2021 Annual Report Rapport annuel

Moving Forward With Benchmarks in the College Performance Measurement Framework

Prochaines étapes par rapport aux points de référence dans le Cadre de mesure de la performance des Ordres

College of Chiropractors of Ontario
l'Ordre des Chiropraticiens de l'Ontario



What is the College Performance Measurement Framework (CPMF)?

The CPMF was developed collaboratively by the ministry, health regulatory colleges, members of the public and subject matter experts. It is intended to strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing publicly reported information that is transparent, consistent and aligned across all 26 regulators. Reporting performance on a standardized set of measures also enables Ontario's health regulatory colleges to continuously improve performance by identifying and reporting on commendable practices among peers.

Extract from MOH Summary Report

Table of **Contents**

Strategic Objectives	1
Mission, Vision, Values	3
Message from the President	6
Registrar's Report	16
Executive Committee	18
Advertising Committee	21
Inquiries, Complaints and Reports Committee	22
Discipline Committee	24
Fitness to Practise Committee	39
Registration Committee	40
Quality Assurance Committee	42
Patient Relations Committee	44
Independent Auditor's Report	46
Extract from Highlights of the Last Year at the Health Profession Regulators of Ontario (2019-2020)	58

Strategic **Objectives**

1

Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.

2

Ensure the practice of members is safe, ethical, and patient-centered.

3

Ensure standards and core competencies promote excellence of care while responding to emerging developments.

4

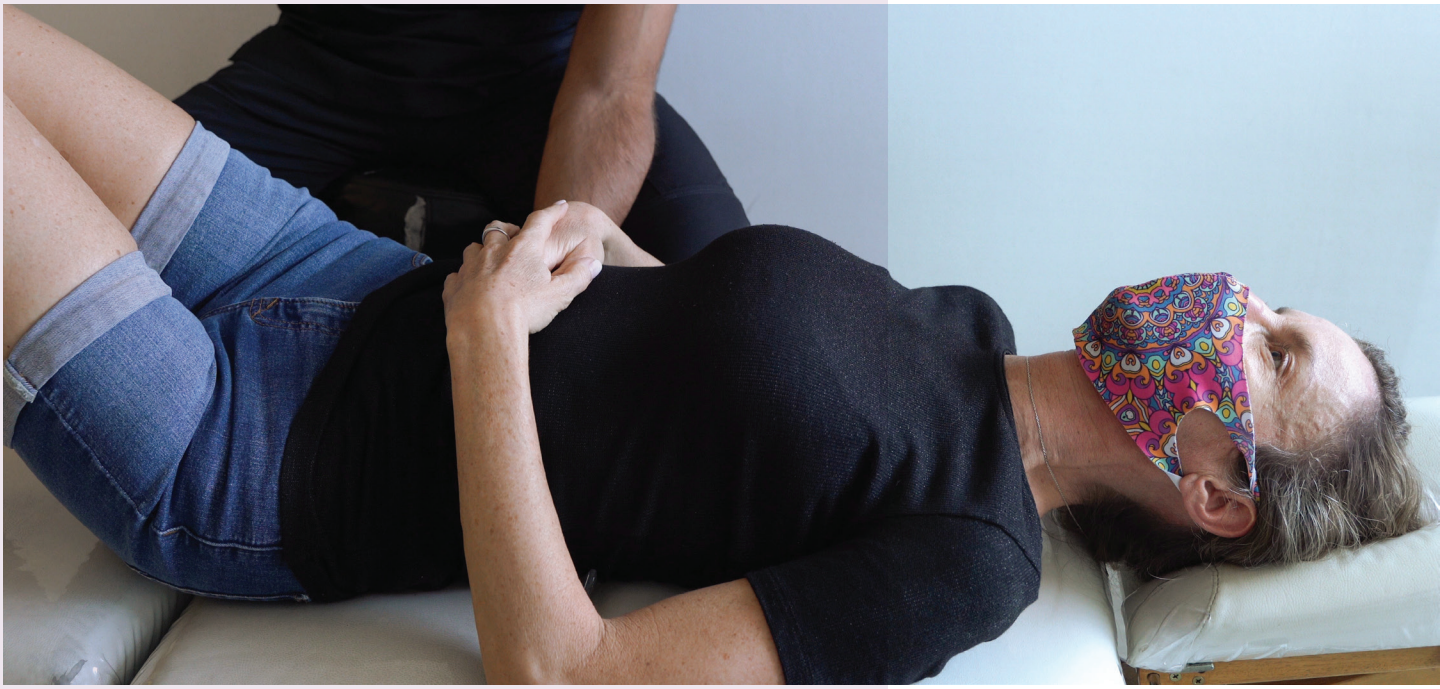
Optimize the use of technology to facilitate regulatory functions and communications.

3

Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

Commonly used **Acronyms**

Acronym	Full Name
ACE	Accessing Centre for Expertise, Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto
ASNFPO	Accounting Standards for Not-For-Profit Organizations
BDC	Board of Directors of Chiropractic
CCEB	Canadian Chiropractic Examining Board
CCO, College	College of Chiropractors of Ontario
Chiropractic Act	*Chiropractic Act, 1991*
COVID-19	SARS-CoV-2
CMOH	Chief Medical Officer of Health
CPMF	College Performance Measurement Framework
DEI	Diversity, Equity and Inclusion
GIC	Guaranteed Investment Certificate
HPRO	Health Profession Regulators of Ontario
ICRC	Inquiries, Complaints and Reports Committee
MOH	Ministry of Health
ODP	Office Development Project
OFC	Office of the Fairness Commissioner
PPA	Peer and Practice Assessment
QA	Quality Assurance
RHPA	*Regulated Health Professions Act, 1991*



Our Values

Integrity
Respect
Collaborative
Innovative
Transparent
Responsive

CHIROPRACTIC ACT, 1991

Scope of Practice

3. 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

4. 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.

Our Mission

The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

Our Vision

Committed to regulatory excellence in the public interest in a diverse environment.

CCO Council

as of December 31, 2021

Elected Members

Dr. Dennis Mizel, *President*
Dr. Sarah Green, *Vice-President*
Dr. Jarrod Goldin
Dr. Colin Goudreau
Dr. Kyle Grice
Dr. Paul Groulx
Dr. Steven Lester
Dr. Angelo Santin
Dr. Julia Viscomi

Appointed Members

Ms Robyn Gravelle, *Treasurer*
Ms Anuli Ausbeth-Ajagu
Mr. Markus de Domenico
Mr. Gagandeep Dhanda
Ms Zoe Kariunas
Mr. Robert MacKay *(to November 2021)*
Mr. Shawn Southern

Executive

Dr. Dennis Mizel, *Chair*
Dr. Sarah Green, *Vice-Chair*
Ms Robyn Gravelle, *Treasurer*
Dr. Jarrod Goldin
Dr. Steven Lester
Mr. Markus de Domenico
Mr. Shawn Southern
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

CCO Committee Composition

as of December 31, 2021

Inquiries, Complaints & Reports

Dr. Sarah Green, *Chair*
Ms Anuli Ausbeth-Ajagu
Dr. Colin Goudreau
Mr. Gagandeep Dhanda
Dr. Carolyn Wood, *non-Council*
Ms Kelly Malcolm, *staff support*
Ms Christine McKeown, *staff support*
Ms Tina Perryman, *staff support*

Discipline[1]

Mr. Shawn Southern, *Chair*
Dr. Steven Lester
Dr. Dennis Mizel
Mr. Markus de Domenico
Dr. Daniela Arciero, *non-Council*
Dr. G. Murray Townsend, *non-Council*
Dr. Matt Tribe, *non-Council*
Mr. Robert MacKay, *Council appointed member*
Ms Jo-Ann Willson, *staff support*

Fitness to Practise

Ms Robyn Gravelle, *Chair*
Dr. Dennis Mizel
Dr. Julia Viscomi
Ms Jo-Ann Willson, *staff support*

[1] All members of Council are potentially members of a Discipline and Fitness to Practise panel.

Patient Relations

Ms Anuli Ausbeth-Ajagu, *Chair*
Dr. Colin Goudreau
Ms Zoe Kariunas
Dr. Michelle Campbell, *non-Council*
Dr. Ian Quist, *non-Council*
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Quality Assurance

Ms Robyn Gravelle, *Chair*
Dr. Kyle Grice
Dr. Paul Groulx
Ms Zoe Kariunas
Dr. Elizabeth Anderson-Peacock, *non-Council*
Mr. Joel Friedman, *staff support*
Dr. J. Bruce Walton, *staff support*
Ms Jo-Ann Willson, *staff support*

Registration

Mr. Markus de Domenico, *Chair*
Mr. Gagandeep Dhanda
Dr. Kyle Grice
Dr. Julia Viscomi
Ms Madeline Cheng, *staff support*
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Advertising

Dr. Jarrod Goldin, *Chair*
Mr. Gagandeep Dhanda
Dr. Julia Viscomi
Dr. Colleen Pattrick, *non-Council*
Mr. Joel Friedman, *staff support*

2021 Through the Lens of the President's Messages

> Committed to transparent, accountable self-regulation.



Mr. Robert MacKay
President (April 21, 2021 to November 27, 2021)



Dr. Dennis Mizel
President (January 1, 2021 to April 21, 2021 and November 28, 2021 to December 31, 2021)

Frequent, timely and personalized communication to members, the general public and other relevant stakeholders concerning regulatory developments affecting the practice of chiropractic in Ontario is a hallmark of CCO's commitment to transparent, accountable self-regulation. CCO communicates regularly through a variety of channels, including an ongoing series of messages directly from the desk of CCO's President or, when warranted, from the Vice-President. Taken together these messages recap the most important activities undertaken by the CCO Executive Committee, Council and statutory committees throughout the year to protect the public interest.

In early spring 2021, for example, when in the interests of electoral fairness and integrity, CCO's Vice President wrote an update so as not to confer any perceived advantage to the incumbent President who was a candidate for re-election at that time. The Vice-President's message provided guidance with respect to the then-current directive from the Ontario Ministry of Health (MOH) prioritizing access to COVID-19 vaccines for healthcare providers and others working in healthcare settings, in accordance with the province's phased vaccine distribution plan.

The message clarified when, as practitioners of "non-acute rehabilitation and therapy", Ontario's

chiropractors should expect to be eligible for vaccination against COVID-19, and reminded members of their obligations in supporting the pandemic response. Affirming and clarifying public health directives aimed at mitigating the spread and impact of the coronavirus remained a central theme of presidential communications to members throughout the year.

Members and the public also learned of the progress of a pilot project to ascertain the feasibility of a broad program for ongoing review of member social media and online content, beginning with a review of the social media channels of all Council members, peer assessors and non-Council committee members. A comprehensive scoring system was used to evaluate when corrective action, if any, was required.

Lastly, and fittingly, members were reminded of the important dates in the elections for CCO Council, and were urged to cast their vote.

In April, following the results of the 2021 election, the message from CCO's outgoing President highlighted a very significant milestone: **for the first time in the organization's history, the College of Chiropractors of Ontario would be led by a public member.** Public members play a vital role in the activities of CCO. They bring invaluable perspectives, skills and experiences that complement those of Council's professional members. CCO has benefitted from the leadership of public members as chairs of the College's core committees for some time, but the elevation of long-standing CCO Council member and then Vice-President Rob MacKay to the office of President was historic.

The message also noted that CCO Council was now 'properly constituted', meaning that Council had reached its full complement of nine elected chiropractors, and seven public members appointed by government, to manage the affairs of the College.

Governance, as well as the selection, orientation and training of Council and Committee members was a major theme of President's messages throughout the year, as CCO identified and began to implement best practices informed by the spirit and intent of the new College Performance Measurement Framework (CPMF) introduced by the Ontario Ministry of Health. The CPMF established reporting requirements and expectations for provincial health regulatory bodies in seven major areas. The April message drew attention to CCO's efforts with respect to the suitability of candidates for election to boards and statutory committees, and detailed the College's robust orientation program for new Council and Committee members.

In May, the ongoing challenges posed by COVID-19 and the increasing number of COVID-19 cases and related impacts on the provincial health care system were again a major subject of concern. The May President's message shared that Ontario's Deputy Minister of Health had written to all health care regulators and system partners in the province outlining new measures to alleviate the pressure on hospitals and critical care providers. The message re-emphasized CCO's support for public health measures that contribute to the provision of safe chiropractic care.

The President's message reminded members of their obligation to adhere to several key CCO standards of practice, policies and guidelines relevant to broader discussions which were occurring in the public domain regarding vaccination, vaccine efficacy and vaccine status; specifically CCO's Professional Advisory on Vaccination and Immunization, standard of practice S-016: Advertising, and guideline G-012: Use of Social Media. Members were cautioned that they must uphold the highest standards of professional conduct, and use sound judgement in line with the relevant provisions when using social media.

