

2022
Annual Report
Rapport annuel

Aligning College Performance and Public Interest Protection

Alignement des performances des établissements d'enseignement supérieur et la protection de l'intérêt public

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

Table of Contents

Strategic Objectives	1
Mission, Vision, Values	2
Message from the President	6
Registrar's Report	16
Executive Committee	18
Advertising Committee	21
Inquiries, Complaints and Reports Committee	22
2022 HPARB Summary	24
Discipline Committee	28
Fitness to Practise Committee	39
Patient Relations Committee	40
Quality Assurance Committee	42
Registration Committee	44
Independent Auditor's Report	46
Extract from Highlights of the Last Year at the Health Profession Regulators of Ontario (2022)	58

The CCO is required to submit annually a College Performance Measurement Framework (CPMF) Reporting Tool to the Ontario Ministry of Health. This is a public document.

Much of what would be traditionally covered in an annual report is captured in the comprehensive CPMF report. What follows, then, is a summary and distillation of some important activities engaged in by CCO committees in 2022. Together they evidence the comprehensive and assiduous work of these committees composed of professional and public members.

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

Strategic Objectives



Commonly used Acronyms

Acronym	Full Name
AGM	Annual General Meeting
ASNFPO	Accounting Standards for Not-For-Profit Organizations
BDC	Board of Directors of Chiropractic
CCO, College	College of Chiropractors of Ontario
CE	Continuing Education
Chiropractic Act	*Chiropractic Act, 1991*
COVID-19	SARS-CoV-2
CPMF	College Performance Measurement Framework
DEI	Diversity, Equity and Inclusion
FCC	Federation of Canadian Chiropractic
GIC	Guaranteed Investment Certificate
GSC	Green Shield Canada
HPARB	Health Professions Appeal and Review Board
HPRO	Health Profession Regulators of Ontario
ICE	Independent Chiropractic Examination
ICRC	Inquiries, Complaints and Reports Committee
MOH	Ministry of Health
ODP	Office Development Project
OFC	Office of the Fairness Commissioner
PHIPA	*Personal Health Information Protection Act, 2004*
PPA	Peer and Practice Assessment
QA	Quality Assurance
RHPA	*Regulated Health Professions Act, 1991*

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.

5

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



Our Values

Integrity
Respect
Collaborative
Innovative
Transparent
Responsive

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.

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.

CCO Council

as of December 31, 2022

Elected Members

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

Appointed Members

Mr. Markus de Domenico, *Treasurer*
Ms Anuli Ausbeth-Ajagu
Mr. Gagandeep Dhanda
Ms Robyn Gravelle
Ms Zoe Kariunas
Mr. Shawn Southern
Mr. Scott Stewart

Executive

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



CCO Committee Composition

as of December 31, 2022

Inquiries, Complaints & Reports

Mr. Markus de Domenico, *Chair*
Dr. Michael Gauthier
Dr. Sarah Green
Mr. Gagandeep Dhanda
Dr. Ian Quist, *non-Council*
Ms Kelly Malcolm, *staff support*
Ms Christine McKeown, *staff support*
Ms Tina Perryman, *staff support*

Core Discipline

Mr. Shawn Southern, *Chair*
Dr. Dennis Mizel
Mr. Scott Stewart
Dr. Julia Viscomi
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*

Patient Relations

Ms Anuli Ausbeth-Ajagu, *Chair*
Dr. Kyle Grice
Ms Zoe Kariunas
Dr. Michelle Campbell, *non-Council*
Dr. Don Rey Juan, *non-Council*
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Quality Assurance

Dr. Paul Groulx, *Chair*
Ms Robyn Gravelle
Dr. Kyle Grice
Ms Zoe Kariunas
Dr. Elizabeth Anderson-Peacock, *non-Council*
Mr. Joel Friedman, *staff support*
Dr. Katherine Tibor, *staff support*

Registration

Mr. Markus de Domenico, *Chair*
Mr. Gagandeep Dhanda
Dr. Colin Goudreau
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. Angelo Santin
Dr. Colleen Pattrick, *non-Council*
Mr. Joel Friedman, *staff support*

Fitness to Practise

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



2022 Through the Lens of the President's Messages

Dr. Dennis Mizel
President
(January 1, 2022 to December 31, 2022)

In 2022, the CCO President's Message again played a leading role in CCO's communications to members and the public. Not surprisingly, the ongoing response to the COVID-19 pandemic featured prominently in these reports. Other frequent themes included ongoing governance improvements, periodic amendments to standards and guidelines, and changes to committees and College practices.

In early March, as the province further eased public health measures regarding indoor capacity limits, mandatory mask use and requirements for proof of vaccination, CCO reminded members that COVID-19 guidance for the health sector and regulated health professionals had not changed. As a trusted health system partner, CCO continued to provide accurate and timely pandemic information and links to the then-most current Ontario government and Ministry of Health directives. The President thanked members and CCO staff for their ongoing vigilance with COVID-19 and their contributions to helping mitigate the impact of the virus in clinical and workplace settings.

The upcoming submission of CCO's second annual College Performance Measurement Framework (CPMF) was called out for members, and a summary provided of the many completed actions highlighted in the report. These included the development of Key Performance Indicators, documentation of required competencies for Council and Committee Members, regular and ongoing education opportunities, the passing of a financial reserve policy and a policy on posting Council minutes. The message also provided an update on the timing and procedure for the 2022 Council Elections, and noted that, consistent with provisions of the CPMF, candidates for CCO Council had newly undergone an orientation process as part of their candidacy.

In late February, a number of previously approved new and amended Standards of Practice, Policies and Guidelines took effect. The March President's message drew members' attention to these changes and to their obligation to read, understand and comply with them fully.

These included Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient, which was amended to be consistent with the spousal exception regulation passed in October 2021 permitting members to provide treatment to their spouses (while complying with all CCO standards of practice, policies and guidelines). As well as a new Standard of Practice S-023 and new Guideline G-023: Health Care Claims in Advertising, Websites and Social Media, which outlined principles for communicating health care claims in advertising, on websites and social media. Members were reminded that all up-to-date standards of practice, policies and guidelines are posted on the CCO website, and should be reviewed regularly.

In April, the President's Message announced the make-up of CCO committees for 2022-2023, arising from the April Elections meeting and extended a warm welcome to two new Council members, Mr. Scott Stewart and Dr. Michael Gauthier. Of note were the number of senior leadership positions held by public members, who now chaired Patient Relations; Inquiries, Complaints & Reports; Discipline, and Registration committees.

The message also shared an update on contemplated changes to regulatory governance in the province provided by CCO governance experts and legal counsel Richard Steinecke and Rebecca Durcan. These included the potential creation of different oversight bodies for health regulatory colleges, non-overlapping membership on Council and Committees, and a 50/50 representation of public and professional members, among others. It noted that CCO formally responded to the ministry's request for comment on these proposed modernization initiatives, and had recommended prudence and shared instances where implementation of them could be problematic.

The introduction of Bill 106 — an omnibus piece of legislation that included proposed changes to the *Regulated Health Professions Act, 1991 (RHPA)* – was also highlighted to members. The Bill targeted measures intended to increase overall human resources capacity in the health care system, through such means as removing the requirement for Canadian work experience and streamlining the requirements for demonstrating language proficiency. Members were assured CCO would continue to monitor and communicate any changes arising from the passage of the Bill, or any of the proposed governance initiatives.

Further information with respect to the extension of masking and patient care practices in accordance with ministry COVID-19 guidance for the health sector was also shared. Members were reminded to respect the choices of any individual inside their office to remain masked, and to continue to use a patient-centred approach, appropriate risk assessments and professional judgment to guide decisions about the use of personal protective equipment and other health and safety protocols.

In addition, Members were notified that the College's 2021 CPMF document had been submitted and a link to the comprehensive document was provided. The President concluded by assuring members that CCO was committed to continuous improvement and the implementation of best practices and looked forward to the many initiatives currently underway inspired by the CPMF.

June brought a gradual return to normal working conditions after two-and-a-half years of pandemic response and the renewed ability to conduct the business of the College face-to-face. The June President's message reported that CCO Council met in person on June 22, 2022 and worked

through a fulsome agenda, followed by the College's AGM later that evening.

