) consistent à :

- fournir tous les renseignements nécessaires ayant trait à votre santé, de façon honnête, exacte et véridique
- fournir de la rétroaction constructive (positive ou négative) par rapport à tous les aspects relatifs aux soins apportés
- faire preuve de coopération dans le cadre de votre engagement dans votre plan de traitement
- respecter les politiques, les procédures et les honoraires du bureau
- faire preuve de courtoisie et de respect envers le milieu de travail, le personnel et les autres patients ou patientes
- mettre à jour vos coordonnées

QUALITY ASSURANCE COMMITTEE



Dr. James Laws **CHAIR**

COMMITTEE MEMBERS

Mme Lise Marin

Ms Judith McCutcheon

Dr. Douglas Pooley

Dr. Keith Thomson,
Non-Council Member

STAFF SUPPORT

Mr. Joel Friedman,
Director, Policy & Research

Ms Jo-Ann Willson,
Registrar and General Counsel

COMMITTEE MANDATE

- To develop, establish and maintain:
  - programs and standards of practice to assure the quality of the profession
  - standards of knowledge and skill and programs to promote continuing competence among members
  - standards of professional ethics.
- To develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members.

Committee Activities in 2010

The Quality Assurance Committee managed a large and significant workload in 2010, including recommending numerous standards of practice, guidelines and policies to Council for approval in helping to continuously improve the quality of the health care chiropractors provide to the Ontario public. The Committee continued to implement and monitor the peer assessment program and made strides in preparing chiropractors for the introduction of legislated changes (*Bill 179*) to mandatory continuing education (CE) and implementing new mandatory self assessment. In 2010, the Committee:

- convened 11 meetings
- hosted an informative Peer and Practice Assessment Program Workshop on January 30, 2010 to update the Peer Assessors on CCO's standard of practice changes, the peer assessment process and checklists
- oversaw the distribution of 500 peer assessment packages to members, with a high rate of return and valuable feedback from members and assessors
- defined and initiated the rollout of self assessment and the CE program for members as of January 1, 2010 to begin on July 1, 2010 with a CD-ROM distribution to all members

- recommended the following standards of practice, policies and guidelines to Council:

  S-001: Chiropractic Scope of Practice

  - S-002: Record Keeping
  - S-018: Third Party Independent Chiropractic Evaluations
  - G-004: Documentation of a Chiropractic Visit
  - G-017: (Ownership, Storage, Security and Destruction of Patient Health Records
  - P-051: Procedures for Appointing, Re-appointing and Discharging Peer Assessors
- developed and posted, on the CCO website, a position statement on spinal decompression to address potential concerns from members of the public such as advertising and consent, and to communicate that CCO has standards of practice and processes in place to deal with the public's concerns
- referred 10 members to discipline for non-compliance with the CCO Peer and Practice Assessment Program
- all QA initiatives and programs that are mandatory must be complied with, such as the recordkeeping workshop, the peer and practice assessment, the self assessment and the continuing education components of the Professional Portfolio and all CE reporting forms
- our shared goal is to help chiropractors continuously improve the quality of health care they provide to the Ontario public
- prepared and distributed CD-ROMs to all CCO members, with information on the CCO website and hard copies available on request from CCO
- reminded CCO members who care for animals that as long as they meet the CCO's standard of practice, they are doing what CCO expects of them. The QA Committee is working to keep the lines of communication open with the College of Veterinarians of Ontario.

A Message from the Chair

The Quality Assurance Committee is a very active committee with a large and meaningful mandate to assure the public that the quality of health care that they receive from chiropractors is of a consistently high standard. In 2010, the most important work of the Committee was spent in creating, revising and reorganizing standards of practice, guidelines and policies that provide greater clarity for the members and the public that we serve. The introduction of Standard of Practice S-001: Chiropractic Scope of Practice created greater clarity about the services that we offer as chiropractors and the enhanced role that we can play in offering comments in a general discussion about health care issues with our patients and with the public. We can advise and treat patients within our specific scope of practice. We can also offer our opinion and comments on general health issues outside our specific scope of practice. This creates the opportunity to provide a greater range of services and deeper discussion to benefit our patients and the general public. The other standards and guidelines are created to continuously improve the quality of care that we offer the public and raise the profile of the profession in Ontario.

I want to thank the members of the Committee in 2010: Dr. Robbie Berman, Mr. Martin Ward, Dr. Douglas Pooley, Mme Lise Marin, Ms Judith McCutcheon and Dr. Keith Thomson for their dedication to a very active committee and their problem-solving approach to contentious questions and issues.

I want to thank Dr. Bruce Walton, our QA consultant and principal advisor to the Committee, for helping us make the policy decisions that can only be made by the Committee and CCO Council.

My thanks also go to our professional staff, Ms Jo-Ann Willson, Mr. Joel Friedman and Ms Sue Gargiulo, whose work on a day-to-day basis is demanding, and whose attendance at Committee meetings is vital because of the crucial legal, legislative, historical and pragmatic advice they have to offer.