In a message accompanying the publishing of CCO's 2020 annual report in early summer, the President cited numerous examples of COVID-19 related innovations and adaptations undertaken by the College in the year previous, as it ably pivoted to the demands of necessarily becoming an online workplace. The message concluded by noting that despite significant challenges, CCO staff continued to work tirelessly as a valued health system partner in support of the pandemic response.

Mid-summer saw an increased tempo of additional requirements that patrons, employees, consumers of, or visitors to, various organizations across the province – both public and private sector — be fully vaccinated, or provide proof of a negative test for COVID-19, proof of recovery, medical exemption, or some other alternative in order to be allowed to enter or participate. The next President's Message acknowledged that these announcements – including one from the province's Chief Medical Officer of Health (CMOH) directed at hospitals, paramedics, and home and community care service providers -- coupled with increasing concerns about the strength of particular COVID-19 variants, raised questions among members and the public about vaccination requirements or mandates within the practise of chiropractic in Ontario.

The message noted that to date, there had been no indication from the province that regulated health professionals, including chiropractors in private practice settings, were among the intended services required by the CMOH to implement a vaccination policy. The message assured members and the public that CCO would continue to liaise with the MOH and provide updated guidance as appropriate. It also summarized the many previous CCO directives placing patient, member and staff safety first, including masking, social distancing, staggered scheduling and increased sanitization.

Shortly thereafter, the MOH released a new version of its COVID-19 Patient Screening Guidance Document. The new document revised screening questions for patients to reflect their vaccination status, and also included a revised list of symptoms when screening for COVID-19.

A new President's Message immediately followed to reflect these changes, and to remind members of all COVID-19 related CCO and public health policies and directives that remained in effect.

In the fall, the President's Message reported that after many years of consultation and engagement with stakeholders and the MOH, **the government of Ontario passed the regulation for spousal exception under the *Chiropractic Act, 1991***. Members were advised that the spousal exception regulation permits members to provide chiropractic treatment to their spouses, without triggering the sexual abuse provisions under the *Regulated Health Professions Act, 1991 (RHPA)*. However, members were cautioned that the definition of a "spouse" for the purposes of this regulation was very narrowly defined, and the message provided specific details.

CCO members were also admonished that while treating their spouse, they must follow all legislation, standards of practice, policies and guidelines that they would for any other patient, while complying with appropriate boundaries and separation between the professional relationship and personal relationship. The message concluded by noting that providing safe, quality and ethical chiropractic care for any Ontarian who seeks it is in the public interest, including care provided by members to their spouses, as long as the relevant statutory requirements are met.

December's President's Message shared several initiatives approved at the late November sitting of Council, arising from CCO's commitment

to enhance or to introduce practices aimed at improving the College's alignment with CPMF objectives. These included outlining specific competencies for Council and committee members, internal policies on nomination and election procedures for committee positions, and establishing Key Performance Indicators for the work of CCO committees. Council also approved a suite of new tools developed by CCO's Inquiries, Complaints and Reports Committee (ICRC) that were designed to further CPMF measures in this area.

In keeping with CCO's ongoing commitment to developing deep in-house governance and regulatory expertise, the message noted that members of Council and CCO committees had recently participated in an interactive training session on best regulatory practices, which included in-depth considerations of policy development, transparency, diversity, mentoring, and competency-based selection, among others.

Recent changes to Council were noted, welcoming new Council members and also acknowledging the contributions of CCO's first public member President Rob MacKay, as his term came to an end.

The December message also highlighted the receipt of the final report from the University of Toronto's Accessing Centre for Expertise (ACE) entitled "Context COVID: Understanding the Evidence, Policy and Regulatory Implications of the Relationship between Chiropractic and Immunity." Members were reminded that the first-of-its-kind ACE report had been commissioned by CCO to better understand the evidentiary basis for claims regarding chiropractic and immunity, and related considerations about the role of the regulator (if any) in supporting research.

As the final communiqué for the year, the December President's Message thanked CCO Council and staff and all those who had contributed to the regulation of chiropractic in public interest, and befitting the holiday season, wished all members and public continued health and happiness for the year ahead. The message served as a reminder that CCO staff and appointed and elected Council members work diligently to ensure that Ontario's chiropractic patients have access to safe, quality, ethical care and that College registrants are held to the highest professional standards.

2021 À travers l'optique d'analyse de la Message du président

Engagement envers une autoréglementation transparente et responsable.



Mr. Robert MacKay
Président (du 21 avril 2021 au 27 novembre 2021)



Dr. Dennis Mizel
Président (du1er janvier 2021 au 21 avril 2021 et du 28 novembre 2021 au 31 décembre 2021)

La communication fréquente, opportune et personnalisée adressée aux membres, au grand public et aux autres intervenants pertinents concernant les développements réglementaires qui touchent l'exercice de la chiropratique en Ontario est une caractéristique principale de l'engagement de l'Ordre des Chiropraticiens de l'Ontario (OCO) envers une autoréglementation transparente et responsable. L'OCO communique régulièrement par divers canaux, y compris une série continue de messages provenant directement du bureau du président de l'OCO ou, lorsque cela est justifié, du vice-président. Pris ensemble, ces messages résument les activités les plus importantes entreprises par le Comité exécutif, le Conseil et les comités statutaires de l'OCO tout au long de l'année pour protéger l'intérêt public.

Au début du printemps 2021, par exemple, quand était dans l'intérêt de l'équité et de l'intégrité électorales, le vice-président de l'OCO a rédigé une mise à jour afin de ne pas conférer d'avantage perçu au président sortant qui était candidat à la réélection à ce moment-là. Le message du vice-président fournissait une orientation concernant la directive du ministère de la Santé de l'Ontario (MSO), alors en vigueur, qui accordait la priorité à l'accès aux vaccins contre la COVID-19 pour

les fournisseurs de soins de santé et les autres personnes travaillant dans des établissements de santé, conformément au plan de distribution progressive des vaccins de la province.

Le message précisait quand, en tant que praticiens de la « réadaptation et de la thérapie non aiguës », les chiropraticiens de l'Ontario devaient s'attendre à être admissibles à la vaccination contre la COVID-19, et rappelait aux membres leurs obligations à l'égard de la réponse à la pandémie. L'affirmation et la clarification des directives de santé publique visant à atténuer la propagation et l'impact du coronavirus sont restées un thème central des communications présidentielles aux membres tout au long de l'année.

Les membres et le public ont également pris connaissance des progrès d'un projet pilote visant à déterminer la faisabilité d'un vaste programme d'examen continu des médias sociaux et du contenu en ligne des membres, en commençant par un examen des canaux de médias sociaux de tous les membres du Conseil, les pairs évaluateurs et les autres membres du comité. Un système de pointage complet a été utilisé pour évaluer si des mesures correctives étaient nécessaires, le cas échéant.

Enfin, et à juste titre, on a rappelé aux membres les dates importantes des élections au Conseil de l'OCO, et on les a exhortés à voter.

En avril, après les résultats de l'élection de 2021, le message du président sortant de l'OCO soulignait une étape très importante : **pour la première fois dans l'histoire de l'organisation, l'Ordre des Chiropraticiens de l'Ontario serait dirigé par un membre du public.** Les membres du public jouent un rôle essentiel dans les activités d'OCO. Ils apportent des perspectives, des compétences et des expériences inestimables qui complètent celles des membres professionnels du Conseil. L'OCO a bénéficié, depuis un certain temps, des qualités de dirigeant des membres du public en tant que présidents des principaux comités de l'Ordre, mais l'élévation dans la hiérarchie de Rob MacKay, membre de longue date du Conseil de l'OCO et alors vice-président, au poste de président a été historique.

Le message indiquait également que le Conseil de l'OCO était désormais "dûment constitué", ce qui signifie que le Conseil avait atteint son effectif complet de neuf chiropraticiens élus et de sept membres publics nommés par le gouvernement, pour gérer les affaires de l'Ordre.

La gouvernance, ainsi que la sélection, l'orientation et la formation des membres du conseil et des comités, ont été un thème directeur des messages du président tout au long de l'année, alors que l'OCO identifiait et commençait à mettre en œuvre les meilleures pratiques dans l'esprit et l'intention du nouveau Cadre de mesure de la performance des ordres (CMPO) introduit par le ministère de la Santé de l'Ontario. Le CMPO a établi des exigences et des attentes en matière de rapports pour les organismes provinciaux de réglementation de la santé dans sept grands domaines.

Le message d'avril attirait l'attention sur les efforts de l'OCO en ce qui concerne l'aptitude des candidats à l'élection aux conseils et aux comités statutaires, et détaillait le programme d'orientation solide de l'Ordre pour les nouveaux membres du conseil et des comités.

En mai, les défis continus posés par la COVID-19, le nombre croissant de cas de la COVID-19 et les impacts connexes sur le système de santé provincial ont de nouveau été un sujet de préoccupation majeur. Le message du président, publié en mai, indiquait que le sous-ministre de la Santé de l'Ontario avait écrit à tous les organismes de réglementation des soins de santé et aux partenaires du système dans la province pour leur présenter de nouvelles mesures visant à alléger la pression sur les hôpitaux et les fournisseurs

de soins intensifs. Le message soulignait à nouveau le soutien de l'OCO aux mesures de santé publique qui contribuent à la prestation de soins chiropratiques sécuritaires.

Le message du président rappelait aux membres leur obligation d'adhérer à plusieurs normes de pratique, politiques et lignes directrices clés de l'OCO, qui sont pertinentes pour les discussions plus générales qui ont lieu dans le domaine public concernant la vaccination, l'efficacité des vaccins et le statut des vaccins; notamment, l'Avis professionnel sur la vaccination et l'immunisation de l'OCO, la norme de pratique S-016 : Publicité, et directrice G-012 : Utilisation des médias sociaux. Les membres ont été avertis qu'ils doivent respecter les normes de conduite professionnelle les plus élevées et faire preuve de discernement, en conformité avec les dispositions pertinentes, lorsqu'ils utilisent les médias sociaux.

Dans un message accompagnant la publication du rapport annuel 2020 de l'OCO au début de l'été, le président a cité de nombreux exemples d'innovations et d'adaptations liées à la COVID-19 entreprises par l'Ordre au cours de l'année précédent, à mesure qu'il s'est habillement adapté aux exigences de devenir nécessairement un lieu de travail en ligne. Le message concluait en notant que malgré des défis importants, le personnel de l'OCO continuait à travailler sans relâche en tant que partenaire précieux du système de santé pour soutenir la réponse à la pandémie.

Au milieu de l'été, le rythme des exigences supplémentaires s'est accéléré : les clients, les employés, les consommateurs ou les visiteurs de diverses organisations de la province - tant du secteur public que du secteur privé - doivent être entièrement vaccinés, ou doivent fournir la preuve d'un test négatif pour la COVID-19, une preuve de rétablissement, une exemption médicale ou toute autre alternative afin d'être autorisés à entrer ou à participer. Le message du président suivant reconnaissait que ces annonces - y compris une du médecin hygiéniste en chef (MHEC) de la province visant les hôpitaux, le personnel paramédical et les fournisseurs de services de soins à domicile et en milieu communautaire - ainsi que les préoccupations croissantes au sujet de la résistance de certaines variantes de la COVID-19, ont soulevé des questions parmi les membres et le public au sujet des exigences ou des mandats de vaccination dans le cadre de la pratique de la chiropratique en Ontario.

Le message soulignait qu'à ce jour, la province n'avait pas indiqué que les professionnels de la santé réglementés, y compris les chiropraticiens exerçant en cabinet privé, faisaient partie des services prévus par le MHEC pour mettre en œuvre une politique de vaccination. Le message assurait aux membres et au public que l'OCO continuerait à assurer la liaison avec le médecin hygiéniste (MH) et fournirait des directives actualisées, le cas échéant. Il résumait également les nombreuses directives antérieures de l'OCO qui accordaient la priorité à la sécurité des patients, des membres et du personnel, y compris le port du masque, la distanciation sociale, l'échelonnement des horaires et la désinfection accrue.

Peu après, le médecin hygiéniste (MH) a publié une nouvelle version de son document d'orientation sur le dépistage de la COVID-19. Le nouveau document a révisé les questions de dépistage pour les patients afin de refléter leur statut vaccinal, et a également inclus une liste révisée des symptômes lors du dépistage de la COVID-19.

Un nouveau message du président a immédiatement suivi afin de refléter ces changements et de rappeler aux membres toutes les politiques et directives de l'OCO et de la santé publique liées à la COVID-19 qui restent en vigueur.