Members' attention was then drawn to a series of important calendar milestones and updates from the College's Quality Assurance Committee with regard to the new Continuing Education (CE) cycle beginning July 1, 2022 through June 30, 2024. The message highlighted the introduction of a new self-assessment tool for members that had already completed two full CE cycles, and a change to the compulsory attendance to the Regulatory Excellence workshop to be attended at minimum once every three CE cycles. Members were reminded that Peer Assessment is one of the foundations of CCO's Quality Assurance program and has been a powerful and proactive way to provide members feedback on their compliance with CCO regulations, standards of practice, policies and guidelines. Information for members wishing to serve as Peer Assessors was shared and enquiries welcomed.

In late June, previously approved amendments to Standard of Practice S-013: Consent and Guideline G-001: Communication with Patients took effect. The June message included comprehensive details on the amendments, and provided links to the revised standard and guideline in their entirety. The President concluded by reminding members that adhering to CE requirements, and staying abreast of changes to CCO standards and guidelines is part of the rigour and professionalism expected of all registrants.

CCO's Council Meeting and Strategic Planning/ Training Session, held in mid-September, was an opportunity for Council and staff to assess the College's current strategic priorities in a concentrated, multi-day format. The September President's message summarized key areas of discussion at the planning session and the learnings shared by invited industry experts in information security, Diversity, Equity and Inclusion (DEI), conflict of interest and governance. Much of the work throughout the session was informed by the College Performance Measurement Framework (CPMF), especially those previously identified areas where CCO can enhance its operations to more closely align with CPMF objectives and commendable practices.

The message noted that DEI is a significant area of interest for the Ministry, and DEI considerations have a substantial impact on health regulatory colleges in Ontario. Council was reminded that the CPMF explicitly requires regulators to conduct impact assessments of policy from a DEI perspective to prevent any discriminatory impacts, and that regulators must have a formal DEI plan and be able to demonstrate its relation to strategic activities. The message stated that Council had learned what other colleges are doing with regard to their DEI plans, and deliberated what measures could be further undertaken as part of CCO's plan.

The September message concluded with guidance to members regarding the continued provision of telecare or virtual care, in light of the return to in-person clinical practice. Members were advised to review and adhere to the April 2020 principles and protocols on telecare/virtual care, and were reminded they needed to understand and acknowledge the limitations of telecare, as described therein.

December's communication reinforced that, over the previous two years, the College had undertaken a number of initiatives to strengthen the competencies for Council and Committee members through substantial training and orientation programs, revised conflict of interest measures and related requirements. In keeping with those efforts, the message sought feedback on two previously proposed amendments to CCO By-law 6: Election of Council Members and By-law 12: Appointment of Non-Council Members. For any prospective Council candidate or committee appointee, the amendments increased from three years to six years the time that must have elapsed since a disciplinary finding or disqualification from serving had been lodged against them. Members were invited to submit feedback up until January 9, 2023.

The December message noted that a six-year period was common at several other colleges, and concluded by reiterating that CCO is committed to implementing recognized best practices in governance for health regulatory organizations, and to enhancing its capabilities in regulating chiropractic in the public interest.



2022 À travers l'optiques d'analyse des messages du président

Dr. Dennis Mizel
Président
(Du 1er janvier 2022 au 31 décembre 2022)

En 2022, le Message du président de l'Ordre des Chiropraticiens de l'Ontario (OCO) avait de nouveau joué un rôle de premier plan dans les communications de l'OCO avec ses membres et le public. Il n'est pas surprenant que la réponse actuelle à la pandémie de la COVID-19 était bien en évidence dans ces rapports. Parmi les autres thèmes fréquemment abordés, on peut citer l'amélioration continue de la gouvernance, les modifications périodiques des normes et des lignes directrices, ainsi que les changements apportés aux comités et aux pratiques de l'Ordre.

Au début du mois de mars, alors que la province assouplissait les mesures de santé publique concernant les limites de capacité à l'intérieur des bâtiments, l'utilisation obligatoire de masques et les exigences en matière de preuve de vaccination, l'OCO a rappelé à ses membres que les directives sur la COVID-19 destinées au secteur de la santé et aux professionnels de la santé réglementés n'avaient pas été modifiées. En tant que partenaire de confiance du système de santé, l'OCO a continué à fournir des informations précises et opportunes sur la pandémie et des liens vers les directives les plus récentes du gouvernement de l'Ontario et du ministère de la Santé. Le président a remercié les membres et le personnel de l'OCO pour leur vigilance continue avec la COVID-19 et leurs contributions pour aider à atténuer l'impact du virus dans les milieux cliniques et de travail.

La présentation prochaine du deuxième Cadre annuel de mesure du rendement des ordres (CMRO) de l'OCO a été portée à l'attention des membres, et un résumé des nombreuses actions achevées a été mis en évidence dans le rapport. Il s'agit notamment de l'élaboration d'indicateurs de performance clés, de la documentation des compétences requises pour les membres du Conseil et des comités, d'opportunités de formation régulière et continue, de l'adoption

d'une politique de réserves financières et d'une politique de publication des procès-verbaux des réunions du Conseil. Le message a également fourni une mise à jour sur le calendrier et la procédure des élections du Conseil de 2022 et a noté que, conformément aux dispositions du CMRO, les candidats au Conseil de l'OCO avaient récemment suivi un processus d'orientation dans le cadre de leur candidature.

À la fin du mois de février, un certain nombre de normes de pratique, de politiques et de lignes directrices, nouvelles ou modifiées, approuvées antérieurement, sont entrées en vigueur. Le message du président du mois de mars a attiré l'attention des membres sur ces changements et sur leur obligation de les lire, de les comprendre et de s'y conformer pleinement.

Il s'agit notamment de la norme de pratique S-014 : Interdiction de rapports sexuels avec un patient, qui a été modifiée pour être cohérente avec le règlement d'exception pour les conjoints adopté en octobre 2021, permettant aux membres de fournir un traitement à leurs conjoints (tout en se conformant à toutes les normes de pratique, politiques et lignes directrices de l'OCO). Ainsi qu'une nouvelle norme de pratique S-023 et une nouvelle ligne directrice G-023 : Allégations relatives aux soins de santé dans la publicité, sur les sites Web et dans les médias sociaux, qui énoncent les principes de communication des allégations relatives aux soins de santé dans la publicité, sur les sites Web et dans les médias sociaux. Il a été rappelé aux membres que toutes les normes de pratique, politiques et lignes directrices actualisées sont affichées sur le site Web de l'OCO et doivent être consultées régulièrement.

En avril, le message du président a annoncé la composition des comités de l'OCO pour 2022-2023, découlant de la réunion des élections d'avril et a souhaité la bienvenue à deux nouveaux membres du Conseil, M. Scott Stewart et Dr Michael Gauthier. Il convient de noter le nombre de postes de haute direction occupés par des membres du public, qui ont maintenant présidé les comités des relations avec les patients, des demandes de renseignements, des plaintes et des rapports, des mesures disciplinaires et des inscriptions.

Le message a également permis de faire le point sur les changements envisagés en matière de gouvernance réglementaire dans la province, grâce aux experts en gouvernance et aux conseillers juridiques de l'OCO, Richard Steinecke et Rebecca Durcan. Il s'agit notamment de la création potentielle de différents organes de surveillance pour les ordres de réglementation de la santé, de l'absence de chevauchement dans la composition du Conseil et des comités, et d'une représentation 50/50 des membres publics et professionnels, entre autres. Le même message a indiqué que l'OCO avait officiellement répondu à la demande de commentaires du ministère sur ces initiatives de modernisation proposées, et avait recommandé la prudence et fait part des cas où la mise en œuvre de ces initiatives pourrait être problématique.

L'introduction du projet de loi 106 - un texte législatif omnibus qui comprend des propositions de modification de la loi de 1991 sur les professions de santé réglementées (LPSR) - a également été soulignée aux membres. Le projet de loi ciblait des mesures visant à accroître la capacité globale des ressources humaines dans le système de soins de santé, notamment en supprimant l'exigence d'expérience de travail au Canada et en simplifiant les exigences relatives à la démonstration des compétences linguistiques. Les membres ont été assurés que l'OCO continuerait de surveiller et de communiquer tout changement découlant de l'adoption du projet de loi ou de l'une des initiatives de gouvernance proposées.