My special thanks to Ms Andrea Szametz who, as our recording secretary, is critically important in capturing the essence of our debate as well as the substance of our motions and decisions.

Finally, my thanks to all members of Council for their support of the work of the Committee. Our shared goals are to help chiropractors continuously improve the quality of health care they provide to the public of Ontario and to provide assurance to the public of Ontario that they are the beneficiaries of a consistently high standard of health care from chiropractors.

THANK YOU, CCO PEER ASSESSORS


JOYCE ALLMAN, OAKVILLE


PETER AMLINGER, MISSISSAUGA


ELIZABETH ANDERSON-PEACOCK, BARRIE


GERARD ARBOUR, SCARBOROUGH


GAREY AWENUS, DOWNSVIEW


TIMOTHY BARNES, WOODSTOCK


RICHARD BORNSTEIN, RICHMOND HILL


WILLIAM CHARLTON, BRACEBRIDGE


KEVIN DINSMORE, BELLEVILLE


LORI DOVER, SHELBURNE


LIZ GABISON, TORONTO


REGINALD GATES, BURLINGTON


ARNON GLATTER, BRAMPTON


RUTH HITCHCOCK, COLLINGWOOD


ROBERTA KOCH, HAMILTON


PETER LE MASURIER, SHARON


CONNIE MILLER, SOUTHAMPTON


DENNIS MIZEL, ST. CATHARINES


PAUL NEWTON, OTTAWA


KRISTINA PETERSON, THUNDER BAY


HILARY PETRUS, THUNDER BAY


PETER PICARD, COCHRANE


KEN ROBINSON, BARRIE


HEATHER ROBSON-MCINNIS, NIAGARA FALLS


ANTONINO RUSSO, LASALLE


GAURI SHANKAR, PRESCOTT


STEVEN SILK, WIARTON


FRAZER SMITH, SMITHS FALLS


MICHAEL STAFFEN, SUDBURY


RICHARD STOVER. LONDON


BOB SZCZURKO, THOROLD


KEITH THOMSON, PETERBOROUGH


SAL VISCOMI, RICHMOND HILL


JOEL WEISBERG, TORONTO


CAROLYN WOOD, CLINTON


DENNIS YURKIW, OWEN SOUND


DAVID ZURAWEL, PORT HOPE

PEER AND PRACTICE ASSESSMENT PROGRAM WORKSHOP, CCO OFFICE, JANUARY 2010





DR. RICHARD STOVER AND DR. TIM BARNES





THANK YOU TO MS SUE GARGIULO, COMMUNICATIONS OFFICER, JUNE 1998 - DECEMBER 2010, FOR HER YEARS OF SERVICE.



MR. MARTIN WARD AND MME LISE MARIN

REGISTRATION COMMITTEE



Dr. Marshall Deltoff **CHAIR**

COMMITTEE MEMBERS

Dr. Robbie Berman

Ms Judith McCutcheon, *Alternate*

Ms Ellie Moaveni

STAFF SUPPORT

Mr. Joel Friedman,
Director, Policy & Research

Ms Maria Simas,
Registration Coordinator

Ms Jo-Ann Willson,
Registrar and General Counsel

COMMITTEE MANDATE

- To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
- To review applications for registration referred by the Registrar.
- To determine the terms, conditions or limitations, if any, for granting a certificate of registration to an applicant.

Committee Activities in 2010

The Registration Committee executed its role in ensuring that each candidate seeking registration in Ontario is treated with the right blend of fairness, transparency, compassion and flexibility within CCO's legislative framework. Continuing the work of previous committees, the year was characterized by the Committee's extensive efforts in streamlining registration processes and in collaborating with stakeholders and government to facilitate labour mobility across Canada and to ensure fair registration practices for all potential registrants. In 2010, the Committee:

- convened eight meetings
- approved registration applications for chiropractors who were not actively practicing in Ontario and wished to be licensed in Ontario, or who requested a change in their registration status
- revised Policy P-045: Legislation and Ethics Examination to reinforce CCO's commitment to accommodating candidates' physical and mental needs where possible and completed a comprehensive updating and re-write of the CCO Legislation & Ethics examination

- oversaw three examination sittings in Toronto and Calgary for 215 candidates and facilitated opportunities for unsuccessful candidates to re-write the examination
- revised the 2011 Registration Renewal Form, including the addition of an undertaking on malpractice insurance for members to complete (approved by Council in September)
- oversaw the successful completion of the Office of the Fairness Commissioner's audit of CCO
- collaborated with the MOHLTC regarding changes to the *Registration Regulation* (862/93) under the *Chiropractic Act, 1991*
- recommended to Council that P-050: Student Field Placement Temporary Policy, with amendments, be approved for circulation to members and stakeholders for feedback
- reviewed Policy P-038: Temporary Academic Certificate of Registration for Participation in a Faculty Exchange Program and Policy P-052: Categories of Registration in light of possible changes
- endorsed and supported Mr. Joel Friedman's role as a member of the CFCREAB Task Force to examine substantial equivalency in exams and education across the country