À l'automne, le message du président indiquait

qu'après de nombreuses années de consultation et d'engagement avec les parties prenantes et le médecin hygiéniste (MH), **le gouvernement de l'Ontario a adopté le règlement relatif à l'exception du conjoint en vertu de la *Loi de 1991 sur les chiropraticiens*.** Les membres ont été informés que le règlement sur l'exception relative au conjoint permet aux membres de fournir des traitements chiropratiques à leurs conjoints, sans déclencher les dispositions de la violence sexuelle à l'endroit des enfants en vertu de la *Loi de 1997 sur les professions de la santé réglementées (LPSR)*. Toutefois, les membres ont été avertis que la définition de « conjoint » aux fins de ce règlement était très étroitement définie, et le message fournissait des détails spécifiques.

Les membres de l'OCO ont également été avertis que lorsqu'ils traitent leurs conjoints, ils doivent respecter la législation, les normes de pratique, les politiques et les directives qu'ils appliqueraient à tout autre patient, tout en respectant les limites et la séparation appropriées entre la relation professionnelle et la relation personnelle. Le message concluait en soulignant que la prestation de soins chiropratiques sécuritaires, de qualité et conformes à l'éthique à tout Ontarien qui en fait la demande est dans l'intérêt public, y compris les soins fournis par les membres à leurs conjoints, dans la mesure où les exigences réglementaires pertinentes sont respectées.

Le message du président, publié en décembre, fait état de plusieurs initiatives approuvées lors de la réunion du conseil de fin novembre, provenant de l'engagement de l'OCO à améliorer ou à introduire des pratiques visant à perfectionner l'alignement de l'Ordre avec les objectifs du CMPO. Ces pratiques comprenaient la définition de compétences spécifiques pour les membres du Conseil et des comités, des politiques internes sur les procédures de nomination et d'élection pour les postes des comités, et l'établissement d'indicateurs de rendement clés pour le travail des comités de l'OCO. Le Conseil a également approuvé une série de nouveaux outils élaborés par le Comité des enquêtes, plaintes et rapports (CEPR) de l'OCO, conçus pour renforcer les mesures du CMPO dans ce domaine.

Conformément à l'engagement continu de l'OCO à développer une expertise interne approfondie en matière de gouvernance et de réglementation, le message indiquait que les membres du Conseil et des comités de l'OCO avaient récemment participé à une session de formation interactive sur les meilleures pratiques réglementaires, qui comprenait des considérations approfondies sur l'élaboration de politiques, la transparence, la diversité, le mentorat et la sélection basée sur les compétences, entre autres.

Des changements récents au sein du Conseil ont été notés, comme l'accueil des nouveaux membres du Conseil et la reconnaissance des contributions du premier membre public de l'OCO, le président Rob MacKay, à la fin de son mandat.

Le message de décembre soulignait également la réception du rapport final du Centre d'accès à l'expertise (CAE) de l'Université de Toronto, intitulé « Contexte COVID : Compréhension des preuves, des politiques et des implications réglementaires de la relation entre la chiropratique et l'immunité ». Il a été rappelé aux membres que le rapport du CAE, le premier du genre, a été commandé par l'OCO afin de mieux comprendre la base factuelle des allégations concernant la chiropratique et l'immunité, ainsi que les considérations connexes sur le rôle de l'organisme de réglementation (le cas échéant) dans le soutien de la recherche.

En tant que communiqué final de l'année, le message du président, publié en décembre, remerciait le conseil et le personnel de l'OCO ainsi que tous ceux qui avaient contribué à la réglementation de la chiropratique dans

l'intérêt du public, et, comme il sied à la période des fêtes, a souhaité santé et bonheur continus à tous les membres et au public pour l'année à venir. Le message rappelait que le personnel de l'OCO et les membres nommés et élus du Conseil travaillent avec diligence pour s'assurer que les patients chiropraticiens de l'Ontario ont accès à des soins sécuritaires, de qualité et conformes à l'éthique et que les membres de l'Ordre sont tenus de respecter les normes professionnelles les plus élevées.







Photos of Ontario Trillium by Dr. J. Bruce Walton, Director of Professional Practice.

CCO Presidents and BDC Chairs

Name	Position	Organization	Term	
Dr. Dennis Mizel	President	CCO	November 2021	April 2022
Mr. Robert MacKay	President	CCO	April 2021	November 2021
Dr. Dennis Mizel	President	CCO	April 2019	April 2021
Dr. David Starmer	President	CCO	April 2018	April 2019
Dr. Gauri Shankar	President	CCO	April 2017	April 2018
Dr. Clifford Hardick	President	CCO	April 2016	April 2017
Dr. Clifford Hardick	President	CCO	April 2015	April 2016
Dr. Dennis Mizel	President	CCO	April 2014	April 2015
Dr. Peter Amlinger	President	CCO	April 2013	April 2014
Dr. Peter Amlinger	President	CCO	April 2012	April 2013
Dr. Marshall Deltoff	President	CCO	April 2011	April 2012
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

> Committed to transparent, accountable self-regulation.



Ms Jo-Ann Willson
Registrar and General Counsel

2021 Registrar's Report

What a difference a year makes: The CCO's 2020 annual report focused on the many challenges the public faced in coming to terms with the global COVID-19 pandemic, and the herculean efforts made by all health care professionals, including chiropractors, to maintain the highest standards of patient care in a newly complex and demanding environment.

Many of those challenges remained throughout 2021, of course. But much of what we learned in 2020 put us in a solid position to protect the public interest, maintain the essential work of the college and move ahead on our strategic plan, confident that the new processes we initiated — such as the use of technology both for Council, committee and staff work, using President's messages for guidance to Ontario's chiropractors and implementing an open, fair, transparent and impartial online registration process — would sustain us even as the province contemplated loosening COVID-19 restrictions.

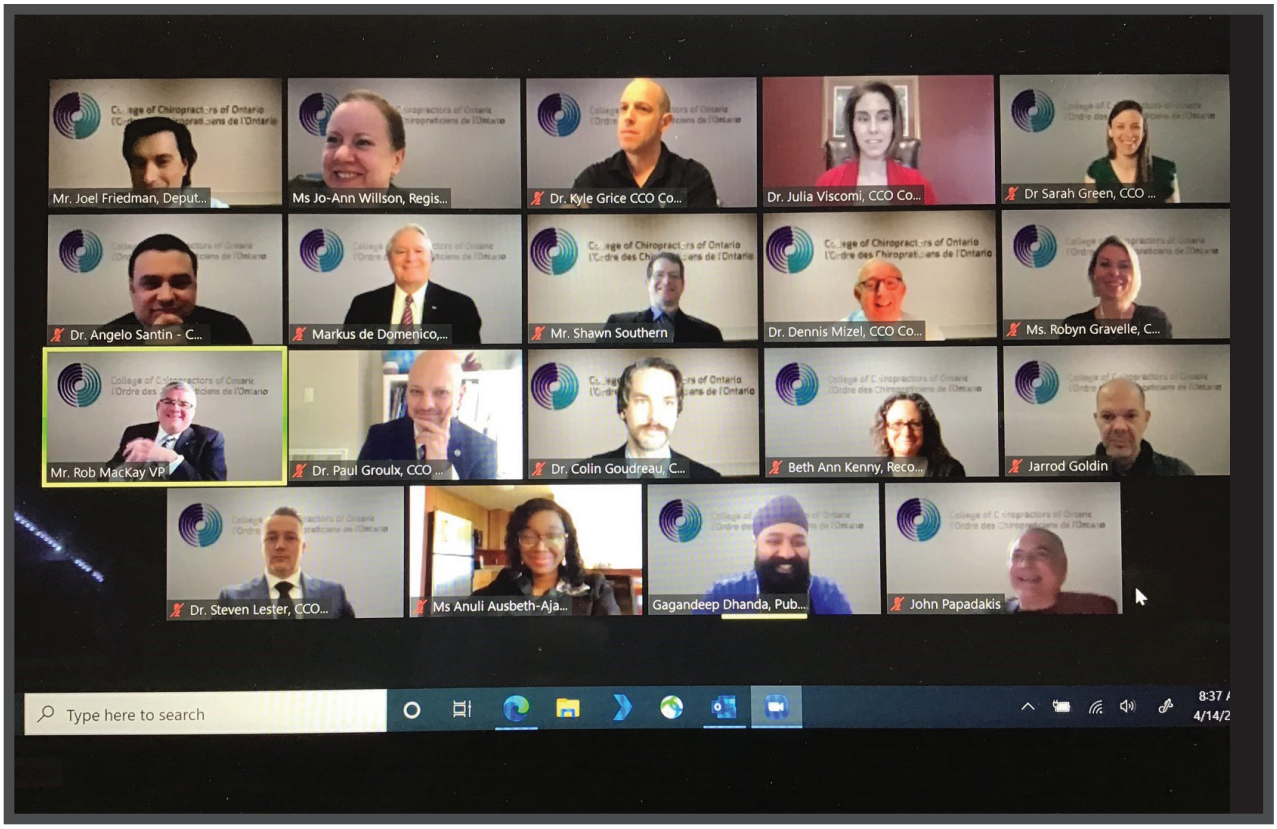
Having said that, as introduced elsewhere in this report we again submitted a comprehensive response to the Ministry of Health's College Performance Measurement Framework (CPMF) that reports on our performance on a standardized set of measures for 2021.

Reviewing our submission I can again say that not only did CCO deliver on its commitment to protect the public interest but also, as is evident throughout this annual report, worked to strengthen and modernize our governance structures, improved the competencies of Council and committee members (including training Council in the elements of effective policy development and the importance of transparency, diversity and mentoring) as well as provided a comprehensive orientation program for new Council and Committee members to ensure they have the knowledge and skills necessary to meet the college's public interest mandate.

Consistent with CPMF requirements, the college also developed a number of risk management tools to strengthen the administration of its registration and complaints and discipline processes. These tools included a risk assessment framework statement and tool, an interim order assessment tool and a clear set of transparency principles. The Discipline Committee engaged in extensive training on effective decision writing and understanding and addressing questions of conflict of interest. And we integrated a "right touch regulation" approach to our QA Program, as well as to aspects of their complaints and discipline processes.

As a college we can take pride in the fact that as evidenced in our CPMF submission, and in the Ministry of Health's own '*Summary Report: College Performance Measurement Framework*' we are well along in the "journey towards . . . regulatory excellence."

There is more work to do, and the Council and staff team will continue to monitor and aspire to the commendable practices modelled by regulators, to ensure accountability to the public we are all charged with protecting. Thank you to all Council, staff, stakeholders and members for facilitating our journey.



Council Meeting, April 14, 2021

Executive Committee



Mr. Robert MacKay
President (April 21, 2021 to November 27, 2021)



Dr. Dennis Mizel
President (January 1, 2021 to April 21, 2021 and November 28, 2021 to December 31, 2021)

In 2021, in addition to ongoing leadership of the CCO the Executive Committee addressed many important issues with respect to the statutory mandate of the college to protect the public interest:

- Reviewed a memo on the methods to be used to administer a study commissioned from the Accessing Centre for Expertise on policy-relevant evidence on regulatory standards of practice regarding claims of health benefits from chiropractic care.
- Managed the 2021 online elections to Council.
- Oversaw the development of the first College Performance Measurement Framework Reporting Tool required by the Ontario Ministry of Health, including the passing of various internal policies and documents to address areas identified in the CPMF (All these documents are mentioned in the 2021 CPMF).
- Considered and determined the ineligibility of directors of the Canadian Chiropractic Research Foundation to run for CCO Council given potential for conflict of interest.

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.