De plus amples renseignements sur l'extension des pratiques de port du masque et de soins aux patients conformément aux directives ministérielles sur la COVID-19 pour le secteur de

la santé ont également été communiqués. Il a été rappelé aux membres de respecter le choix de toute personne se trouvant dans leur bureau de rester portant un masque, et de continuer à utiliser une approche centrée sur le patient, des évaluations de risques appropriées et un jugement professionnel pour guider les décisions relatives à l'utilisation d'équipements de protection individuelle et d'autres protocoles de santé et de sécurité.

En outre, les membres ont été informés que le document CMRO 2021 de l'Ordre avait été soumis et qu'un lien vers le document complet a été fourni. Le président a conclu en assurant les membres que l'OCO s'engageait à s'améliorer continuellement et à mettre en œuvre les meilleures pratiques, et qu'il se réjouissait des nombreuses initiatives en cours inspirées par le CMRO.

Le mois de juin a apporté un retour progressif à des conditions de travail normales après deux ans et demi de réponse à la pandémie et la capacité renouvelée de mener les affaires de l'Ordre en personne. Le message du président du mois de juin a indiqué que le Conseil de l'OCO s'est réuni en personne le 22 juin 2022 et a travaillé sur un ordre du jour complet, suivi de l'Assemblée générale annuelle de l'Ordre plus tard dans la soirée.

L'attention des membres a ensuite été attirée sur une série d'étapes importantes du calendrier et de mises à jour du comité d'assurance qualité des Ordres en ce qui concerne le nouveau cycle de formation continue (FC) qui commence le 1er juillet 2022 et se termine le 30 juin 2024. Le message soulignait l'introduction d'un nouvel outil d'auto-évaluation pour les membres qui ont déjà suivi deux cycles complets de formation continue, ainsi que la modification de la participation obligatoire à l'atelier sur l'excellence réglementaire, qui doit être suivi au moins une fois tous les trois cycles de formation continue. Il a été rappelé aux membres que l'évaluation par les pairs est l'un des fondements du programme d'assurance de la qualité de l'OCO et qu'elle constitue un moyen efficace et proactif de fournir aux membres un retour d'information sur leur respect des règlements, des normes de pratique, des politiques et des lignes directrices de l'OCO. L'information pour les membres qui souhaitent agir à titre de pairs évaluateurs est partagée et les demandes de renseignements sont bienvenues.

À la fin du mois de juin, les modifications approuvées précédemment à la norme de pratique S-013 : Consentement et la ligne directrice G-001 : Communication avec les patients sont entrés en vigueur. Le message du mois de juin comprenait des détails complets sur les modifications et fournissait des liens vers la norme et la ligne directrice révisées dans leur intégralité. Le président a conclu en rappelant aux membres que le respect des exigences en matière de formation continue et le fait de se tenir au courant des changements apportés aux normes et aux lignes directrices de l'OCO font partie de la rigueur et du professionnalisme que l'on attend de tous les inscrits.

La réunion du conseil de l'OCO et la session de formation et de planification stratégique, qui se sont tenues à la mi-septembre, ont permis au conseil et au personnel d'évaluer les priorités stratégiques actuelles de l'établissement dans le cadre d'un format concentré sur plusieurs jours. Le message du président de septembre a résumé les principaux domaines de discussion lors de la session de planification et les enseignements

partagés par les experts invités du secteur de la sécurité de l'information, de la diversité, de l'équité et de l'inclusion (DEI), des conflits d'intérêts et de la gouvernance. Une grande partie des travaux menés tout au long de la session s'est appuyée sur le Cadre de mesure du rendement des ordres (CMRO), en particulier les domaines précédemment identifiés dans lesquels l'OCO peut améliorer ses opérations afin de s'aligner plus étroitement sur les objectifs et les pratiques recommandables du CMRO.

Le message indique que la DEI est un domaine d'intérêt important pour le ministère et que les considérations relatives à la DEI ont un impact substantiel sur les ordres de réglementation de la santé en Ontario. Il a été rappelé à l'Ordre que le CMRO exige explicitement que les régulateurs effectuent des évaluations d'impact de la politique dans une perspective DEI pour éviter tout impact discriminatoire, et que les régulateurs doivent avoir un plan DEI formel et être en mesure de démontrer sa relation avec les activités stratégiques. Le message indiquait que le Conseil avait appris ce que faisaient les autres ordres en ce qui concerne leurs plans DEI et avait délibéré sur les mesures qui pourraient être prises dans le cadre du plan de l'OCO.

Le message de septembre s'est conclu par des conseils aux membres concernant la poursuite de la mise à disposition de télé-soins ou de soins virtuels, à la lumière du retour à la pratique clinique en personne. Il a été conseillé aux membres d'examiner et d'adhérer aux principes et protocoles d'avril 2020 sur les télé-soins/ soins virtuels, et on leur a rappelé qu'ils devaient comprendre et reconnaître les limites des télé-soins, telles qu'elles y sont décrites.

La communication de décembre a rappelé qu'au cours des deux années précédentes, l'Ordre avait entrepris un certain nombre d'initiatives visant à renforcer les compétences des membres du Conseil et des comités grâce à d'importants programmes de formation et d'orientation, à la révision des mesures relatives aux conflits d'intérêts et aux exigences qui s'y rapportent. Dans le cadre de ces efforts, le message demandait des commentaires sur deux amendements mineurs proposés précédemment au règlement 6 de l'OCO : élection des membres du conseil et règlement 12 : nomination des non-membres du conseil. Pour tout candidat potentiel au Conseil ou toute personne nommée à un comité, les modifications sont passées de trois ans à six ans, soit le temps qui doit s'être écoulé depuis qu'une décision disciplinaire ou une disqualification a été déposée contre eux. Les membres sont invités à soumettre leurs commentaires jusqu'au 9 janvier 2023.

Le message de décembre indiquait qu'une période de six ans était courante dans plusieurs autres ordres, et concluait en réitérant que l'OCO s'engageait à mettre en œuvre les meilleures pratiques reconnues en matière de gouvernance pour les organismes de réglementation de la santé, et à améliorer ses capacités à réglementer la chiropratique dans l'intérêt du public.

Council and Staff Strategic Planning 2022





Ms Rebecca Durcan, SML Law, presenting on Council and College Performance Evaluation.

CCO Presidents and BDC Chairs



Name	Position	Organization	Term	
Dr. Dennis Mizel	President	CCO	November 2021	April 2023
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



2022 Registrar's Report

I trust and hope that all CCO members and stakeholders find the 2022 Annual Report helpful, interesting and inspiring. I've summarized some key highlights that demonstrate CCO's ongoing commitment to meeting and exceeding the obligations articulated in CCO's College Performance Measurement Framework Report.
The numbers tell a story!

Ms Jo-Ann Willson
Registrar and General Counsel

Council At A Glance

3
Council Elections

Two acclaimed (Districts 2 and 4) and one contested (District 3)

3
Guidelines Amended

- **G-001: Communication with Patients**
- **G-008: Business Practices**
- **IG-001: Procedures for Use of E-mail for CCO Business**

2
Policies Amended

- **P-045: CCO's Legislation and Ethics Examination**
- **I-012: Reimbursement of Reasonable Expenses and Per Diems**

8
Standards Amended

- **S-002: Record Keeping**
- **S-003: Professional Portfolio**
- **S-009: Chiropractic Care of Animals**
- **S-012: Orthotics**
- **S-013: Consent**
- **S-014: Prohibition of a Sexual Relationship with a Patient**
- **S-021: Assistive Devices**
- **S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information**

5
President's Messages

- **March 1, 2022 – Elections, Standards, and the CPMF**
- **April 28, 2022 – Governance Changes, Legislative Update, and Newest Council Members**
- **June 29, 2022 – CE Cycle, Standards and Guidelines, call for new assessors**
- **September 27, 2022 – Council Meeting and Strategic Planning/ Training Sessions**
- **December 2, 2022 – By-law Amendments**

Committees At A Glance

Advertising Committee

Work of the Advertising Committee reflected in significant reduction of advertising-related complaints:



Advertising Complaints

Fitness to Practise Committee

0

hearings required

Health Professions Appeal and Review Board (HPARB) Decision

16

11 confirming the decision of the ICRC, 3 returned in part for further investigation, 1 returned for reconsideration, 1 returned with an amended caution

Inquiries, Complaints and Reports Committee

102

inquiries, complaints and reports reviewed

Registration Committee

192

successful applicants for registration not requiring a review by the committee

7

applications for registration referred to the committee by the Registrar

Patient Relations Committee

11

applications for funding for therapy and counselling reviewed and monitored

Discipline Committee

6

joint submissions accepted by the panel

1

contested discipline hearing commenced

Quality Assurance Committee

557

peer assessments completed by 30 peer asessors

444

Q4 dispositions completed

9

new Peer Assessors selected

The core responsibilities of CCO Council and committees were all conducted in a context of financial stability, a balanced budget, and a clean audit. I thank and commend everyone on Council, the non-council committee members and council appointed member, the peer assessors, and of course, the fantastic CCO staff for making it all happen. We have emerged stronger and with a reenergized commitment to building on CCO's performance and aligning College performance with public interest protection.