A Message from the Chair

It has been a very rewarding two years chairing this Committee. I am so thankful to Committee members Ms Judith McCutcheon, Ms Ellie Moaveni, Dr. Robbie Berman, and Dr. Frazer Smith (a past Chair), as well as the exceptional staff, Ms Maria Simas, Ms Jo-Ann Willson, Mr. Joel Friedman and Ms Andrea Szametz, for fostering the environment wherein this Committee created and achieved such exponential growth as outlined by our results above. It has certainly been a joy, pleasure and true privilege to be a part of the TEAM that has brought Registration to its current status, and established guidance for future direction so that this Committee can continue to serve the people of Ontario by providing for timely, cost-effective, fair, transparent and properly-selective registration requirements and protocols for the doctors of chiropractic who care for them.

Registration Statistics 2010

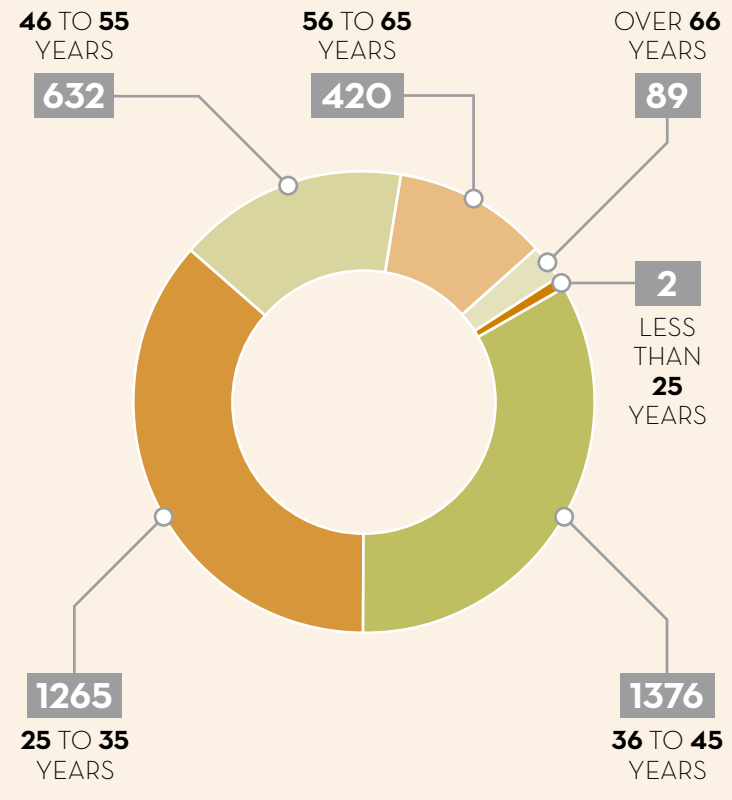
TABLE 1:
COLLEGES OF GRADUATION FOR MEMBERS REGISTERED IN THE ACTIVE CATEGORY IN 2010

COLLEGE	MALE	FEMALE	TOTAL
CMCC	73	74	147
NEW YORK	9	9	18
LOGAN	5	1	6
PALMER	2	2	4
NATIONAL	0	3	3
SOUTHERN CALIFORNIA	1	1	2
NORTHWESTERN	1	1	2
LIFE	2	0	2
D'YOUVILLE	0	1	1
PARKER	1	0	1
NEW ZEALAND	1	0	1
CLEVELAND	1	0	1
ANGLO-EUROPEAN	1	0	1

TABLE 2:
CLASSES OF CERTIFICATE FOR CCO MEMBERS (AS AT DECEMBER 31, 2010)
TOTAL: 4,062

CLASS OF CERTIFICATE	TOTAL
ACTIVE	3,768
ACTIVE NON-RESIDENT	55
INACTIVE	85
INACTIVE NON-RESIDENT	62
RETIRED	92
TOTAL	**4,062**

GRAPH 1:
AGES OF ACTIVE MEMBERS (AS AT DECEMBER 31, 2010) **TOTAL: 3,784**



COUNCIL MEETINGS AND DISCIPLINE HEARINGS OPEN TO THE PUBLIC

THE *RHPA* REQUIRES THAT COUNCIL MEETINGS AND DISCIPLINE HEARINGS BE OPEN TO THE PUBLIC, SUBJECT TO LIMITED EXCEPTIONS. INTERESTED STAKEHOLDERS, INCLUDING REPRESENTATIVES FROM VARIOUS CHIROPRACTIC ORGANIZATIONS AND MOHLTC, FREQUENTLY ATTEND COUNCIL MEETINGS, INCLUDING THE AGM.

CMCC STUDENTS ARE REQUIRED TO ATTEND A DISCIPLINE HEARING AS PART OF THEIR THIRD YEAR JURISPRUDENCE COURSE. CCO PUBLISHES COUNCIL MEETING DATES IN VARIOUS NEWSPAPER PUBLICATIONS AND ON CCO'S WEBSITE. CCO ALSO PUBLISHES THE DATES OF UPCOMING DISCIPLINE HEARINGS ON CCO'S WEBSITE, AS REQUIRED.