- Received a summary of social media reports for non-Council committee members and peer assessors submitted by Dr. Gauri Shankar
- Reviewed in detail material on the CCO website and other strategies for sharing information related to COVID-19, as requested by the Ontario Ministry of Health

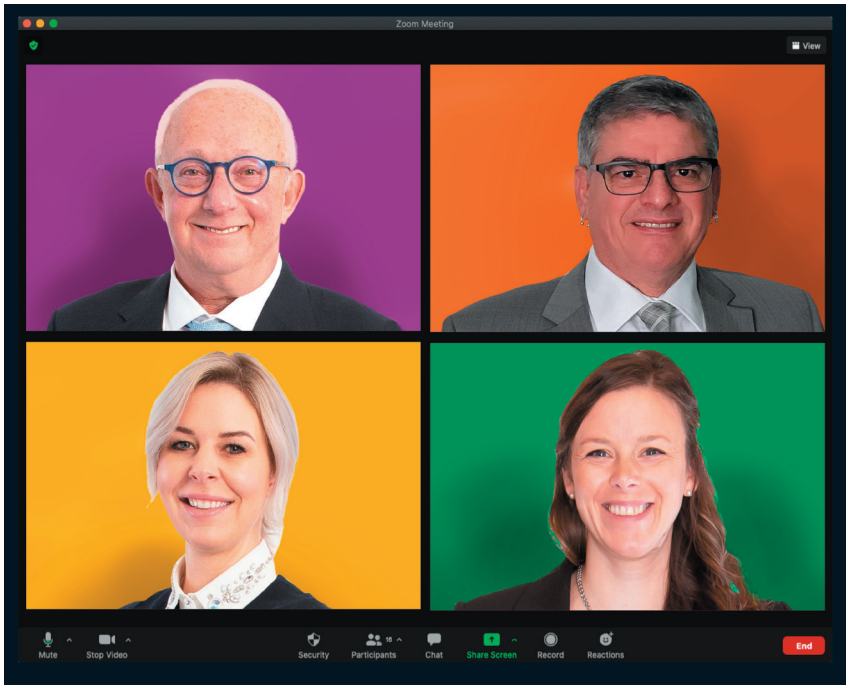
Under the leadership of the Executive Committee and Council, CCO also prioritized developing a comprehensive plan for diversity, equity and inclusion (DEI) in 2022. This plan includes:

- Appointing two CCO staff as DEI officers.
- Involvement in the Health Profession Regulators of Ontario's DEI and anti-BIPOC racism working group and educational sessions.
- Drafting of a comprehensive DEI plan which will identify specific CCO standards of practice, policies, guidelines and CCO programs (e.g., peer and practice assessment, self assessment) for review for amendments and incorporation of DEI and anti-BIPOC related issues, identification of short–term and long–term objectives and goals for DEI plans and the incorporation of DEI educational sessions for Council, committees, and staff.
- Presentation to peer assessors on DEI related issues.
- Inclusion of DEI related material in workshops and webinars to members.

CCO Executive Officers

Left to Right:
Top Row:
Dr. Dennis Mizel, *Chair (for part)*
Mr. Robert MacKay, *Chair (for part)*

Bottom Row:
Ms Robyn Gravelle, *Treasurer*
Dr. Sarah Green, *Vice-Chair*



Governance Training 2021

2021 Focus

Candidates for election, Council and Committee members are required to participate in various orientation and training sessions throughout the year, many led by outside legal counsel and other governance experts. In 2021, these included:

- A Council-approved mandatory orientation session (communicated to members and stakeholders as part of the Notice of Election) for candidates for CCO Council.
- An orientation for Council and committee members on the College's mandate and objectives, duties and roles of committees, and duties of council and committee members.
- An educational session on evaluating Council performance for Council and committee members.
- An educational session on Top Ten Best Practices by Regulators.
- A requirement for new Council and Discipline committee members to complete the discipline training sessions conducted by the Health Profession Regulators of Ontario (HPRO).

Extract from Governance Training Session in September 2021

Good Governance Requires:

- Competent and skilled Councils/Boards and Committees
- Competency based recruitment/screening prior to election/appointments
- Education and Training at inclusion (orientation) and on an ongoing basis
- Cyclical external reviews to assess Council effectiveness
- Transparent regarding decisions; proposed action(s); Public Interest rationale

Advertising Committee



Dr. Jarrod Goldin
Chair

2021 Focus

The committee provides ongoing review and feedback of proposed advertising material submitted by members, which is done through email, using its advertising checklist. For example, the committee met in early 2021 to review and provide specific guidance on a member's submission. Advice to the member included the need to emphasize that case studies referenced are not conclusive research and the results of a single case may not be indicative of results for other situations.

The Advertising Committee met in June to review the standards, policies and guidelines for advertising and review the processes for review and providing feedback to submitted advertising content.

Mandate

- To review proposed advertisements by members to ensure compliance with CCO's Standard of Practice S-016: Advertising and Guideline G-016: Advertising.

Inquiries, Complaints and Reports Committee



Dr. Sarah Green
Chair

2021 Focus

The ICRC prioritizes complaints that have a high level of public risk, such as allegations of sexual abuse, patient harm and financial/insurance fraud.

In 2021, as it did in 2020, the ICRC again prioritized complaints that were related to allegations of failure to comply with COVID-19 protocols and with respect to advertising or posts for claims related to COVID-19 that fall outside of the chiropractic scope of practice.

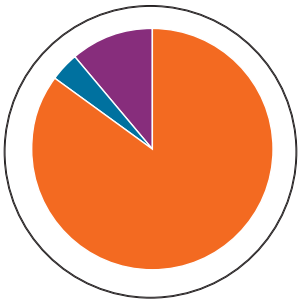
There were 139 formal complaints received, with the Registrar initiating seven (7) investigations. 64% of formal complaints were disposed of by the ICRC, and 29% of the formal complaints that proceeded to the ICRC are still pending.

In 2021, the CCO also developed a number of risk management tools for the ICRC process, including:

- Risk Assessment Framework Statement
- Risk Assessment Framework
- Risk Assessment Framework Tool
- Interim Order Assessment Tool
- Transparency Principles.

Mandate

- To respond to inquiries, complaints and reports in a manner consistent with CCO's legislative mandate under the *RHPA*
- To review investigation reports carried out pursuant to s. 75 of the *RHPA*, and to make decisions concerning any further action, including the referral of specified allegations of professional misconduct or incompetence to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member's certificate of registration.

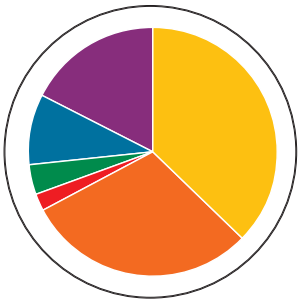


Distribution of Registrar's Investigations by Theme in 2021.

Billing and Fees
3

Professional Conduct and Behaviour
1

Sexual Abuse
3



ICRC Dispositions in 2021

Advice and/Reminder
65

No Further Action
52

Oral Cautions
4

Agrees to Undertaking
7

Referral to Discipline
16

Specified Continuing Education or Remediation Program
30



Distribution of Formal Complaints by Theme in 2021.

Advertising
50

Billing and Fees
22

Communication
12

Competence/Patient Care
19

Professional Conduct and Behaviour
7

Record Keeping
6

Sexual Abuse
7

Other (acting outside of scope of practice)
14



Discipline Committee



Mr. Shawn Southern
Chair

2021 Focus

- There were 11 discipline hearings in 2021.
- There were no contested discipline hearings in 2021. In all cases the hearings regarding professional misconduct proceeded by way of agreed statements of facts and joint submissions on penalty, thus avoiding unnecessary delay and the expense of a contested hearing, and enhancing consitency and the timely disposition of referrals to the Discipline Committee.
- The Discipline Committee members undertook training by Colin Stevenson, Independent Legal Counsel, on decision writing and questions of conflict of interest.



In 2021, all hearings were held virtually.

Mandate

- To adjudicate specified 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 hearing.

Summary of 2021 Discipline Committee Decisions (decisions are posted in full on the CCO website)

1. Overview

In 2021, panels of the Discipline Committee held 10 hearings into allegations of professional misconduct. In all cases, the hearings proceeded by way of Agreed Statements of Facts and Joint Submissions on Penalty. In each case, a panel of the Discipline Committee ("Panel") made findings of professional misconduct based on the facts and admissions set out in the Agreed Statement of Facts and accepted the proposed penalty contained in the Joint Submission on Penalty submitted by the CCO and the Member. Each Panel found the parties' proposed penalties were fair and equitable, and balanced public protection with remediation of the Member. They acknowledged that the members had cooperated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and the expense of a contested hearing.

The Discipline Committee also heard one reinstatement application, which was on consent. The application was granted by a panel of the Discipline Committee.

Hearings Regarding Allegations of Professional Misconduct

Name of Member: Joshua Binstock (#5799)
Place of Practice: Toronto

Background

- During the relevant period, the Member practiced chiropractic at Aethos in Toronto and out of his home.
- The Discipline Committee hearing involved two Notices of Hearing, which were heard together: one involving "Patient A." and one involving "Patient B."

Summary of Facts

- The Member began treating "Patient A." in 2019 after she fell and hurt her left shoulder. According to his documentation, the Member treated Patient A.'s injured shoulder and pectoralis major and minor while Patient A. was supine on a treatment table. Patient A. had taken her shirt off as she thought it would impede the Member's ability to assess and treat her, and the Member did not offer her a gown or a drape. She was bare breasted during the treatment. The Member did not obtain informed consent to treat Patient A.'s chest area. During a second treatment, Patient A. kept her shirt on. The Member asked her if she was wearing something suitable under the shirt so she could take it off, and, when she said she wasn't, Patient A. thought the Member was disappointed. The Member denied being disappointed although he admitted that, from his perspective, having the shirt on was not optimal for care. According to Patient A., during the treatment, the Member asked her out for dinner. The Member denied asking Patient A. out for dinner although he agreed he engaged in a non-clinical discussion with her during the treatment. Patient A. did not return for any further treatments from the Member after the second appointment. The Member admitted that he failed to adequately explain to Patient A. the nature of the treatment he was proposing to provide to her chest area and the reason for it. He did not obtain or document obtaining specific informed consent for the chest treatment, and did not document the reason for the chest treatment

in Patient A.'s chart. The Member failed to offer Patient A. a gown or drape. He also admitted it was inappropriate to ask Patient A. to remove her shirt during the second treatment.

- Patient B. also started receiving treatment from the Member in 2019. During the course of several treatments, when treating Patient B.'s mid and upper back, the Member would unclasp Patient B.'s bra and then re-clasp it at the end of the treatment. Patient B and the Member disagreed on whether he asked her consent to unclasp her bra. Patient B. said he didn't, and the Member said he did, but only for some of the treatments. During one treatment, after treating Patient B.'s back, the Member asked her to turn over so she was supine on the treatment table and he began performing soft tissue work on her neck, shoulders and chest area. He did not obtain informed consent from Patient B. to treat her chest area and did not explain to her the reason for the treatment. Patient B. did not return for any further treatment from the Member after the chest treatment. The Member admitted that he failed to explain to Patient B. the nature of the chest treatment he was proposing and the reason for it. He did not obtain or document specific informed consent for the chest treatment and did not fully document the chest treatment in Patient B.'s chart. He did not obtain consent on every occasion when he unclasped Patient B.'s bra.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that the Member committed acts of professional misconduct regarding both Patient A. and Patient B. because he:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - touched the patients without consent, although consent was required by law; and
  - 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 because of his treatment, documentation and conduct towards the two patients and his failure to obtain informed consent.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted and which provided for:
  - a reprimand;
  - a suspension the Member's certificate of registration for 12 months, with 3 months of the suspension to be suspended if the Member completed certain remedial measures;
  - the imposition of terms, conditions and limitations on his certificate of registration:
    - within 9 months of the start of the suspension, the Member must:
      - at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop;
      - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies;
      - provide evidence that he has successfully completed, at his own expense, a course or courses in

maintaining professional boundaries approved of by the Registrar and General Counsel ("Registrar"); and

- provide to the Registrar a reflective paper regarding maintaining appropriate boundaries.

- requiring the Member to be peer assessed at his own expense within six months after returning to practice; and
- prohibiting the Member from treating patients at his home for a period of two years.

Summary of Costs

- The Panel ordered the Member to pay the CCO $15,000.00 in costs, at the request of the Member and the CCO.

Name of Member: Carly Butterworth (#6454)
Place of Practice: Orangeville

Background

- During the relevant period, the Member practiced chiropractic at Westend Family Chiropractic and Wellness Clinic, her clinic in Orangeville, Ontario.

Summary of Facts

- In 2018, after the Member opened the clinic, she began offering patients free footwear from an orthotics manufacturer as an incentive to use their insurance coverage to purchase orthotics from her. A patient would pay the Member $500.00 for the orthotics and receive a receipt for that amount. The receipt could be submitted to the patient's insurer for an insurance claim. The Member would then use $150.00 from the payment to pay the orthotics manufacturer for the "free" footwear. In 2019, the Member also began offering free footwear to patients who bought orthotics but did not want free shoes from the orthotics manufacturer. The Member would issue such a patient a receipt for $500.00 that could be submitted to their insurer, before they paid any money for the orthotics. The patient could purchase footwear on their own, and be reimbursed for up to $150.00 for the footwear by the Member. In that circumstance, the total cost to the patient for the orthotics would be $500.00 less the cost of the footwear. Patients who bought two pair of orthotics were provided with a "shoe allowance" of $300.00. During the period November 2018 – November 2019, the cost of the Member's free footwear promotion for one insurer was $15,300.00. The Member admitted that providing an incentive, such as free shoes, for patients to use their insurance coverage for orthotics could result in excessive and unnecessary demands and claims for medical devices. In addition, as the cost of the "free footwear" was incorporated into the claims that were submitted to insurers, the insurers effectively paid for shoes without any notice, and which were not a benefit of the insurance coverage.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that the Member committed acts of professional misconduct because she:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - falsified records relating to her practice;
  - issued documents in her professional capacity that she knew contained false or misleading statements;

- submitted accounts for services that she knew were false or misleading; and
- 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.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted. The Panel made an order to:
  - reprimand the Member;
  - suspend the Member's certificate of registration for 8 months, with 3 months of the suspension to be suspended if the Member completed certain remedial measures;
  - impose the following terms, conditions and limitations on her certificate of registration:
    - within 5 months of the start of the suspension, the Member must:
      - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies; and
      - provide evidence that she has successfully completed at her own expense the Legislation and Ethics Examination and the Record Keeping Workshop

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $10,000.00 in costs, and the Panel made the order as requested.