Executive Committee

PROVIDING LEADERSHIP



Dr. Dennis Mizel
President (January 1, 2022 to December 31, 2022)

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.

The Executive Committee provides leadership of the CCO in meeting its statutory mandate to protect the public interest.

In 2022, the Executive Committee addressed the following major topics:

- Considered the difference between bias and conflict of interest based on the advice of outside legal counsel and the impact of both of CCO's regulatory functions.
- Received, reviewed and recommended to Council a draft DEI plan which provides the basis for further action in 2023.
- Decided to ensure that a 'land acknowledgement' statement would be included on the CCO website, included in meeting information packages, and circulated among Council members at the beginning of Council meetings.
- Confirmed that to be eligible for a CCO Executive Officer position a person must be able to provide a clear criminal background check promptly after assuming the Executive Officer role.
- Directed all CCO committees to review all relevant CCO standards of practice, polices and, guidelines, to address compliance with DEI and the CPMF.
- Addressed the issue of CCO preparing for changes in chiropractors' scope of practice relating to orders for diagnostic imaging and laboratory testing should the Ministry of Health proceed with this addition.

- Updated COVID-19 guidance for members and the public, based on changing directives from the Ontario Government.
- Reviewed and approved an extension of CCO's technology upgrade project to allow for the development of an online application process similar to that for online renewals to be implemented in 2023.
- Prepared for the next internal election cycle to include encouraging expressions of interest in assuming executive officer positions, as well as soliciting additional information including bilingualism, interest in chairing a committee, etc.
- Considered a change to CCO by-laws relating to eligibility of candidates for CCO elections that would extend the time period from three to six years for certain events (including a finding of professional misconduct), and agreed to distribute the changes to stakeholders, including members, and to post the by-law amendments on the CCO website to allow for feedback.



CCO EXECUTIVE COMMITTEE

Mr. Joel Friedman, *Staff Support*; Mr. Shawn Southern; Dr. Jarrod Goldin;
Mr. Markus de Domenico, *Treasurer;* Dr. Dennis Mizel, *President;* Dr. Sarah Green, *Vice-President;*
Ms Jo-Ann Willson, *Registrar & General Counsel;* Dr. Paul Groulx; Ms Robyn Gravelle.

Governance Training 2022 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 2022, these included:

- Council and committee members participated in an orientation on the College's mandate and objectives, duties and roles of committees, and duties of Council and committee members, as did candidates for CCO elections. All the orientation sessions were led by the Registrar and General Counsel and outside legal counsel.
- Council and staff attended a full weekend strategic planning and educational session which reviewed, among other matters, best practices on CPMF, definition and consideration of conflict of interest, training in diversity, equity and inclusion and a detailed review of cyber security concerns.
- Council and committee members attended an educational session on regulatory practices led by outside legal counsel and staff.
- The Health Professions Regulators of Ontario (HPRO) conduct ongoing governance training sessions which Council and committee members are encouraged (or expected) to attend. In 2022, new Council and Discipline committee members were required to complete the discipline training sessions conducted by HPRO. And all Council and committee members were encouraged to attend additional HPRO educational sessions, including governance training and 'reasons' writing workshops.

Diversity, Equity and Inclusion Plan

CCO Council approved a Diversity, Equity and Inclusion (DEI) Plan on April 20, 2022. Among the objectives and activities generated by the DEI Plan are:

- Appointing three CCO staff members as DEI officers.
- Directing CCO committees to review standards of practice, policies and guidelines through a DEI lens.
- Approving amendments to several standards of practice, policies, guidelines and applications to amend certain demographics and gender requirements and further describe CCO's accessibility policies for examinations.
- Identifying current CCO standards of practice, policies and guidelines which include DEI principles for both members and CCO, such as Guideline G-001: Communication with Patients and Policy P-057: Accessibility Policy.
- Publishing CCO's Land Acknowledgement on the CCO website and beginning every Council meeting with a reading of it.
- Training for Council and staff as part of the strategic planning sessions on September 9 – 11, 2022.
- Including questions related to DEI in the interview process in August 2022 in selecting new peer assessors.
- Planning for a DEI presentation at the Peer Assessor Workshop on January 28, 2023.
- Attending DEI consultation sessions from HPRO in December 2022.

Advertising Committee

ENSURING COMPLIANCE



Dr. Jarrod Goldin
Chair

Mandate

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

2022 FOCUS

The Committee continued to review submitted advertisements and provide feedback. There were no meetings in 2022.

The Committee noted a significant reduction in advertising complaints from prior years.



Inquiries, Complaints and Reports Committee

ADDRESSING INQUIRIES, COMPLAINTS AND REPORTS



Mr. Markus de Domenico
Chair

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

2022 FOCUS

In 2022, the Inquiries, Complaints and Reports Committee (ICRC)

- Received 127 formal complaints
- Undertook 14 investigations directed by the Registrar
- Made decisions on 89 cases
- Carried forward 99 cases.

Of note, the Health Professions Appeal & Review Board (HPARB) issued judgements on 16 ICRC decisions referred to it. After considering all information before it and hearing submissions from the parties involved, in 11 of those cases HPARB confirmed the ICRC's decisions, deeming the investigations to be adequate and/or the decision reasonable. Three decisions were returned to the ICRC to conduct a further investigation, 1 was returned for reconsideration and 1 was returned with an amended caution.



Distribution of Registrar's Investigation by Theme in 2022.

Billing and Fees
4

Intent to Mislead Including Fraud
3

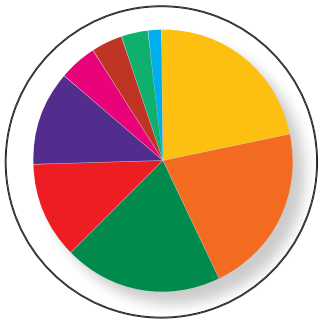
Comptence Causing Harm
2

Record Keeping
2

Sexual Abuse
2

Advertising
1

Total 14



Distribution of Formal Complaints by Theme in 2022.

Communication
28

Billing and Fees
27

Comptence/Patient Care
25

Professional Conduct and Behaviour
15

Record Keeping
15

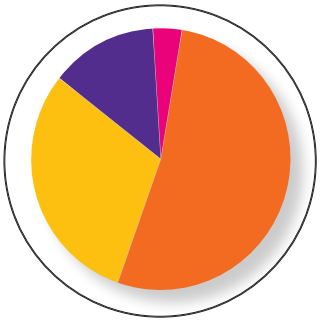
Harassment/Boundary Violations
6

Intent to Mislead including Fraud
5

Sexual Abuse
4

Advertising
2

Total 127



ICRC Dispositions in 2022

No Further Action
47

Advice and/Reminder
27

Specified Continuing Education or Remediation Program
12

Oral Cautions
3

2022 HPARB Summary

ICRC decisions can be reviewed by the Health Professions Appeal and Review Board ("HPARB") by request of either a complainant or the chiropractor(s) who were the subject of a complaint. An HPARB review involves reviewing the ICRC's complaint record to determine whether the ICRC's investigation of a complaint was adequate and whether the decision it made was reasonable. In 2022, HPARB reviewed 16 ICRC decisions. HPARB confirmed 11 decisions, meaning it found the investigations in those cases to be adequate and the decisions reasonable. 3 decisions were returned to the ICRC for further investigation and 1 decision was returned for reconsideration of the decision. HPARB required the ICRC to amend 1 caution.