EXTRACTS FROM THE *RHPA*

MEETINGS

7(1) THE MEETINGS OF THE COUNCIL SHALL BE OPEN TO THE PUBLIC AND REASONABLE NOTICE SHALL BE GIVEN TO THE MEMBERS OF THE COLLEGE, TO THE MINISTER, AND TO THE PUBLIC.

HEARINGS PUBLIC

45 (1) A HEARING SHALL, SUBJECT TO SUBSECTION (2), BE OPEN TO THE PUBLIC.

CCO AGM, JUNE 2010

At CCO's AGM, every Committee Chair presents a summary of his or her committee's activities and accomplishments and acknowledges individuals who made a significant contribution to the work of the committee.

Under the *RHPA*, every college is required to have seven statutory committees, each of which has a specific role and function under the legislation, consistent with every college's responsibility to regulate their profession in the public interest. In addition to these committees, colleges may establish other committees, depending on needs specific to the college. In addition to the required statutory committees, CCO traditionally has an Advertising Committee.

Extract from the *RHPA*

10(1) The College shall have the following committees:

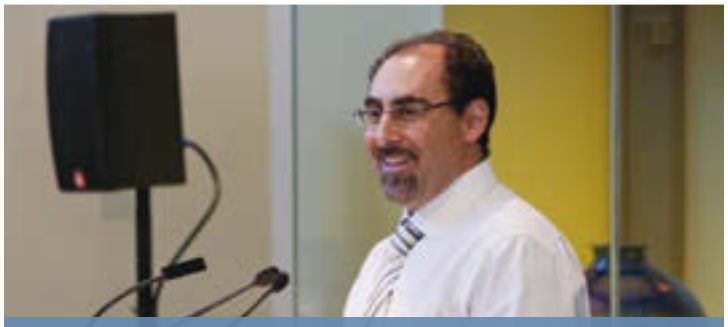
1. Executive Committee.
2. Registration Committee.
3. Inquiries, Complaints and Reports Committee.
4. Discipline Committee.
5. Fitness to Practise Committee.
6. Quality Assurance Committee.
7. Patient Relations Committee.



GUEST SPEAKER DR. ADALSTEINN BROWN, ASSISTANT DEPUTY MINISTER, HEALTH SYSTEM STRATEGY DIVISION, ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE. **TOPIC:** THE FUTURE OF HEALTHCARE IN ONTARIO, BUILDING ON A SOLID FOUNDATION.



DR. FRAZER SMITH (APRIL 2004 – APRIL 2010) AND MS LYNN DAIGNEAULT (APRIL 2004 – APRIL 2010), RETIRING MEMBERS OF CCO COUNCIL, WERE THANKED BY MS JO-ANN WILLSON AND DR. PETER AMLINGER FOR THEIR SIX YEARS OF SERVICE



DR. BRIAN GLEBERZON



DR. BRYAN WOLFE AND DR. DENNIS MIZEL



MS TRACEY AMLINGER, DR. PETER AMLINGER (CCO), DR. STEVEN SILK (CAC), DR. DAVID BRUNARSKI (OCA), DR. BRETT MOORE (CAC), AND DR. DOUGLAS POOLEY (CCO)

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO:

Report on the Financial Statements

We have audited the accompanying financial statements of the College of Chiropractors of Ontario, which comprise the statement of financial position as at December 31, 2010, and the statements of changes in net assets, operations and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide the basis for our audit opinion.

Opinion

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College of Chiropractors of Ontario as at December 31, 2010 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Respectfully submitted,



TORONTO, CANADA
May 4, 2011

TATOR, ROSE & LEONG,
Chartered Accountants
Licensed Public Accountants

Statement of Financial Position

FOR THE YEAR ENDED DECEMBER 31, 2010, WITH 2009 COMPARISONS

ASSETS	**2010**	**2009**
Current		
Bank	$ 380,163	$ 288,899
Short-term investments (Note 8)	1,771,625	2,184,063
Prepaid expenses and sundry assets	37,227	53,451
	2,189,015	2,526,413
Capital (Note 2)	2,715,165	2,771,441
TOTAL ASSETS	$ 4,904,180	$ 5,297,854
LIABILITIES		
Current		
Accounts payable and accrued liabilities	$ 164,528	$ 475,226
Deferred revenue	663,450	461,320
TOTAL LIABILITIES	827,978	936,546
NET ASSETS (per Statement 2)	4,076,202	4,361,308
TOTAL LIABILITIES AND NET ASSETS	**$ 4,904,180**	**$ 5,297,854**

Approved on behalf of College:

MR. ROBERT MACKAY,
TREASURER

DR. PETER AMLINGER
PRESIDENT

The accompanying notes form an integral part of these financial statements.