Name of Member: Paul Christopher (#2667)
Place of Practice: Waterloo

Background

- During the relevant period, the Member practiced chiropractic at Christopher Chiropractic, his clinic in Waterloo, Ontario.

Summary of Facts

- "Patient A." received chiropractic treatment from the Member for migraines and neck and shoulder pain. During the period May – September 2018, Patient A. was also employed by the Member as a chiropractic assistant at his clinic. While Patient A. was employed as a chiropractic assistant, the Member engaged in a course of conduct that included making fun of her in front of other patients for being anxious, depressed and underweight, sniffing her hair and moaning, asking her for details of her sex life and providing her with details of his sex life, telling Patient A. he wanted to have sex with her, telling her about the sex lives of his other female patients and making comments regarding whether they were worthy of having sex or not, and offering to take Patient A. on trips if she played her cards right. Patient A. ended both the employment and the patient relationship with the Member in the fall of 2018.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:
  - sexually abused Patient A because of his behaviour and remarks of a sexual nature towards her;
  - contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession;

- abused Patient A. verbally, psychologically and emotionally; and
- engaged in conduct that that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - suspend the Member's certificate of registration for 10 months;
  - impose the following terms, conditions and limitations ("Conditions") on his certificate of registration:
    - within eight months of the start of the suspension, if he has not resigned his certificate of registration, the Member must:
      - at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop;
      - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies; and
      - successfully complete at his own expense a course in professional boundaries and gender issues approved of in advance by the Registrar.
    - if the Member does resign his membership within 8 months, he may not reapply for membership until he has successfully completed the Conditions;
    - requiring the Member to be peer assessed within 6 months of returning to practice.

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $15,000.00 in costs, and the Panel made the order as requested.

Name of Member: John Clark (2776)
Place of Practice: Uxbridge

Background

- During the relevant period, the Member practiced chiropractic at Axis Chiropractic in Uxbridge, Ontario.

Summary of Facts

- On March 2, 2018, "Patient A." began receiving chiropractic treatment from the Member for back pain. On May 10, 2018, Patient A.'s care was transferred to another chiropractor at Axis Chiropractic. On May 18, 2018, the Member began having a sexual relationship with Patient A. that included frank sexual acts. At the time, "patient" was defined in the Regulated Health Professions Act as, "an individual who was the member's patient within one year or such longer period of time as may be prescribed from the date on which the patient ceased to be the member's patient." Similarly, the CCO's Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient prohibited a member from commencing a sexual relationship with a patient until at least a year from the date when the individual ceased to be the member's patient.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:

- sexually abused Patient A.;
- contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession;
- failed to keep records as required by the regulations; and
- engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - revoke the Member's certificate of registration; and
  - require the Member to reimburse the CCO for funding provided to Patient A. for therapy or counselling for sexual abuse.

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $10,000.00 in costs, and the Panel made the order as requested.

Name of Member: William McLeod (2768)
Place of Practice: Ottawa

Background

- During the relevant period, the Member practiced chiropractic at Blossom Chiropractic in Ottawa, Ontario.
- The Discipline Committee hearing involved two Notices of Hearing, which were heard together at the parties' request.

Summary of Facts

- The Member began treating "Patient A." in January 2015 for injuries she had received in two separate car accidents. On April 6, 2018, the Member provided Patient A. with a chiropractic treatment and then offered to provide her with a free massage. She accepted the offer. No one was present at the clinic except Patient A. and the Member. Patient A. was only wearing panties at the time and the Member took them off. He massaged Patient A.'s buttocks, inner thighs and legs. Had Patient A. testified, she would have said the Member touched her labia while massaging her inner thighs. The Member left the room when a person came into the Clinic. Patient A. left the clinic after that and did not return for any further treatments. She complained to the police and the Member was charged with sexual assault. The charge was subsequently dismissed.
- During the College's investigation of the matter, the Member falsely told the College investigator that Patient A. had sexually assaulted him by touching or grabbing his genitals.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:
  - sexually abused Patient A.;
  - contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession;
  - abused Patient A. psychologically and emotionally; and

- engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - revoke the Member's certificate of registration; and
  - require the Member to reimburse the CCO for funding provided to Patient A. for therapy or counselling for sexual abuse.

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $10,000.00 in costs, and the Panel made the order as requested.

Name of Member: Sean McNulty (3148)
Place of Practice: Mississauga

Background

- During the relevant period, the Member practiced chiropractic at Bristol Chiropractic and Massage and at Peak Results Health and Wellness Clinic in Mississauga, Ontario.
- Although the Member resigned his membership with the CCO prior to the Discipline Committee hearing, he remained subject to the CCO for professional misconduct he committed when he was a member.
- The Member had undertaken not to apply for membership again with the CCO or with any other chiropractic regulator.
- Four separate Notices of Hearing were issued against the Member and were heard together at the same hearing at the request of the parties.

Summary of Facts

- In addition to his chiropractic practice, the Member coached running and triathlon groups and provided personal training. He frequently provided chiropractic treatments to persons he coached. Seven women (collectively, the "Patients") whom he both coached and treated had complained or raised concerns about his treatment of them.
- At the hearing, the Member admitted that he had sexually abused patients known as "Patient A.", "Patient B.", "Patient D.", and "Patient E." because he had sexual intercourse or other forms of physical sexual relations with them while he was in a professional chiropractic relationship with them, and he sexually abused "Patient C.", "Patient F.", and "Patient G." with respect to behaviour or remarks of a sexual nature while they were his patients. Each of the Patients asserted he abused them verbally, psychologically and emotionally, and he did not contest that evidence. Similarly, he did not contest Patient F.'s evidence that he also sexually abused her by touching of a sexual nature. The Member admitted that his conduct towards the Patients, contravened a standard of practice of the profession and would be seen by members of the profession as being dishonourable, disgraceful and unprofessional.

Summary of Findings of Professional Misconduct

- The Panel found that the Member committed acts of professional misconduct because he:
  - sexually abused the Patients;

- contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession with respect to the Patients;
- abused the Patients verbally, psychologically, and emotionally; and
- engaged in conduct towards the Patients that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - revoke the Member's certificate of registration;
  - require the Member to reimburse the CCO for funding provided to the Patients for therapy or counselling for sexual abuse; and
  - require the Member to post security in the amount of $25,000.00 to guarantee any amount he may be required to reimburse the CCO for funding for therapy or counseling for the Patients.

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $25,000.00 in costs, and the Panel made the order as requested.

Name of Member: Brian Nantais (#2798)

Place of Practice: Tecumseh

Background

- During the relevant time, the Member practiced chiropractic at Nantais Family Chiropractic in Tecumseh, Ontario.
- The hearing involved two Notices of Hearing, one concerning "Patient A." and one concerning "Patient B." Both matters were heard together, on the consent of the parties.

Summary of Facts

- In 2018, Patient A. was an elderly widow on a fixed income with no benefits who was suffering from pain in her leg. She went to the Member, who was advertising a "Best Offer of the Year" special, which provided for an x-ray, consultation, a report of findings and three adjustments for free. At Patient A.'s session to receive the report of findings, the Member advised her to sign up for a program of 36 chiropractic treatments over three months ("Program") and to pay for the Program in advance. He told her she needed to pay the same day if she wanted a good deal on the Program's cost. The Member did not provide Patient A. with a contract or agreement and did not inform her of what each component of the Program would cost. Later, the Member had Patient A. sign a document regarding the Program but it did not contain any information about the Program, its components or their cost. Patient A. received some treatment from the Member and found that she began experiencing new pains. When she told the Member about the new pains, he advised her to keep receiving treatments. Eventually, Patient A. informed the Member that she was feeling worse, and not better, as a result of his treatments and that she did not want

any further treatments from him. She asked for a refund of the money for the portion of the Program she would not be receiving. The Member provided her with a cheque that was significantly less than what she expected and did not provide her with any explanation for the refund. After requests from Patient A., the Member provided her with an account, and she noted a number of inconsistencies in the account. The Member did not respond to her concerns that she was not being properly reimbursed, and she complained to the CCO. In the course of investigating her complaint, the Member provided the CCO investigator with Patient A.'s record, which contained cut and paste versions of the same SOAP note, many of which post-dated the date that Patient A. stopped attending at the Member's clinic. The Member did not document assessments, findings, a diagnosis or a treatment plan in the patient's chiropractic record.

- Patient B. also saw the Member in 2018. She was an elderly woman suffering from pain in her lower back and she wanted to take advantage of the Member's "Best Offer of the Year" special. At the session to receive the report of findings, the Member advised Patient B. to sign up for the Program and to pay for it in advance. He told her she had to pay for it that day to get the special price he was offering and she did by credit card. The Member did not provide Patient B. with a contract or agreement and did not inform her of what each component of the Program would cost. After she started receiving treatment, the Member provided Patient B. with a document that indicated, among other things, that she would have to pay for the entire Program even if she withdrew from the program before it was finished. Patient B. received a number of treatments from the Member. According to Patient B, the Member would hug her, touch her face, tell her she looked lovely, and encourage her to let her body "heal itself". She felt as though he was trying to make her ashamed for getting medical treatment for bronchitis and other conditions. Patient B. ultimately decided she did not want to finish the Program. She asked the Member for an accounting and he sent her a document which included the cost of the various components of the program. There were a number of errors and inconsistencies in the account. Patient B also found that the Member's clinic had sent incorrect claims to her insurer, including claims for dates when she did not receive any treatment. The Member reimbursed Patient B. for some of the costs of the Program, but it was less than she calculated the refund ought to have been. Patient B. complained to the CCO. In the course of the investigation, the Member provided the CCO investigator with Patient B.'s record, which contained cut and paste versions of the same SOAP note, many of which post-dated the date that Patient B. stopped attending at the Member's clinic. He did not document assessments, findings, a diagnosis or a treatment plan in her chiropractic record.

Summary of Findings of Professional Misconduct

- The Member admitted that his billing practices, record keeping and communications were deficient. Specifically, his "Best Offer of the Year" was misleading, he failed to provide patients with appropriate block fee agreements, he did not respond promptly to patient concerns about billings, he made erroneous claims to Patient B.'s insurer, and he failed to reimburse the patients for the unused portions of their

block fees. The Member admitted that his making personal comments about patients and touching of them was inappropriate, and he failed to document and maintain clinical records in accordance with the standards of practice.

- The Panel found that the Member committed acts of professional misconduct with respect to Patient A and Patient B. because he:
  - contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession;
  - failed to keep records as required by the regulations;
  - submitted an account or charge for services that he knew was false or misleading;
  - failed to disclose the fee for a service before the service was provided;
  - charged a block fee when he did not specify the unit cost per service or agree to refund the patient the unspent portion of the block fee;
  - failed to itemize an account for professional services when requested; and
  - engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional with respect to his assessment, treatment, documentation and billing.
- In addition, with respect to Patient B, the Member:
  - failed to advise the patient to consult with another health care provider when he knew or ought to have known that she would be most appropriately treated by another health professional; and
  - provided Patient B. with a diagnostic or therapeutic service that was not necessary.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - suspend the Member's certificate of registration for a period of 8 months with 2 months of the suspension to be suspended if the Member fulfilled certain conditions within 6 months;
  - impose the following terms, limits and conditions:
    - within 6 months, to:
    - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies;
    - provide evidence that he has successfully completed at his own expense the Legislation and Ethics Examination and the Record Keeping Workshop.
    - to be peer assessed within 6 months of returning to practice after the suspension;
    - to have his business practices inspected by a mentor at his own expenses and at the CCO's discretion for a period of two years; and
    - to submit any proposed advertisements to the CCO's Advertising Committee.

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $20,000.00 in costs, and the Panel made the order as requested.

Name of Member: Gregory Nesterenko (4138)
Place of Practice: North Bay

Background

- During the relevant period, the Member practiced chiropractic at a clinic in North Bay, Ontario.