Confirmed Decisions

Ryan Armstrong (complainant), Matthew Posa and Holly McGrady (members)

In 2021, Mr. Armstrong complained to the CCO regarding an article posted by the members on a clinic website regarding the coronavirus. The ICRC investigated the complaint and issued a reminder and recommendation. Mr. Armstrong requested HPARB review the ICRC decision. HPARB confirmed the ICRC's decision regarding Dr. McGrady. It found the ICRC decision regarding Dr. Posa to be unreasonable and required the ICRC to reconsider its decision. Dr. Posa then requested HPARB reconsider its decision about him on the basis that the HPARB decision was based on material errors of fact and law. HPARB subsequently confirmed the ICRC decision regarding Dr. Posa.

Gus Tsiofas (complainant) and Timothy McGuire (member)

Mr. Tsiofas had been injured in a motor vehicle accident and received treatment from a multidisciplinary clinic where Dr. McGuire worked as a chiropractor. Mr. Tsiofas complained to the CCO regarding the clinic's billings to his insurance company and Dr. McGuire's treatment. The ICRC investigated the complaint and decided to remind Dr. McGuire to adhere to the CCO's standards regarding consent and record keeping. Mr. Tsiofas requested HPARB review the ICRC decision. The ICRC decision was confirmed.

Kathy Wickens (complainant) and Marc Bronson (member)

Dr. Wickens complained to the CCO that Dr. Bronson was orchestrating a campaign against her and others who shared her views regarding chiropractic practice. The ICRC investigated the complaint and decided to take no action. Dr. Wickens requested HPARB review the ICRC decision. The ICRC decision was confirmed.

R.F. (complainant) and S.S. (member)

R.F. is the parent of a minor, who was being treated by S.S.. There was an ongoing custody dispute regarding the minor and another sibling. R.F. complained to the CCO that S.S. was not behaving appropriately towards him. The ICRC investigated the complaint and decided to take no action. R.F. requested HPARB review the ICRC decision. The ICRC decision was confirmed.

Andre Duprey (complainant) and Elaine Dembe (member)
Mr. Duprey complained to the CCO regarding issues with Dr. Dembre's chiropractic office, which was located in the lower level of her home, adjacent to Mr. Duprey's home. The ICRC investigated and decided to take no action regarding the complaint. Mr. Duprey requested HPARB review the ICRC decision. The ICRC decision was confirmed.

Vajihollah Ramandi (complainant) and Shirin Bonakdar (member)
Mr. Ramandi received chiropractic treatment from Dr. Bonakdar. He complained to the CCO regarding her billing and treatment. The ICRC investigated the complaint and required Dr. Bonakdar to complete a specialized continuing education remediation program ("SCERP") regarding business practices at her own expense. Both Mr. Ramandi and Dr. Bonkadar requested HPARB review the ICRC decision. The ICRC decision was confirmed.

Iryna Andrenyuk (complainant) and Mark Halpern (member)
Ms Andrenyuk received chiropractic treatment from Dr. Halpern. She complained to the CCO regarding Dr. Halpern's treatment. The ICRC investigated and decided to take no action regarding the complaint. Ms Andrenyuk requested HPARB review the ICRC decision. The ICRC decision was confirmed.

Glen Pleshko (complainant) and Carlan Stants (member)
Mr. Pleshko received an independent chiropractic examination ("ICE") from Dr. Stants following a motor vehicle accident and was dissatisfied with the examinations and subsequent reports. He complained to the CCO. The ICRC investigated and decided to take no action regarding the complaint. Mr. Pleshko requested HPARB review the ICRC decision. The ICRC decision was confirmed.

Gary Appleton (complainant) and Colin Elkin (member)
Mr. Appleton complained to the CCO regarding, among other things, the manner in which a chiropractic clinic was run. The ICRC investigated the complaint and determined that Dr. Elkin bore some responsibility for the policies and procedures that were in place at the clinic. It required Dr. Elkin to complete a SCERP on business practices at his own expense. Dr. Elkin requested HPARB review the ICRC decision. The ICRC decision was confirmed.

Rob Miller (complainant) and Jaspreet Sandhu and Shelley Kansal (members)
Mr. Miller was injured in a motorcycle accident, following which he received chiropractic treatment from Dr. Sandhu and Dr. Kansal. He complained to the CCO about the treatment he received from both chiropractors. The ICRC investigated the complaint and decided to remind Dr. Sandhu to adhere to the CCO's standard for record keeping and to take no action regarding the portion of the complaint against Dr. Kansal. Mr. Miller requested HPARB review the ICRC decisions. The ICRC decision was confirmed.

Fred Antflek (complainant) and Sender Deutsch (member)
Mr. Antflek was dissatisfied with the chiropractic treatment he received from Dr. Deutsch, and made a complaint to the CCO. The ICRC investigated the complaint and decided to take no action. Mr. Antflek requested HPARB review the ICRC decision. The ICRC decision was confirmed.

Returned Decisions

Ryan Armstrong (complainant) and Benjamin Hardick (member)
In 2020, Mr. Armstrong complained to the CCO regarding articles posted by Dr. Hardick on a clinic website regarding chiropractic and immunity and an "immune-boosting recipe." The ICRC investigated the complaint, including obtaining an opinion from an expert chiropractor who reviewed Dr. Hardick's web site and identified several areas where he considered posts were not compliant with the CCO's standards on advertising and chiropractic scope of practice. The ICRC required Dr. Hardick to appear before it for an oral caution. Mr. Armstrong requested HPARB review the ICRC decision. HPARB determined the ICRC investigation had been inadequate because Dr. Hardick had not had an opportunity to respond to the expert chiropractor's report and it returned the matter to the ICRC for further investigation, reconsideration of the decision, and the issuance of a further decision.

N.F. (complainant) and H.L. (member)
N.F. complained to the CCO that he and his wife attended a clinic owned by H.L. and that the clinic had billed their insurer for treatment that was not received. He also complained H.L. had contacted him a number of times about the billing. H.L. responded that the billings had been made in error and reversed upon discovery of the error. The ICRC investigated and decided to take no action regarding the complaint. N.F. requested HPARB review the ICRC decision. HPARB considered the ICRC investigation to be inadequate, and returned the decision to the ICRC with a requirement to conduct a further and adequate investigation, reconsider the matter, and issue a new decision.

Jeff Crocker (complainant) and Jennifer Tremain (member)
Mr. Crocker and Dr. Tremain are neighbours. Dr. Tremain's chiropractic office is located in her home. Over the years, there have been ongoing property and other disputes between Mr. Crocker and Dr. Tremain. Mr. Crocker complained to the CCO, alleging, among other things, that Dr. Tremain held a party in her home during a COVID lockdown. The ICRC investigated and decided to take no action regarding the complaint. Mr. Crocker requested HPARB review the ICRC decision. HPARB considered the investigation to be inadequate and returned the decision to the ICRC with a requirement to conduct further investigation, reconsider the decision and issue a new decision.

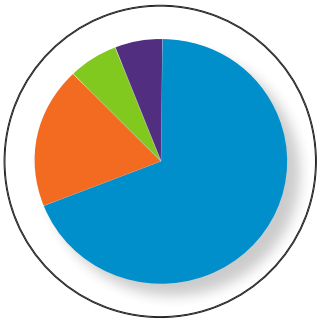
Terry Lemaire (complainant) and Wade Rafacz (member)
Mr. Lemaire complained to the CCO regarding the treatment that Dr. Rafacz provided to his wife, who was diabetic. The ICRC investigated the complaint and decided to issue advice to Dr. Rafacz to comply with CCO standards regarding chiropractic scope of practice and record keeping,

and its guidelines regarding communication with patients. Mr. Lemaire requested HPARB review the ICRC decision. HPARB considered the ICRC investigation to be adequate but its decision to be unreasonable because it did not address the issue of the appropriate chiropractic standard of care in the circumstances HPARB returned the decision to the ICRC and required it to reconsider the matter and issue a further decision.