STATEMENT 1

Statement of Changes in Net Assets

FOR THE YEAR ENDED DECEMBER 31, 2010, WITH 2009 COMPARISONS

UNRESTRICTED FUND	2010	2009
BALANCE: January 1,	$ 4,361,308	$ 5,050,363
Add: Excess of (expenditures over income) (per Statement 3)	(285,106)	(689,055)
BALANCE: December 31,	$ 4,076,202	$ 4,361,308

The accompanying notes form an integral part of these financial statements. STATEMENT 2

Statement of Cash Flows

FOR THE YEAR ENDED DECEMBER 31, 2010, WITH 2009 COMPARISONS

OPERATING ACTIVITIES	2010	2009
Excess of (expenditures over income) (per Statement 3)	$ (285,106)	$ (689,055)
Amortization – capital assets	113,336	143,314
Decrease in prepaid expenses and sundry assets	16,224	38,405
(Decrease) increase in accounts payable and accrued liabilites	(310,698)	756
Increase in deferred revenue	202,130	112,849
	(264,114)	(393,731)
INVESTING ACTIVITIES		
Purchase of capital assets (Net)	(57,060)	(2,830,801)
CHANGE IN CASH AND EQUIVALENTS DURING THE YEAR	(321,174)	(3,224,532)
CASH AND EQUIVALENTS AT BEGINNING OF THE YEAR	2,472,962	5,697,494
CASH AND EQUIVALENTS AT THE END OF THE YEAR	$ 2,151,788	$ 2,472,962
CASH AND EQUIVALENTS REPRESENTED BY:		
Bank	$ 380,163	$ 288,899
Short-term investments	1,771,625	2,184,063
	$ 2,151,788	$ 2,472,962
Supplemental disclosure		
Interest paid	$ –	$ –
Income taxes paid	–	–

The accompanying notes form an integral part of these financial statements. STATEMENT 4

Statement of Operations

FOR THE YEAR ENDED DECEMBER 31, 2010, WITH 2009 COMPARISONS

INCOME	**2010**	**2009**
Renewal fees	$ 3,194,061	$ 3,096,912
Registration fees	60,200	52,950
Examination fees	31,965	28,990
Incorporation fees	105,150	96,450
Record keeping seminars	2,000	4,800
Recovery of discipline costs	91,000	48,619
Interest and sundry	85,145	96,509
TOTAL INCOME	3,569,521	3,425,230
EXPENDITURES		
Salaries and benefits (Note 3)	952,160	931,638
Pension – past service (Note 4)	9,600	9,600
Rent and utilities (Note 5)	449,419	266,839
Office and general (Note 6)	445,650	496,309
Printing and postage	243,742	191,340
Insurance	17,390	19,444
Meetings, fees and expenses (Schedule 1)	259,946	280,771
Audit	22,097	17,698
Audit – Office of the Fairness Commissioner	18,375	–
Seminars and Conferences	39,407	38,311
CFCRB and CCEC dues	90,000	90,000
Government relations	–	26,500
Consulting fees	131,121	136,358
Consulting fees – peer assessors	162,748	49,891
Consulting fees – complaints	77,318	80,206
Legal fees – complaints	20,368	2,550
Legal fees – executive	8,133	28,397
Legal fees – discipline	337,070	787,087
Legal fees – general	324,328	382,691
Sub-contractors	90,654	95,102
Equipment lease	33,574	33,055
Media advertising	8,191	7,184
TOTAL EXPENDITURES	3,741,291	3,970,971
Excess of (expenditures over income) before amortization	(171,770)	(545,741)
Amortization	113,336	143,314
EXCESS OF (EXPENDITURES OVER INCOME)	$ (285,106)	$ (689,055)

The accompanying notes form an integral part of these financial statements.

STATEMENT 3

Statement of Meetings Fees and Expenses

FOR THE YEAR ENDED DECEMBER 31, 2010, WITH 2009 COMPARISONS

	FEES	EXPENSES	TOTAL 2010	TOTAL 2009
Dr. Peter Amlinger [1]	$ 47,685	$ 6,719	$ 54,404	$ 44,733
Dr. Robbie Berman [1, 7]	19,500	2,583	22,083	30,160
Dr. Marshall Deltoff [2, 7]	27,325	462	27,787	23,287
Dr. Brian Gleberzon [1, 2, 8]	31,375	1,224	32,599	20,537
Dr. James Laws [3, 6]	10,850	3,268	14,118	(12,631)
Dr. Dennis Mizel [1, 4]	18,450	9,925	28,375	75,997
Dr. Calvin Neely	–	–	–	2,748
Dr. Douglas Pooley [6]	14,300	6,817	21,117	19,297
Dr. Gauri Shankar [4, 8]	9,500	8,459	17,959	–
Dr. Frazer Smith	9,000	9,458	18,458	48,724
Ms Jo-Ann Willson	–	2,468	2,468	1,839
Dr. Bryan Wolfe [3, 5]	13,175	7,403	20,578	26,080
	$ 201,160	$ 58,786	$ 259,946	$ 280,771

Note: Committee membership changed in June

Numbers refer to committee/project membership (April – December 2010)

Executive	1
Inquiries, Complaints & Reports	2
Discipline	3
Fitness to Practise	4
Patient Relations	5
Quality Assurance	6
Registration	7
Advertising	8

SCHEDULE 1

Notes to the Financial Statements
DECEMBER 31, 2010

1(a) PURPOSE AND STRUCTURE OF THE ORGANIZATION

The College of Chiropractors of Ontario is a self-governing body of the chiropractic profession committed to improving the health and well-being of Ontarians by informing the public and assuring them of competent and ethical chiropractic care.