Summary of Facts

- The Member provided chiropractic treatment to "Patient A." during the period April – October 2010. In the summer of 2011, the Member began having a sexual relationship with Patient A. At the relevant time, CCO Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient prohibited a member from having a sexual relationship with a patient. There was a minimum recommended waiting period of one year following the termination of the professional relationship. If a member wanted to have a sexual relationship with a patient, the chiropractor was required to terminate the professional relationship, provide a referral to another chiropractor, document the actions in the patient's record, and advise the patient of the legal restrictions and prohibitions about having a sexual relationship with a patient. The Member did not terminate the care of Patient A. after October 2010, refer her to another chiropractor, document such actions in her record, or advise her of the legal restrictions and prohibitions affecting chiropractors regarding sexual relationships with patients. He also did not wait a year after he ceased treating Patient A. before he started the sexual relationship.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:
  - contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession; and
  - engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - suspend the Member's certificate of registration for three months with one month of the suspension to be suspended if the Member completed certain terms, conditions and limitations within 2 months;
  - impose following terms, conditions and limitations, namely:
    - that within two months, the Member must:
      - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies; and
      - provide evidence that he has successfully completed at his own expense the Legislation and Ethics Examination and the Record Keeping Workshop;
    - the Member must be peer assessed within 6 months of returning to practice.

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $15,000.00 in costs, and the Panel made the order as requested.

Name of Member: Shawn Rossi (5392)
Place of Practice: Sudbury

Background

- During the relevant period, the Member practiced chiropractic at Absolute Health in Sudbury, Ontario.

Summary of Facts

- The Member's wife attended at the Member's clinic to obtain orthotics. The Member was the only chiropractor at the clinic. Subsequently, the clinic issued a Statement of Account which indicated the Member had assessed his wife, conducted a biomechanical analysis, diagnosed her, and made a mold for orthotics, and that the Member's wife had paid $85.00 for the assessment and $800.00 for two pairs of custom orthotics. An order form was prepared by the clinic indicating the Member had sent a prescription for his wife's orthotics, provided a biomechanical examination and gait analysis and dispensed the orthotics which had been paid in full and picked up. The Member's wife signed an insurance claim form which included a claim for $885.00 for a gait analysis, assessment, and the dispensing of two pairs of orthotics by the Member to his wife. The insurer paid for the claim by way of a direct deposit into the Member's wife's bank account. The clinic also issued a receipt regarding the orthotics assessment and custom orthotics, and indicating that payment of $885.00 had been received. Despite the documentation, the Member's evidence was that he never ordered or dispensed orthotics to his wife, did not provide any chiropractic treatment to his wife, and was not aware that she signed an insurance claim form regarding the orthotics or that the claim had been paid by the insurer. He agreed that, as the owner and operator of the clinic, he was responsible for its documentation and billing.

Summary of Findings of Professional Misconduct

- The Member admitted, and the panel of the Discipline Committee found, that he committed acts of professional misconduct and in particular he:
  - contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession; and
  - engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - suspend the Member's certificate of registration for four months with two months of the suspension to be suspended if the Member completed certain terms, conditions and limitations within 2 months;
  - impose following terms, conditions and limitations, namely:
    - that within two months, the Member must review and agree in writing to comply with all CCO regulations, standards, guidelines and policies; and
    - the Member must be peer assessed within 6 months of returning to practice.

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $15,000.00 in costs, and the Panel made the order as requested.

Name of Member: Jordan Shnier (7428)
Place of Practice: Cambridge

Background

- During the relevant period, the Member practiced chiropractic at a clinic in Cambridge, Ontario.

Summary of Facts

- The Member began treating "Patient A." in April 2019 for injuries she had received in a car accident. Shortly after Patient A. started receiving treatment, she and the Member began socializing outside of the treatment setting and they then began having a sexual relationship. The concurrent sexual and professional relationship ended in July 2019.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:
  - sexually abused Patient A.;
  - contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession; and
  - engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - revoke the Member's certificate of registration; and
  - require the Member to reimburse the CCO for funding provided to Patient A. for therapy or counselling for sexual abuse.

Summary of Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO $10,000.00 in costs, and the Panel made the order as requested.

Hearing of Application for Reinstatement

The Discipline Committee heard one application for reinstatement. Wayne Woodland's certificate of registration was revoked in 2015 by a panel of the Discipline Committee after it found he sexually abused two patients. The College consented to Mr. Woodland's application for reinstatement, subject to a requirement that he successfully submit an application form for registration to the Registrar along with all applicable documents and fees to be registered, and to specified terms, conditions and limitations being imposed on his certificate. The Discipline Committee granted the application, subject to the following terms, conditions and limitations:

- Prior to returning to the practice of chiropractic, Mr. Woodland must:
  - successfully complete at his own expense a course in maintaining professional boundaries approved of in advance by the Registrar;

- review and undertake to comply with all CCO bylaws, standards, guidelines and policies;
- successfully complete at his own expense the Legislation and Ethics Examination and Record Keeping Workshop;
- successfully complete at his own expense Parts B and C of the CCEB examination; and
- fully pay all costs he owed to the College as a result of his 2015 Discipline Committee hearing.

- Mr. Woodland must be peer assessed within 6 months of returning to practice;
- The CCO is permitted at its discretion and his expense to inspect Mr. Woodland's practice on two occasions in the first four years after he returns to practice; and
- Mr. Woodland must pay to the CCO $4,500.00 by way of application fees for his application for reinstatement.

Fitness to Practise Committee



Ms Robyn Gravelle
Chair

2021 Focus

There were no referrals to the committee nor meetings in 2021.

Mandate

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



Registration Committee



Mr. Markus de Domenico
Chair

2021 Focus

The Registration Committee reviews legislation and regulation, specifically the *RHPA* and its regulations, for any updates to registration, renewal or public register requirements to ensure its renewal process is compliant with existing legislation and regulation.

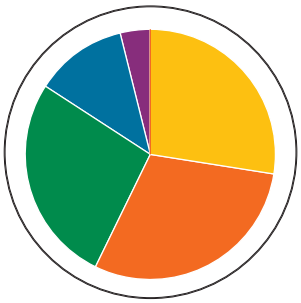
As well, the Registration Committee reviews all relevant by-laws, regulations and policies for any updates to the renewal process, consulting with outside legal counsel for advice if necessary.

- In anticipation of the 2022 renewal process, the Registration Committee met in July and August 2021 to review the 2022 renewal memorandum and online questionnaire and made recommendations on both to Council (approved at the September 2021 Council meeting).
- Council approved minor amendments to Policy P-050: Supervision and Direction of Chiropractors in Training, Policy P-053: Returning to the General Class of Certificate of Registration and Policy P-058: Policy on Considering Applications for Registration During the COVID-19 Pandemic.
- The Registration Committee held nine (9) meetings during 2021.

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.

College of Graduation	Female	Male	Total
Canadian Memorial Chiropractic College	85	65	150
D'Youville College	3	6	9
Life Chiropractic College West	4	2	6
Life University	1	0	1
Logan University	2	3	5
McQuarie University	1	1	2
New Zealand College of Chiropractic	0	4	4
Northeast College of Health Sciences (Formerly New York Chiropractic College)	17	15	32
Northwestern Health Sciences University	3	1	4
Palmer College – Davenport	2	1	3
Palmer College – San Jose	1	1	2
Texas Chiropractic College	0	1	1
Université du Québec à Trois-Rivières	0	1	1
University of South Wales – Welsh institute of Chiropractic	1	0	1
University of Western States	1	1	2
Total	121	102	223



Ages of Active Members
(as at December 31, 2021)

Under Age 25
7

Ages 25-35
1,320

Ages 36-45
1,434

Ages 46-55
1,298

Ages 56-65
581

Over 65
176

Class of Certificate of Registration for CCO Members – Total 5,249
(as at December 31, 2021)

General (i.e. Active)	General (i.e. Active) Non-Resident	Inactive	Inactive Non-Resident	Retired	Retired Non-Resident
4,762	54	190	60	166	17

Countries of Chiropractic Education of Active Members – Total 4,816
(as at December 31, 2021)

Australia 18

France 1

New Zealand 16

Canada
Ontario 3,465
Quebec 13

South Africa 1

United Kingdom 17

United States 1,285

Quality Assurance Committee



Ms Robyn Gravelle
Chair

2021 Focus

Peer and Practice Assessment

- The peer and practice assessment workshop usually held on an annual basis, was suspended in 2021 due to the COVID-19. (A virtual workshop was planned for January 29, 2022 however.) The workshop provides an opportunity for peer assessors to offer valuable feedback on both versions of the PPA Program, since each peer assessor conducts approximately 10 – 20 peer assessments per year.
- However, the committee provided ongoing feedback and guidance to assessors (31 in total) both individually and as a group throughout the entire PPA cycle.
- Additionally, staff worked to develop a virtual peer assessor workshop which was scheduled to be delivered in late January 2022.

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; and
  - standards of professional ethics
- To develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members.

'Right Touch' Regulation Document

- In late 2021, the Quality Assurance Committee reviewed in detail the 'Right Touch' regulation document and in particular the principles of the document to be applied to the review of standards of practice, policies, guidelines and processes.
- The current Peer and Practice Assessment Program utilizes the 'Right Touch' principles as they are educational and remediation-focused rather than punitive in nature.
- The 'Right Touch' document will be included it in all committee information packages.

Record Keeping Workshops

- The CCO requires all members to attend a mandatory interactive record-keeping workshop within the first year of registering with CCO, led by CCO staff, including one member of the profession, the Director of Professional Practice. The workshops are also available to all CCO members as a way to refresh and review updates to standards, polices and guidelines and their implementation strategies and are used as a remediation tool for QA, ICRC and Discipline Committee decisions and undertakings. And they continue to be a very good opportunity for the College to set member expectations, to talk about emerging trends, to quantify and qualify and address potential risks as members enter their practice life, all in keeping with the principles of 'Right Touch' regulation.
- In 2021, the committee facilitated three such workshops virtually.
- In 2021, the committee also directed the rebranding of the record keeping workshop into the Regulatory Excellence Workshop to include more material related to all areas of professional regulation. The rebranded workshop will take effect in June 2022.

Professional Portfolio and Continuing Education

- During 2021, members could log and track all their continuing education activities through a confidential on-line member portal. The portal was created to assist in tracking member activities as well as linking registration to a member's completion of other mandatory activities.

Recommendations to Council

- Standard of Practice S-023 and Guideline G-023: Health Care Claims in Advertising, Websites and Social Media were approved by Council in November 25, 2021 following extensive review of feedback from members, patients and stakeholders, including the public Council package.
- Minor amendments to Standard of Practice S-008: Communicating Diagnosis were approved by Council.

Patient Relations Committee



Ms Anuli Ausbeth-Ajagu
Chair (effective 2022)

2021 Focus

The Patient Relations Committee held three (3) meetings in 2021. At its meetings the committee considered various strategies for preventing sexual abuse of patients including emphasizing zero tolerance for sexual abuse and including presentation material on sexual abuse in record keeping workshops.

During its meetings, the committee reviewed and recommended to Council draft amendments to Standard of Practice S-014 which addresses the prohibition of sexual relationships with a patient, based on the passing of a spousal exception regulation by the Ontario Government.

It also continued to administer funding for therapy and counselling for individual cases, including approving new applications for funding for therapy and counselling, as well as for ongoing funding.

I would like to thank the late Mr. John Papadakis and Mr. Robert MacKay for chairing the committee in 2021.



Mandate

- To develop and implement programs/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*.

A heart felt thank you to the following individuals who served on CCO for many years including in 2021!