Amended Decision

Ibrahim Asadullah (complainant) and Martin Gurvey (member)
Mr. Asadullah complained to the CCO regarding Dr. Gurvey's treatment in relation to dispensing orthotics and maintaining patient confidentiality. The ICRC investigated the complaint and required Dr. Gurvey to attend before it to be cautioned regarding adherence to CCO standards of practice regarding chiropractic scope of practice, record keeping, and orthotics, and guidelines regarding business practices and delegation, assignment and referral of care. Dr. Gurvey requested HPARB review the ICRC decision. HPARB found the ICRC conducted an adequate investigation and confirmed in part its decision to require Dr. Gurvey to attend for a caution. HPARB required the ICRC to remove from the caution the reference to record keeping as it relates to maintaining patient confidentiality.

2022 Health Professions Appeal and Review Board (HPARB) Decisions Regarding Reviews of the Inquiries, Complaints and Reports Committee (ICRC) Decisions



ICRC Decisions Upheld
11

ICRC Decisions returned for further investigation
3

ICRC Decision returned for reconsideration
1

ICRC Decision returned with amended caution
1

Discipline Committee

ADJUDICATING ALLEGATIONS OF MISCONDUCT OR INCOMPETENCE



Mr. Shawn Southern
Chair

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.

DISPOSITION SUMMARY OF 2022 HEARINGS

- There were 7 discipline decisions in 2022.
- Six hearings proceeded by way of agreed statements of facts and/or joint submissions as penalties, thus avoiding delay and the expense of a contested hearing.
- One contested hearing was commenced but not concluded in 2022.
- All decisions in 2022 are available on the CCO website.

Summary of 2022 Discipline Committee Decisions
(decisions are posted in full on the CCO website)

1. Overview

In 2022, panels of the Discipline Committee held hearings regarding nine Notices of Hearing involving seven members. In five of those cases, the hearings proceeded by way of Agreed Statements of Facts and Joint Submissions on Penalty. In one hearing, there was an Agreed Statement of Facts but no agreement on penalty and costs. A panel heard one motion for leave to withdraw allegations. One contested hearing was commenced.

2. Cases Involving Agreed Statements of Facts

In each of the cases that proceeded by way of an Agreed Statement of Facts and Joint Submission on Penalty, 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. Panels accepted proposed penalties contained in Joint Submission on Penalty submitted by the CCO and the Member because Panels found them to be fair and equitable, and balanced public protection with remediation of the Member. Panels acknowledged that in the cases involving Agreed Statement of Facts, members had cooperated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and the expense of a contested hearing.

Hearings Regarding Allegations of Professional Misconduct

Name of Member: Allan Bortnick (#1283)

Place of Practice: Toronto

Background

- Dr. Allan Bortnick ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1977.
- During the relevant period, the Member practiced chiropractic at his private clinic in Toronto, Ontario.
- The Member was also a member of the College of Naturopaths of Ontario.
- Prior to the hearing, the Member undertook to resign his membership with the CCO and never apply for membership with the CCO in the future.

The Six Patients

- Six patients complained to the CCO regarding treatment they received from the Member. The treatments had taken place during the period 2003-2015. Five of the six patients saw the Member once, and one patient saw him twice.
- Several of the patients complained about a particular naturopathic or non-chiropractic treatment that the Member called an "abdominal lift" and that involved touching in sensitive areas of the lower abdomen and groin and the hips and buttocks. There were also complaints from some of the patients that the Member had touched their breasts.
- During a CCO investigation, the Member's available records for the patients were obtained. There were issues identified in

some of the patient records, including: a) the Member had prepared two similar sets of notes for patients although there was no indication as to why or when the notes had been prepared; b) written informed consent to some treatments had not been obtained; c) there was not a clear distinction between when the Member was acting as a chiropractor vs. acting as a naturopath; and d) the documentation did not contain sufficient or any information regarding the Member's assessments, diagnosis or treatment plans and was otherwise deficient.

Findings of Professional Misconduct

- The Member did not contest allegations that he sexually abused three patients by touching their breasts. He agreed there was sufficient evidence to find he sexually abused those patients. The Member also admitted to a number of deficiencies in his practice including failing to obtain and document informed consent, documention, and providing unnecessary therapeutic services.
- Given the Member's admissions and an Agreed Statement of Facts submitted at the hearing, the panel of the Discipline Committee ("Panel") found the Member committed acts of professional misconduct because he sexually abused three of the patients. In addition, with respect to one or more of the six patients, he committed acts of professional misconduct because he:
    - failed to maintain the standards of practice of the profession by failing to obtain and document informed consent, and failing to assess, treat and document in accordance with CCO Standards of Practice;
    - failed to obtain or document informed consent for assessments and treatment;
    - provided therapeutic services that were not necessary;
    - failed to document as required by the regulations; and
    - engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members was disgraceful, dishonourable and unprofessional.

Joint Submission on Penalty and Costs

- The CCO and the Member submitted a joint submission on penalty, which was accepted by the Panel. The Panel ordered:
    - the Member to appear before the Panel to be reprimanded;
    - the Registrar and General Counsel ("Registrar") to suspend the Member's certificate of registration for a period of fifteen (15) months ("Suspension"); and
    - the Member to reimburse the CCO for funding provided to the six patients for therapy and counselling under the program required under section 85.7 of the Health Professions Procedural Code.
- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of $20,000.00.

Name of Member:
Haralabos Grigoropoulos (# 5096)

Place of Practice: Markham

Agreed Facts

Background

- Dr. Haralabos Grigoropoulos ("Member") became a member of the CCO in 2006.
- He practices at the Gibson Wellness Centre in Markham, Ontario ("Clinic"). The Clinic is a multidisciplinary clinic staffed with chiropractors, an occupational therapist, a massage therapist, a registered nurse, and psychologists.

- The Member is employed by the Clinic on a part-time basis to provide chiropractic treatment. He does not have an ownership interest in the Clinic and is not involved in its management or business operations.

Patient "A"

- Patient A. began receiving treatment at the Clinic in 2019 after she was hit by a car. Patient A. continued to receive treatment at the Clinic until March 12, 2020, when the Clinic was shut down due to the pandemic. She received no treatment and had no contact with the Clinic after that date.
- During the course of a legal proceeding, the Clinic asserted that Patient A. was responsible for paying costs related to some of her treatment at the Clinic. Patient A. had understood that all of her treatment at the Clinic had been paid for by her insurer. In addition, discrepancies were discovered between the number and type of treatments that Patient A. said she had received at the Clinic and those that the Clinic had billed.
- The Member was one of the regulated health professionals who signed Auto Insurance Standard Invoices ("OCF-21s") and Treatment and Assessment Plans ("OCF-18s") for Patient A. that had been submitted to Patient A.'s insurer. These submissions were not supported by sufficient or, in some instances, any documentation. Some of the OCF-18s were signed or submitted after March 12, 2020, although Patient A. did not attend at the Clinic or receive any treatment after that date. Many of the OCF-18s were not signed by Patient A., although they should have been.

Admissions

- The Member agreed that he assessed Patient A. and provided chiropractic treatment to her, but failed to document his assessment and treatment in adequate detail. In addition, the treatment he documented providing was different than the treatment that was billed by the Clinic. The Member agreed that he did not ensure Patient A. signed OCF-18s, and did not advise her when the insurer denied several of the OCF-18s, which meant it would not be paying for treatments she was receiving. The Member did not discuss treatment plans with her or provide her with any information about billing. He didn't take any steps to ensure that the OCF-21s he signed were accurate and complete.

Findings of Professional Misconduct

- Based on the Member's admissions and an Agreed Statement of Facts submitted at the hearing, the Panel found the Member committed acts of professional misconduct because he:
    - failed to maintain the standard of practice expected of members of the profession regarding his documentation and billing;
    - signed or issued, in his professional capacity, one or more OCF-18s regarding Patient A. that he knew contained false or misleading statements; and
    - engaged in conduct that, having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable and unprofessional regarding his documentation and billing.