The College examines, registers and regulates the chiropractic profession and partners with other health professions, licensing bodies, organizations and government.

The College was incorporated in the Province of Ontario on December 31, 1993 as a non-profit organization without share capital and, as such, is generally exempt from income taxes in Canada.

There are fifteen Council Members, nine members are elected and six are appointed by the Lieutenant Governor in Council. There are seven Statutory Committees and one Non-Statutory Committee.

1(b) SUMMARY OF ACCOUNTING POLICIES

(i) Capital Assets

Capital assets are stated at cost and amortized on a basis at the rates considered adequate to amortize the cost of the assets over their estimated useful life. Amortization rates are as follows:

Computers and Software	30% declining balance
Furniture and Equipment	20% declining balance
Facsimile Machines	Straight-line over 3 years
Leasehold Improvements	Straight line over 5 years

(ii) Revenue Recognition

Renewal, incorporation and examination fees are recorded in the period they relate to. Registration and record keeping seminar fees are recognized when received. Investment income is recognized when earned.

(iii) Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenditures during the reporting period. Actual results could differ from these estimates.

2 CAPITAL ASSETS

	Cost	Accumulated Amortization	**2010 Net**	2009 Net
Furniture & Office Equipment	$ 307,495	$ 274,750	$ 32,745	$ 33,136
Computer & Software	768,100	533,570	234,530	299,176
Leasehold Improvements	54,281	48,377	5,904	10,540
Land	2,441,986	–	2,441,986	2,428,589
	$ 3,571,862	$ 856,697	$ 2,715,165	$ 2,771,441

3 SALARIES AND BENEFITS

This expense includes payments for current service pension plans.

4 PENSION PLAN - PAST SERVICE

On February 1, 1981 the former Board of Directors of Chiropractic agreed to pay Dr. J.W. Ellison a monthly pension during his lifetime. The premium is $800 monthly and the plan is not a defined benefit pension plan.

5 LEASE COMMITMENTS

The College has commitments under a lease for office space. The lease expires on January 31, 2014 and the basic minimum annual payments over the next four years are as follows:

2011	$178,543
2012	178,543
2013	179,331
2014	14,944

6 OFFICE SUPPLIES AND GENERAL

Included in this expense for 2010 was a payment of $25,000 for Clinical Practice Guidelines.

7 FINANCIAL INSTRUMENTS

The College's financial instruments consist of cash, short-term investments, deferred revenue, accounts payable and accrued charges. Unless otherwise noted, it is management's opinion, that the College is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair value of these financial instruments approximate their carrying values unless otherwise noted.

8 SHORT-TERM INVESTMENTS

	Interest Rate	**2010**	2009	MATURED
The Bank of Nova Scotia, GIC	1.50%	$ 1,541,573	$ 1,963,896	January 14, 2012
The Canada Trust Company GIC	0.75%	230,052	220,167	January 20, 2011
		$ 1,771,625	$ 2,184,063	

9 COMPARATIVE FIGURES

Some comparative figures have been reclassified to conform with the current year's presentation.

CCO CHAIRS AND PRESIDENTS

NAME	POSITION	ORGANIZATION	TERM	
Dr. Peter Amlinger	President	CCO	June 2009	April 2011
Dr. Dennis Mizel	President	CCO	June 2008	June 2009
Dr. Gilles Lamarche	President	CCO	April 2006	June 2008
Dr. R. Andrew Potter	President	CCO	April 2004	April 2006
Dr. Allan Gotlib	President	CCO	March 2002	April 2004
Dr. Keith Thomson	President	CCO	March 2001	March 2002
Dr. Allan Gotlib	President	CCO	March 1999	March 2001
Dr. Lloyd E. MacDougall	President	CCO	March 1997	March 1999
Dr. Leo K. Rosenberg	President	CCO	March 1995	March 1997
Dr. Bertram L. Brandon	President	CCO	March 1994	March 1995
Dr. Edward R. Burge	Chair	BDC	February 1988	March 1994
Dr. Robert M. Wingfield	Chair	BDC	February 1986	February 1988
Dr. Fred N. Barnes	Chair	BDC	February 1984	February 1986
Dr. Stephen E. West	Chair	BDC	September 1974	February 1984
Dr. Harold W.R. Beasley	Chair	BDC	September 1961	September 1974
Dr. Harry A. Yates	Chair	BDC	August 1952	September 1961