Mr. Robert MacKay
CCO's First Public Member President



Dr. Steven Lester
Elected Member from District 3, Member of the Executive



Dr. Carolyn Wood
Non-Council Member on ICRC and Peer Assessor

Transition in the role of Director of Professional Practice Begins



Dr. J. Bruce Walton
Director of Professional Practice throughout 2021



Dr. Katherine Tibor
Director of Professional Practice in conjunction with Dr. J. Bruce Walton effective January 1, 2022

COLLEGE OF CHIROPRACTORS OF ONTARIO

Financial Statements for the year ended December 31, 2021

(With 2020 comparisons)

Independent Auditor's Report

To the Members of the College of Chiropractors of Ontario

Opinion

We have audited the financial statements of the College of Chiropractors of Ontario (the Entity), which comprise the statement of financial position as at December 31, 2021, and the statements of change in net assets, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2021, and its financial performance and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-For-Profit Organizations (ASNFPO).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with ASNFPO, 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.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

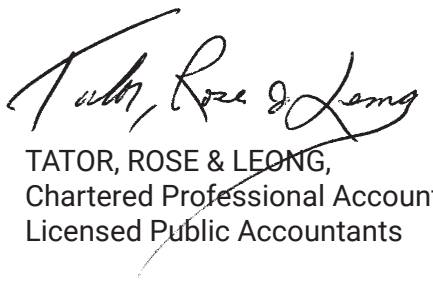
Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



TATOR, ROSE & LEONG,
Chartered Professional Accountants
Licensed Public Accountants

TORONTO, ONTARIO CANADA
April 20, 2022

Statement of Financial Position

December 31, 2021
(with 2020 comparisons)

	2021	2020
ASSETS		
Current		
Cash and cash equivalents	$ 3,239,184	$ 3,098,039
Short-term investments, at amortized cost (Note 2)	2,354,606	1,953,410
Prepaid expenses and sundry assets	51,087	23,407
	5,644,877	5,074,856
Capital assets (Note 3)	13,863,485	14,432,344
TOTAL ASSETS	$ 19,508,362	$ 19,507,200
LIABILITIES		
Current		
Accounts payable and accrued liabilities	$ 224,372	$ 281,012
Government remittances payable	444	525
Deferred revenue	3,277,821	3,224,276
Mortgage payable – current portion (Note 6)	234,180	206,814
	3,736,817	3,712,627
Mortgage payable – non-current portion (Note 6)	3,497,489	4,247,847
TOTAL LIABILITIES	7,234,306	7,960,474
NET ASSETS (per Statement 2)		
Internally restricted for Office Development Project (Note 5)	4,288,637	4,288,637
Unrestricted	7,985,419	7,258,089
TOTAL NET ASSETS	12,274,056	11,546,726
TOTAL LIABILITIES AND NET ASSETS	$19,508,362	$19,507,200

Approved on behalf of the College:

MS ROBYN GRAVELLE
TREASURER

DR. DENNIS MIZEL,
PRESIDENT

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

Statement of Changes in Net Assets

FOR THE YEAR ENDED DECEMBER 31, 2021

	Internally restricted for Office Development Project (Note 5)	Unrestricted	Total
BALANCE: January 1,	$ 4,288,637	$ 7,258,089	$ 11,546,726
Excess of income over expenditures (per Statement 3)	—	727,330	727,330
BALANCE: December 31, 2021	$ 4,288,637	$ 7,985,419	$ 12,274,056

FOR THE YEAR ENDED DECEMBER 31, 2020

	Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	$ 4,288,637	$ 7,215,178	$ 11,503,815
Excess of income over expenditures (per Statement 3)	—	42,911	42,911
BALANCE: December 31, 2020	$ 4,288,637	$ 7,258,089	$ 11,546,726

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

Statement of Operations

for the Year Ended December 31, 2021
(with 2020 comparisons)

	2021	2020
INCOME		
Renewal fees	$ 4,812,755	$ 4,788,591
Registration fees	78,537	65,125
Examination fees	43,097	40,140
Incorporation fees	250,250	216,850
Recovery of discipline costs	214,328	104,300
Interest and sundry	144,400	92,333
TOTAL INCOME	5,543,367	5,307,339
EXPENDITURES		
Salaries and benefits (Note 4)	1,479,179	1,391,797
Utilities	37,674	46,367
Office and general	360,784	398,586
Printing and postage	58,405	57,870
Insurance	26,466	22,003
Meetings, fees and expenses (Schedule 1) (Note 9)	122,696	146,809
Audit	28,832	29,312
Seminars and conferences	31,675	22,442
CFCREAB dues	142,272	142,272
Consulting fees	329,708	423,225
Consulting fees - peer assessors	210,534	202,191
Consulting fees - complaints	162,723	186,828
Legal fees - complaints	152,897	328,726
Legal fees - discipline	544,804	530,133
Legal fees - executive	31,347	44,726
Legal fees - general	84,745	197,859
Common element expenses	109,473	112,015
Property tax	142,521	147,358
Mortgage and loan interest	144,928	170,000
Equipment lease	19,358	14,049
TOTAL EXPENDITURES	4,221,021	4,614,568
Excess of income over expenditures before amortization	1,322,346	692,771
Amortization	595,016	649,860
EXCESS OF INCOME OVER EXPENDITURES	$ 727,330	$ 42,911

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

Statement of Cash Flows

for the Year Ended December 31, 2021
(with 2020 comparisons)

	2021	2020
OPERATING ACTIVITIES		
Excess of income over expenditures (per Statement 3)	$ 727,330	$ 42,911
Amortization – capital assets	595,016	649,860
(Increase) Decrease in prepaid expenses and sundry assets	(27,680)	4,407
(Decrease) in accounts payable and accrued liabilities	(56,640)	(319,980)
(Decrease) in government remittances payable	(81)	(8,981)
Increase in deferred revenue	53,545	147,956
	1,291,490	516,173
INVESTING ACTIVITIES		
(Purchase) of capital assets	(26,157)	(85,832)
(Increase) Decrease in short-term investments	(401,196)	73,384
	(427,353)	(12,448)
FINANCING ACTIVITIES		
(Decrease) in mortgage payable	(722,992)	(797,736)
CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR	141,145	(294,011)
CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	3,098,039	3,392,050
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	$ 3,239,184	$ 3,098,039
Cash and cash equivalents consist of the following:		
Cash	$ 3,239,184	$ 3,098,039

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

STATEMENT 4

Schedule of Meeting Fees and Expenses

for the Year Ended December 31, 2021
(with 2020 comparisons)

	FEES	EXPENSES	TOTAL 2021	TOTAL 2020
Dr. Peter Amlinger	$ —	$ —	$ —	$ 6,511
Dr. Gerard Arbour	1,800	—	1,800	4,800
Dr. Brian Budgell	—	—	—	1,650
Dr. Janet D'Arcy	—	—	—	3,008
Dr. Jarrod Goldin [1, 8]	7,700	—	7,700	—
Dr. Colin Goudreau [2, 5]	14,400	—	14,400	7,550
Dr. Sarah Green [1, 2]	17,725	—	17,725	11,675
Dr. Kyle Grice [6, 7]	6,800	—	6,800	—
Dr. Paul Groulx [6]	8,800	—	8,800	10,787
Dr. Clifford Hardick	—	—	—	7,046
Dr. Steven Lester [1, 3]	9,700	—	9,700	6,710
Dr. Dennis Mizel [1, 3, 4]	38,225	1,546	39,771	60,068
Dr. Kristina Peterson	—	—	—	7,165
Dr. Janit Porter	1,500	—	1,500	5,400
Dr. Angelo Santin	4,700	—	4,700	—
Dr. Frazer Smith	—	—	—	3,075
Dr. Michael Staffen	2,400	—	2,400	7,100
Dr. David Starmer	—	—	—	4,264
Dr. Julia Viscomi [4, 7, 8]	7,400	—	7,400	—
Ms. Jo-Ann Willson	—	—	—	—
	$ 121,150	$ 1,546	$ 122,696	$ 146,809

Note: Committee membership changed in April

Numbers refer to committee/project membership (April – December 2021)

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

Notes to the Financial Statements

December 31, 2021

Purpose and Structure of the College

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.

The College's Council is composed of nine elected members and six or seven appointed by the Lieutenant Governor in Council. As at December 31, 2021, there were nine elected members and six appointed members. There are seven Statutory Committees and one Non-Statutory Committee.

1 Significant Accounting Policies

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue Recognition

Renewal, incorporation and examination fees are recognized as revenue in the fiscal year they are related to. Registration, record keeping seminar fees and recovery of discipline costs are recognized when received. Investment income comprises interest from short-term investments and is recognized on an accrual basis.

(b) 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
Building	4% declining balance

(c) Financial Instruments

(i) Measurement of Financial Instruments

The College initially measures its financial assets and liabilities at fair value and subsequently at amortized cost.

Financial assets measured at amortized cost include cash and cash equivalents and short-term investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

The College has not designated any financial assets or financial liabilities to be measured at fair value.

(ii) Impairment

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in net income. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in net income.

(d) Cash and Cash Equivalents

Cash and cash equivalents consist of cash on deposit, cheques issued and outstanding.

(e) Impairment of Long-lived Assets

A long-lived asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value. As at December 31, 2021, there were no known circumstances that would indicate the carrying value of the capital assets may not be recoverable.

(f) Use of Estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting standards for not-for-profit organizations 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 as additional information becomes available in the future.

2 Short-term Investments

	Interest Rate	2021	2020
Toronto Dominion Bank, GIC	0.50%	$ 2,304,034	$ 1,500,937
Toronto Dominion Bank, GIC	0.50%	50,572	–
Bank of Nova Scotia, GIC	0.90%	–	452,463
		$ 2,354,606	$ 1,953,410

Short-term investments consist of Guaranteed Investment Certificates (GICs) and are measured at amortized cost. GICs maturing within 12 months from year-end date are classified as current.

3 Capital Assets

	Cost	Accumulated Amortization	2021 Net	2020 Net
Furniture and Office Equipment	$ 953,978	$ 611,925	$ 342,053	$ 403,104
Computer and Software	935,423	829,371	115,052	162,665
Building	12,483,345	1,438,665	11,044,680	11,504,875
Land	2,361,700	—	2,361,700	2,361,700
	$ 16,734,446	$ 2,870,961	$ 13,863,485	$ 14,432,344

4 Salaries and Benefits

This expense includes payments for current service pension plans.

5 Internally Restricted for Office Development Project (ODP)

In past years the Council of the College passed motions to internally restrict the use of funds for the Office Development Project (ODP).

The mandate of the Office Development Project was to finance the acquisition of the College's head office which was purchased on January 8, 2019.

The internally restricted amount is not available for any other purpose without approval of Council.

6 Mortgage Payable

The College entered into an amending mortgage agreement, which amends the terms and conditions of the credit facilities provided to the College pursuant to the Agreement accepted on October 19, 2018, with the Toronto Dominion Bank on October 23, 2019 to finance the purchase and built outs of the head office at 59 Hayden Street, 8th Floor, Toronto. The principal amount is $6,000,000, payable in 25 years. Monthly blended payment on the 8th day of each month is $30,755.07, including interest calculated at a monthly rate of 3.721% (annual equivalent rate 3.75%), rate term matures on June 8, 2023. Maximum annual penalty free lump-sum payment allowed is 10% of the principal amount.

The required minimum annual payment for the next two years in aggregate is $553,591 and for each of the two succeeding years is as follows:

	Principal	Interest	Total
2022	$ 234,180	$134,881	$369,061
2023	$ 120,567	$ 63,963	$184,530

The mortgage is secured by the property located at 59 Hayden Street, 8th Floor, Toronto.

The mortgage financial covenant required the College to meet the Debt Service Coverage Ratio of not less than 1.15:1 calculated annually. For 2021 the ratio was 3.90:1 (2020: 2.11:1) .

The portion payable within 12 months from year-end date is classified as current.

7 Financial Instruments

The College is exposed to various risks through its financial instruments, without being exposed to concentrations of risk. The following analysis provides a measure of the College's risk exposure.

Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is not exposed to any significant credit risk as there are no accounts receivable and notes receivable.

Liquidity Risk

Liquidity risk is the risk of being unable to meet cash requirements or obligations as they become due. It stems from the possibility of a delay in realizing the fair value of financial instruments. The College is exposed to liquidity risk if it were ever unable to meet its payment obligations.

The College manages its liquidity risk by holding assets that can be readily converted into cash.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Currency Risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The College is not exposed to currency risk as all financial instruments are in Canadian dollars.

Interest Rate Risk

Interest rate risk refers to the risk that fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

The exposure of the College to interest rate risk arises from its interest bearing assets (GICs).

The College manages its exposure to the interest rate risk of its cash by maximizing the interest income earned on excess funds while maintaining the liquidity necessary to conduct operations on a day-to-day basis. Fluctuations in market rates of interest do not have a significant impact on the College's operations.

The primary objective of the College with respect to short-term investments is to ensure the security of principal amounts invested, provide for a high degree of liquidity, and achieve satisfactory investment return.

Other Price Risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The College is not exposed to other price risk.

The extent of the College's exposure to the above risks did not change during 2021.

8 Bank Loan

The College entered into an amending credit facilities agreement, which amends the terms and conditions of the credit facilities provided to the College pursuant to the Agreement accepted on October 19, 2018, with the Toronto Dominion Bank on October 23, 2019 to finance the purchase and built outs of the new head office at 59 Hayden Street, 8th Floor, Toronto which included the following:

$250,000 uncommitted operating loan for working capital requirements. This facility is available at the College's option by the way of prime rate based loans in CDN$. This facility is subject to an annual review by the Bank. All amounts outstanding are due on demand. The amount advanced under this facility is $Nil as at December 31, 2021.