Joint Submission on Penalty and Costs

- The CCO and the Member submitted a Joint Submission on Penalty, which was accepted by the Panel. The Panel ordered:
    - the Member to appear before the Panel to be reprimanded;
    - the Registrar to suspend the Member's Certificate for a period of nine (9) months. Three months of the suspension were to be suspended if the Member complied with certain terms, conditions and limitations ("Conditions") within a specified time;
    - the Registrar to impose the following Conditions on the Member's Certificate:
        - the Member must:
            - provide a written Undertaking to the Registrar confirming that he has reviewed and will comply with all CCO regulations, standards of practice, policies and guidelines;
            - provide written evidence to the Registrar that he has successfully completed the CCO's Legislation and Ethics Examination and Regulatory Excellence Workshop at his own expense;
            - be peer assessed at his own expense within 6 months of returning to practice after the lifting of the suspension; and
            - have his documentation and business practices reviewed by a mentor for a two-year period, at his own expense.
- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of $20,000.00.

Name of Member: Joel Kerr (#5282)

Place of Practice: Markham

Agreed Facts

Background

- Dr. Joel Kerr ("Member") became a member of the CCO in 2007.
- During the relevant time, he owned, operated and practiced chiropractic at The Health Institute in Scarborough ("Clinic").
- The Member has no previous complaint or discipline history at the CCO.

Billing at the Clinic

- Following receipt of a complaint, Green Shield Canada ("GSC") sent an undercover investigator to the Clinic on two occasions to receive treatment. On one occasion, the undercover investigator was assessed by the Member. On the second occasion, he performed exercises under the supervision of a personal trainer. The Member billed GSC for six chiropractic treatments, and, when asked to submit health records in support of the claims, submitted health records indicating he treated the undercover investigator five times. The undercover investigator had not been at the Clinic at all on four of the dates.
- During the subsequent CCO investigation, the Member was asked to submit patient and financial records for 8 patients who were insured by GSC. The majority of the claims the Clinic had made to GSC regarding the patients (418 out of 450 claims) were not supported by clinical notes. On several occasions, claims were submitted to GSC for different services than those invoiced to patients. Four patients were interviewed and said they received different treatments than the treatments billed to GSC. On several

occasions when GSC refused to pay claims for certain services, the Clinic resubmitted claims for the same date, but different services.

Findings of Professional Misconduct

- Based on admissions by the Member and an Agreed Statement of Facts submitted at the hearing, the Panel found the Member committed acts of professional misconduct because he:
    - failed to maintain the standard of practice expected of members of the profession regarding his treatment, documentation and claims made to GSC;
    - falsified clinical, billing and/or claims records;
    - signed or issued, in his professional capacity, documents he knew contained false or misleading statements regarding treatment, billing and/or claims made to GSC;
    - submitted accounts or charges for services that he knew contained false or misleading statements to GSC; and
    - engaged in conduct that, having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable and unprofessional regarding his treatment, documentation, billing and/or claims made to GSC.

Joint Submission on Penalty and Costs

- The CCO and the Member submitted the following joint submission on penalty, which was accepted by the Panel. The Panel ordered:
    - the Member to appear before the Panel to be reprimanded;
    - the Registrar to suspend the Member's Certificate for a period of twelve (12) months with three (3) months of the suspension to be suspended if the Member completes certain of the Conditions within a specified time;
    - the Registrar to impose the following Conditions on the Member's Certificate:
        - the Member must:
            - provide a written Undertaking to the Registrar confirming that he has reviewed, and will comply with all CCO regulations, standards of practice, policies and guidelines;
            - provide written evidence to the Registrar that he has successfully completed the CCO's Legislation and Ethics Examination and Regulatory Excellence Workshop at his own expense;
            - be peer assessed, at his own expense, within 2 months of returning to practice after the lifting of the suspension;
            - have his practice and billings be reviewed by a mentor at his own expense; and
            - permit the CCO to inspect his practice at its discretion and his expense a maximum of four times in the two years following the lifting of the suspension.
- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of $20,000.00.

Name of Member: David Lee (#4273)

Place of Practice: Toronto

Agreed Facts

Background

- Dr. David Lee ("Member") became a member of the CCO in 2002.
- During the relevant period, the Member practiced chiropractic at his clinic in First Canadian Place in Toronto, Ontario.

Patient "A."

- Patient "A." began receiving treatment from the Member in 2020. She was complaining of lower back pain and her posture. The Member considered her back pain was related to breast scar tissue from breast reduction surgery. His treatment included having Patient A. remove her gown to expose her breasts, and then using his bare hands to treat her breasts, one at a time. The Member did not adequately explain the nature of the treatment he was providing nor the reason for it. He did not obtain written informed consent to the treatment or document the reason for the breast treatment. During the treatment, the Member asked Patient A. about her personal life, including her boyfriend.

Findings of Professional Misconduct

- During the hearing, the Member did not contest the allegation that he sexually abused Patient A. He agreed there was sufficient evidence to find he sexually abused Patient A. by touching of a sexual nature of her breasts, when that touching was not of a clinical nature appropriate to the service provided.
- Based on the Agreed Statement of Facts submitted at the hearing and the Member's admissions, the Panel found the Member committed acts of professional misconduct because he:
  - sexually abused a patient;
  - failed to maintain the standards of practice of the profession; and
  - engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Joint Submission on Penalty and Costs

- Based on the findings of professional misconduct, the CCO and the Member submitted a joint submission on penalty, which was accepted by the Panel. The Panel ordered:
  - the Member to appear before the Panel to be reprimanded;
  - the Registrar to revoke the Member's certificate of registration;
  - the Member to reimburse the CCO for funding provided to Patient A. under the program required under section 85.7 of the Health Professions Procedural Code; and
- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of $20,000.00.

Name of Member: Brian Nantais (#2798)

Place of Practice: Tecumseh

There were two Notices of Hearing regarding Dr. Nantais. The CCO and Dr. Nantais agreed that the Notices of Hearing should be heard in one combined hearing because they involved similar questions of fact and law.

Agreed Facts

Background

- Dr. Brian Nantais ("Member") has been a member of the CCO since 1993.
- During the relevant time, he owned, operated and practiced chiropractic at the Nantais

Family Chiropractic ("Clinic") in Tecumseh, Ontario.

Patient A.

- In 2018, Patient A. was a 70 year old widow on a fixed income with no benefits. She was experiencing pain in one leg and was stiff when getting up. At the time, the Member was advertising a "Best Offer of the Year" in which he offered a new patient appointment (x-ray and consultation), a report of findings, and three adjustments for free. Patient A. signed up for the offer. During the report of findings, the Member advised Patient A. to sign up for a program that consisted of 36 chiropractic treatments over a three-month period to be followed by a maintenance program. Patient A. agreed to pay $2,190.00 for the treatments up front. The Member did not provide her with an itemized contract or agreement or any information about what each component of the treatment would cost.
- Patient A. received a number of treatments from the Member. The first three treatments were the same – Patient A. would sit on a wobble cushion, use a neck exerciser, and then the Member would adjust her back using an actuator. After that, the treatments also included a "physio treatment" where Patient A. would lie on a table with a block under her side and a strap under her armpit.
- The Member re-assessed Patient A. on two occasions. Neither re-assessment was documented. Shortly after the second re-assessment, Patient A. decided the treatments were not helping her and she decided to stop receiving them. She informed the Member of her decision and asked for a refund of some of the money she had paid upfront.
- Patient A. did receive a refund from the Member but it was not as much as she expected. During the course of correspondence with the Member, Patient A. received information regarding her account and a further refund. She noticed a number of inconsistencies with the account and complained to the CCO.
- During the CCO investigation, Patient A.'s clinical record was obtained and a number of deficiencies in documentation were observed.

Patient B.

- Patient B. was a friend of Patient A. When she heard of the Member's "Best Offer of the Year", she also signed up for the offer. As with Patient A., during the report of findings, the Member advised Patient B. to sign up for a program that consisted of 36 chiropractic treatments over a three-month period to be followed by a maintenance program. The cost of the program was $1,877.00 and Patient B. understood part of the cost would be paid for by her insurance. She paid for the portion that would not be covered by her insurer up front. The Member did not provide her with an itemized contract.
- After 12 treatments, the Member re-assessed Patient B. The Member did not document his assessment or findings. Soon after, Patient B. decided not to receive any more treatments. She contacted the Member and asked for an accounting. Ultimately, Patient B. received a document from the Member that described the program and what each component of the program cost.
- There were disagreements between Patient B. and the Member as to the number of treatments she was entitled to, the costs of the treatments, and the claims that

the Member had submitted to Patient B.'s insurer. Patient B. also considered some of the Member's comments and behaviour towards her to be inappropriate. In addition, according to Patient B, the Member also made her feel ashamed to get medical help for her bronchitis and other conditions.