CCO COUNCIL

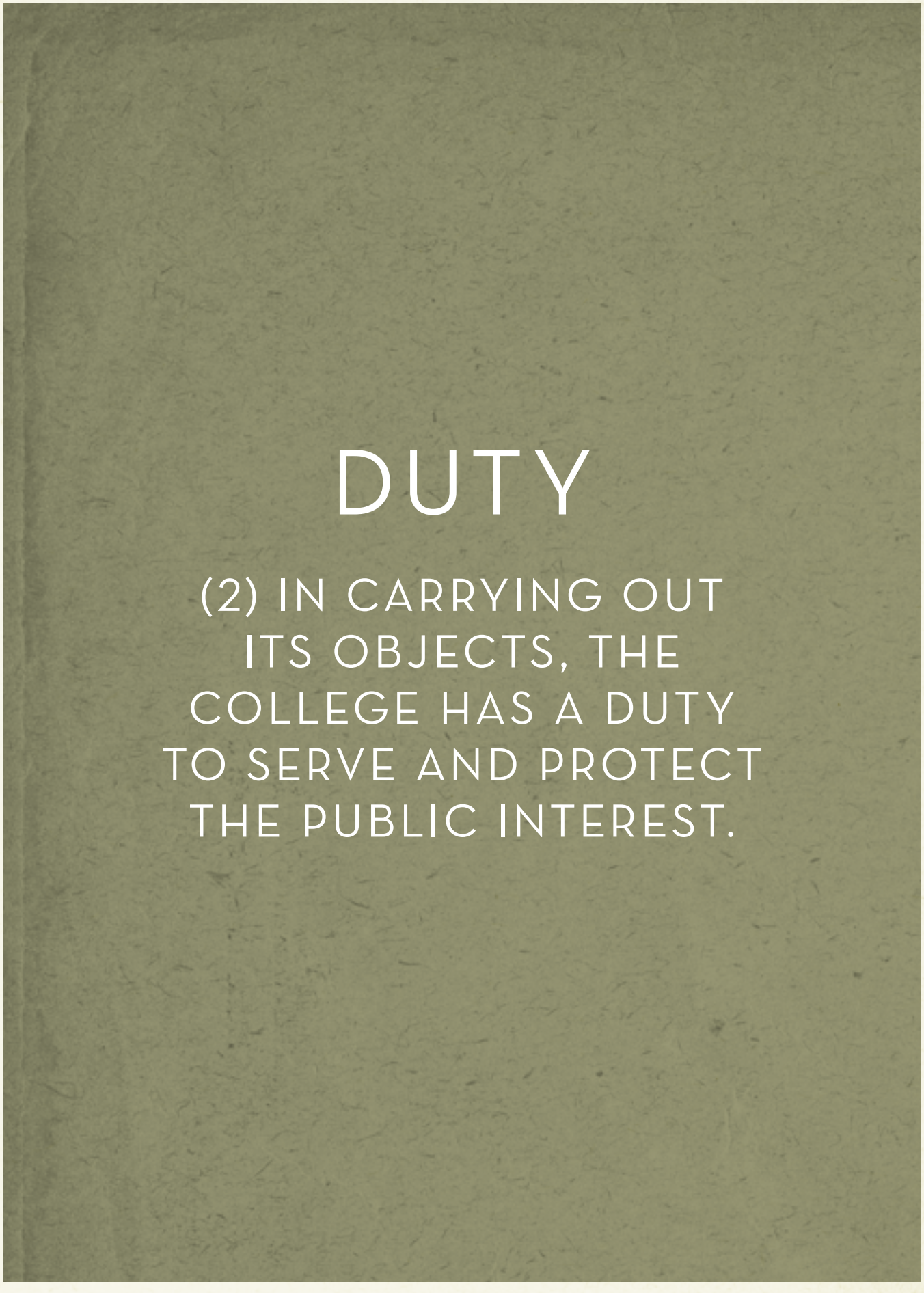


FRONT ROW (L-R) DR. DENNIS MIZEL, VICE-PRESIDENT; MS JO-ANN WILLSON, REGISTRAR AND GENERAL COUNSEL; DR. PETER AMLINGER, PRESIDENT **MIDDLE ROW** (L-R) MS JUDITH MCCUTCHEON; DR. MARSHALL DELTOFF; MME LISE MARIN **BACK ROW** (L-R) DR. DOUGLAS POOLEY; DR. JAMES LAWS; MR. ROBERT MACKAY; DR. BRIAN GLEBERZON; DR. GAURI SHANKAR; MR. MARTIN WARD, TREASURER; MS ELLIE MOAVENI; DR. BRYAN WOLFE; MR. SHAKIL AKHTER; DR. ROBBIE BERMAN

CCO STAFF (AND QA CONSULTANT)