9 Related Party Transactions

In accordance with By-Law #9: Remuneration and CCO Internal Policy I-012, the College paid per diems and reasonable expenses to committee members. In addition, the College's President was entitled to receive an annual honorarium of up to $35,000. In 2021, $25,000 was paid as Mr. Robert MacKay did not claim the President's honorarium for the period of time he was President. All these transactions were carried out in the normal course of operations and are recorded at the exchange value.

10 Subsequent Event - Mortgage Payment

On February 3, 2022, the College made the annual penalty free lump-sum payment of $600,000 to the Toronto Dominion Bank relating to the mortgage payable for 59 Hayden Street, 8th Floor, Toronto.

11 Subsequent Event - Contingency Reserve Fund

On November 25, 2021 the Council of the College passed a motion to establish and maintain a Contingency Reserve Fund to ensure that adequate funds are set aside to cover variable and/or unforeseen costs and expenditures. This internal policy came into effect on February 25, 2022.

The purpose of the policy is to internally restrict funds to provide for extraordinary expenditures that exceed or fall outside the provisions of the College's operating budget or to fund the College's obligations in extreme circumstances as determined and approved by the Council including the event that the College ceases to exist as a statutory body corporate.

The amount to be maintained in this fund is not less than six (6) months of operating expenditures or such greater amount as may be determined by the Council. The six months of operating expenditures will be calculated using expenditures in the most current approved budget.

In the event of dissolution of Council, these funds are to be used only upon approval of a person or entity legally authorized to oversee the financial affairs of the College.

Any change (whether by way of addition or reduction) to the amount placed in the Contingency Reserve Fund shall be approved by the Council.

12 COVID-19 Pandemic

In 2021, the global pandemic of the virus known as COVID-19 led the Canadian federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses.

Due to the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the financial effect on the College. No adjustments have been made in the financial statements as a result of these events.

2021 Highlights from the Health Profession Regulators of Ontario (HPRO)

Members

College of Audiologists and Speech-Language Pathologists of Ontario

College of Chiropodists of Ontario

College of Chiropractors of Ontario

College of Dental Hygienists of Ontario

College of Dental Technologists of Ontario

College of Denturists of Ontario

College of Dietitians of Ontario

College of Homeopaths of Ontario

College of Kinesiologists of Ontario

College of Massage Therapists of Ontario

College of Medical Laboratory Technologists of Ontario

College of Medical Radiation Technologists of Ontario

College of Midwives of Ontario

College of Naturopaths of Ontario

College of Nurses of Ontario

College of Occupational Therapists of Ontario

College of Opticians of Ontario

College of Optometrists of Ontario

College of Physicians and Surgeons of Ontario

College of Physiotherapists of Ontario

College of Psychologists of Ontario

College of Registered Psychotherapists of Ontario

College of Respiratory Therapists of Ontario

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario

Ontario College of Pharmacists

Royal College of Dental Surgeons of Ontario

The Health Profession Regulators of Ontario (HPRO) is a not-for-profit organization, incorporated in 1998 as the Federation of Health Regulatory Colleges of Ontario. Its members are the *Regulated Health Professions Act's (RHPA's)* 26 Colleges and the Registrars who make up the Board of Directors. Collaboration and consensus are key for HPRO, helping its members in living out its statement of purpose.

STATEMENT OF PURPOSE

Advancing excellence in public safety through collaboration of Ontario's health profession regulators

Fulfilled through the following:

- Collaborating to develop common principles, guidelines, and tools to advance the regulation of health professions in the public interest
- Providing education and tools for training Councils, Committees, and Staff
- Sharing resources, approaches, and expertise, providing support for members and mentoring for new Registrars
- Providing a central point of contact for key stakeholders, e.g., Ministry of Health
- Engaging the public, informing them about the role of the regulator in the public interest

On August 6, 2021, HPRO lost its President, Kevin Taylor, after a brief illness. In memory of Kevin, readers are invited to go to a website dedicated to Kevin by his family and friends (kevinmtaylor.ca)

CONTINUED FOCUS ON PRIORITIES

While the COVID-19 pandemic continued to necessitate HPRO's attention, the long-term priorities were in focus, consistent with the previous years: governance modernization, the Ministry of Health's College Performance Measurement Framework (CPMF) and the Anti-BIPOC Racism Project.

GOVERNANCE MODERNIZATION

Observing trends across Canada and among international regulators, HPRO kept abreast of those trends and outcomes from modernization efforts. A number of meetings and presentations occurred during the year. HPRO also responded to some Ministry initiatives, and, at the close of HPRO's corporate year, the Ontario Government had opened a consultation on changes from Bill 106 which relate to Colleges' registration practices.

COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

The second submission of Colleges' CPMF reports were made publicly available by each College as of March 31, 2021. The reports help the public understand how well regulatory Colleges are doing their job and to help demonstrate how well Ontario's regulatory health Colleges are protecting the public interest. A network of HPRO members meets regularly to share information about their CPMF reports, weekly from October 15 to March of 2022.

ANTI-BIPOC RACISM PROJECT

The Anti-BIPOC Racism Project, led by Judy Rigby, progressed over the year, working to provide resources for Colleges related to diversity, equity, and inclusion. It was recognized that change is necessary to eliminate existing racial inequities for Colleges to best serve and protect the public. A multi-pronged approach includes the development of a toolkit for regulators and foundational education and training for College Boards/Councils, committee members and other volunteers, and staff. Key presentations were also provided:

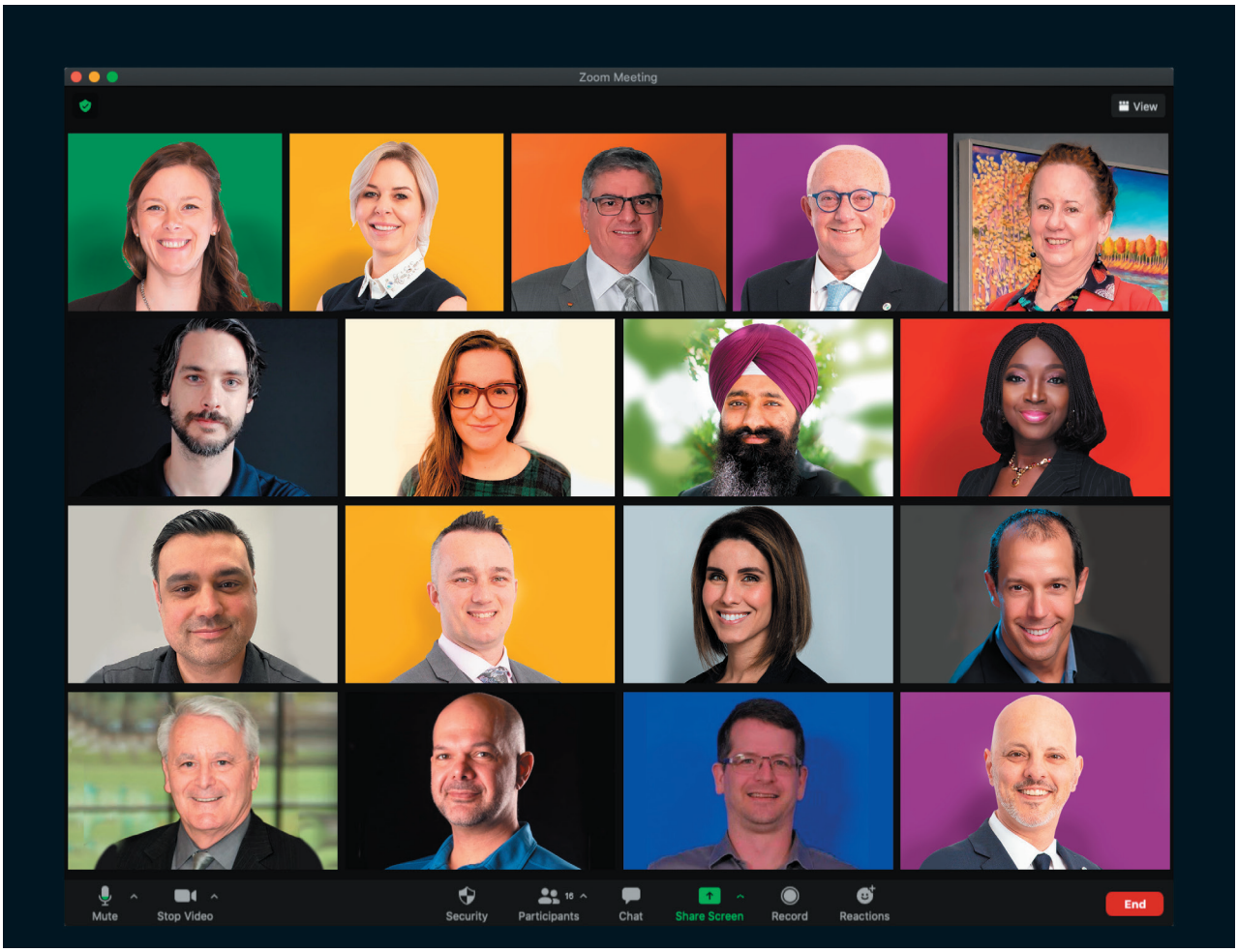
- Anti-BIPOC Racism Project Town Hall with Dr. Javeed Sukhera, focusing on his report and recommendations
- HPRO and the Office of the Fairness Commissioner (OFC) Webinar - Collecting Race-Based and Other Populations-Based Data: A Vital Starting Point

MEETINGS WITH STAKEHOLDERS AND PRESENTATIONS TO THE HPRO BOARD OF DIRECTORS DURING 2021- 2022 YEAR:

- Multiple meetings with Assistant Deputy Minister Sean Court, Director Allison Henry, Manager Stephen Cheng and others on issues including COVID-19, the CPMF, governance modernization, and other government priorities
- Craig Roxborough, Director, Policy, at CPSO, presentation on its patient engagement integration success
- Jason Maurier, Manager, and Sarah Kibaalya, Senior Policy Analyst, Regulatory Oversight and Performance Unit, Ministry of Health on CPMF
- Workshop on Information-Sharing/Section 36 Policy Development
- Anne Coghlan, Executive Director & CEO of the College of Nurses of Ontario presentation on her "Top 10 Registrar Reflections" prior to her retirement
- Melanie Woodbeck, Registrar & Executive Director, College of Dietitians of Ontario, presentation "Advancing Equity at the College of Dietitians of Ontario"
- Presentation by the Ontario College of Teachers re. its Governance Transition

GOVERNANCE TRAINING FOR *RHPA* COLLEGES

This webinar for College Staff, Council, and Committee Members focuses on Colleges' core public interest functions, providing a comprehensive understanding of governance for regulators. Sessions were held on the morning of October 22 and 29, 2021, (20 registered from 8 Colleges) and April 1 and April 7, 2022 (45 from 12 Colleges).



CCO Council 2021

Left to Right:	TOP ROW	Dr. Sarah Green, *Vice President*
		Ms Robyn Gravelle, *Treasurer*
		Mr. Robert MacKay, *President (April 21, 2021 to November 27, 2021)*
		Dr. Dennis Mizel, *President (January 1, 2021 to April 21, 2021 and November 28, 2021 to December 31, 2021)*
		Ms Jo-Ann Willson, *Registrar & General Counsel*
	SECOND ROW	Dr. Colin Goudreau
		Ms Zoe Kariunas
		Mr. Gagandeep Dhanda
		Ms Anuli Ausbeth-Ajagu
	THIRD ROW	Dr. Angelo Santin
		Dr. Steven Lester
		Dr. Julia Viscomi
		Dr. Kyle Grice
	FOURTH ROW	Mr. Markus de Domenico
		Dr. Jarrod Goldin
		Mr. Shawn Southern
		Dr. Paul Groulx

MEET OUR TEAM

CCO Staff

Left to Right:

Mr. Darwin Visperas, *Assistant Registration Coordinator*
Ms Hazel Moon, *Administrative Assistant*
Ms Kelly Malcolm, *Investigator*
Ms Madeline Cheng, *Registration Coordinator*
Ms Tina Perryman, *Manager, Inquiries, Compliants and Reports*
Ms Rose Bustria, *Administrative Assistant*
Dr. J. Bruce Walton, *Director Professional Practice*
Ms Jo-Ann Willson, *Registrar and General Counsel*
Dr. Katherine Tibor, *Director Professional Practice*
Mr. Joel Friedman, *Deputy Registrar*
Ms Christine McKeown, *Inquiries, Complaints and Reports Officer*
Ms Anda Vopni, *Financial Officer*



Paintings in background by Dr. Colleen Pattrick.

Address

59 Hayden Street, Suite 800
Toronto ON M4Y 0E7

Numbers

Tel: 416-922-6355
1-877-577-4772
Fax : 416-925-9610

Email /Website

cco.info@cco.on.ca
www.cco.on.ca