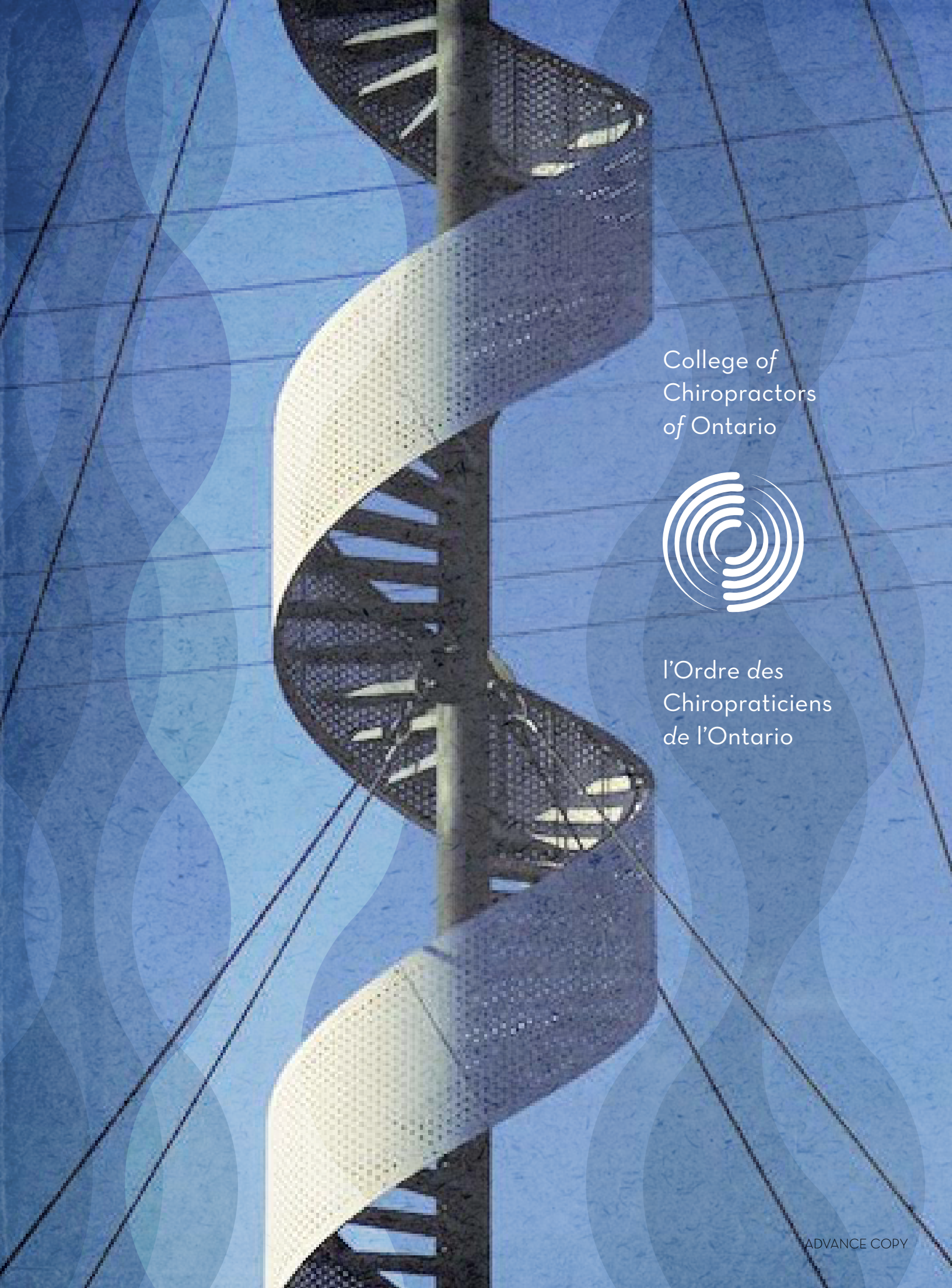


FROM LEFT TO RIGHT: MS ANDA VOPNI (FINANCIAL OFFICER), MS ROSE BUSTRIA (ADMINISTRATIVE ASSISTANT), DR. J. BRUCE WALTON (QA CONSULTANT), MS MARIA SIMAS (REGISTRATION COORDINATOR), MS JO-ANN WILLSON (REGISTRAR AND GENERAL COUNSEL), MS DAYNA GOODFELLOW, ADMINISTRATIVE ASSISTANT, MR. JOEL FRIEDMAN (DIRECTOR, POLICY & RESEARCH). MS SUE GARGIULO (COMMUNICATIONS OFFICER), MS TINA PERRYMAN (COMPLAINTS COORDINATOR), MS KRISTINA MULAK (MANAGER, INQUIRIES, COMPLAINTS & REPORTS), MS CHRISTINE MCKEOWN (INQUIRIES, COMPLAINTS & REPORTS OFFICER).



DUTY

(2) IN CARRYING OUT ITS OBJECTS, THE COLLEGE HAS A DUTY TO SERVE AND PROTECT THE PUBLIC INTEREST.



College *of*
Chiropractors
of Ontario

l'Ordre *des*
Chiropraticiens
de l'Ontario

ADVANCE COPY