- During the CCO investigation, Patient B.'s clinical record was obtained and a number of deficiencies in documentation were observed.

Findings of Professional Misconduct

- The Member admitted that, with respect to both patients, his billing practices, record keeping and communications were deficient. Based on the Member's admissions and an Agreed Statement of Facts presented at the hearing, the Panel found the Member committed acts of professional misconduct as alleged in the Notices of Hearing, and in particular, with both Patient A. and Patient B., he:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession regarding his assessment, treatment, documentation and billing;
  - 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 a fee for a service before the service was provided;
  - charged a block fee when no unit cost was specified and he did not agree to refund the unused portion of the block fee;
  - failed to itemize an account for professional services when requested to do so by the patient; and
  - engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional with respect to his assessment, treatment, documentation and billing.
- With respect to Patient B., he also committed additional acts of professional misconduct because he:
  - failed to advise her to consult with another health professional when he knew or ought to have known she required the care of another health professional; and
  - provided her with therapeutic services that were not necessary.

Joint Submission on Penalty and Costs

- The CCO and the Member submitted a joint submission on penalty, which was accepted by the Panel. The Panel ordered:
  - the Member to appear before the Panel to be reprimanded;
  - the Registrar to suspend the Member's certificate of registration for a period of eight (8) months, with two (2) months of the suspension to be suspended if the Member completes certain Conditions by a specified date;
    - the Registrar to impose Conditions on the Member's Certificate, and in particular that the Member must:
      - review, and agree in writing to comply with, all CCO regulations, standards, and guidelines:
      - successfully complete the Legislation and Ethics Examination and the CCO's Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar.

- be peer assessed at his own expense within six (6) months of returning to practice after the lifting of the suspension;
- at his own expense and the CCO's discretion, to have his business practices reviewed by a CCO member approved of by the Registrar for a two year period; and
- submit any proposed advertisements to the Advertising Committee.

- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of $20,000.00.

Name of Member: Ahmad Rostayee (# 5948)

Place of Practice: Milton

Background

- Dr. Ahmad Rostayee became a member of the CCO in 2010.
- During the relevant time, Dr. Rostayee practiced chiropractic at Hands-On Healing Chiropractic & Wellness Centre in Milton, Ontario.
- Dr. Rostayee was the subject of a Discipline Committee hearing on January 7, 2019, in which he admitted he submitted false invoices to an insurer and accepted payment from the insurer for treatments that were not provided. As a result of Dr. Rostayee's guilty plea, the Discipline Committee made an order based on a joint submission on penalty and costs that included, among other things, a suspension and the imposition of terms, conditions and limitations on Dr. Rostayee's certificate of registration. Dr. Rostayee served his suspension and paid the costs order.
- Dr. Rostayee resigned his membership with the CCO on January 1, 2020.

Patient "A." and Patient "B."

- On February 4, 2021, the CCO received a complaint from "Patient A." regarding invoices that Dr. Rostayee had submitted to her insurance company, SunLife, for treatments purportedly provided to Patient A. and her husband, "Patient B." According to Patient A., Dr. Rostayee had invoiced SunLife for treatments that were not provided to her and her husband, and had inflated the cost of treatments that were provided.

Findings of Professional Misconduct

- Dr. Rostayee admitted that he made false claims to SunLife regarding Patient A. and Patient B. between January 2019 and July 2019, and that the false claims totalled $41,837.00.
- Based on the admissions and an Agreed Statement of Facts submitted at the hearing, the Panel found that Dr. Rostayee committed acts of professional misconduct because, with respect to Patient A. and Patient B., he:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his billings and his accepting payment from SunLife for services that were not provided;
  - falsified a record or records relating to his practice with respect to his billings;
  - signed or issued, in his professional capacity, a document he knew contained a false or misleading statement;
  - submitted an account or charge for services that he knew were false or misleading; and

- engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional with respect to his making false claims to SunLife and his accepting payment for the false claims from SunLife.

Penalty and Costs

- Based on the College's submissions, the Panel ordered the Registrar to revoke Dr. Rostayee's Certificate.
- The Panel also ordered Dr. Rostayee to pay a portion of CCO's investigative and legal costs in the amount of $16,500.00.

3. MOTIONS

Name of Member: Dr. Scott Huehn

Place of Practice: Hamilton

- The CCO brought a motion for leave to withdraw the allegations contained in a Notice of Hearing dated December 8, 2017 and a Notice of Hearing dated April 30, 2021. In light of all of the circumstances including an Undertaking given by Dr. Huehn, the Panel granted leave as requested.

Fitness to Practise Committee

REFERRALS FROM ICRC



Dr. Dennis Mizel
Chair

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.

2022 FOCUS

There were no referrals to the committee nor meetings in 2022.



Patient Relations Committee

EXERCISING PATIENT RIGHTS UNDER THE *RHPA*



Ms Anuli Ausbeth-Ajagu
Chair

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*.

2022 FOCUS

- The committee received a verbal report on amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient, which incorporated the spousal exception regulation passed by the Ontario Government in October 2021.
- The "Regulatory Excellence for CCO Members" workshop held in June 2022 included expanded materials related to the prevention of sexual abuse of patients, avoidance of boundary violations and guidelines to enhance communication with patients.
- The committee recommended to Council approval of amendments to Guideline G-001: Communication with Patients. These amendments included:
  - ensuring the focus of communication with patients is consistent with the chiropractic scope of practice and informed consent standards of practice,
  - being respectful and reasonably accommodating of patient's choice to have a third party present (e.g., support person), and
  - being supportive of a patient in identifying potential resources for interpretation services, if such services are required.



The committee recommended to Council approval of proposed amendments to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient to include language distinguishing sexual abuse under the *Regulated Health Professions Act, 1991 (RHPA)* from sexual assault under the Criminal Code of Canada and to communicate that consent is not a defence to sexual abuse under the *RHPA*.

Quality Assurance Committee

DEVELOPING, ESTABLISHING AND MAINTAINING STANDARDS, POLICIES AND GUIDELINES



Dr. Paul Groulx
Chair

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.

2022 FOCUS

The Quality Assurance held five (5) meetings in 2022.

Application of 'Right Touch' Regulation

- The Quality Assurance (QA) Committee continued to apply the principles of 'Right Touch' Regulation in its review of standards of practice, policies and guidelines and its administration of the peer and practice assessment, peer mentoring, self assessment and continuing education programs. The QA programs are educational and remedial (not punitive) in nature.

Peer and Practice Assessment

- A virtual peer and practice assessment workshop was conducted on January 29, 2022. The workshop provided an opportunity to present an educational session for peer assessors and for peer assessors to offer valuable feedback on conducting PPA 1.0 and 2.0 in both in-person and virtual environments. Peer Assessors conduct between 10 – 20 peer assessments per year.

Regulatory Excellence Workshops

- In 2022, the committee facilitated three (3) Regulatory Excellence Workshops (formerly the record keeping workshop)

Amendment to Standards of Practice S-022: Ownership, Storage, Security, Destruction of Records of Personal Health Information

- The committee recommended amendments to include the

requirement to collect demographic information as necessary to identify, assess and treat patients, instead of requiring the collection of specific information such as gender. Amendments to the electronic record keeping section of Standard of Practice S-002 and s-022 further emphasize the importance of the security, protection and confidentiality of patient personal health information maintained in electronic record keeping systems. This includes ensuring that electronic record keeping system are compliant with the *Personal Health Information Protection Act, 2004 (PHIPA)*, having cyber security protections in place to protect personal health information from loss, tampering, interference and unauthorized use and access, and having protocols in place on steps to take in the event of a privacy breach.

Amendments to Standard of Practice S-003: Professional Portfolio

- The committee recommended amendments to require members registered in the General (i.e., Active) class of registration to attend the CCO Virtual Regulatory Excellence Workshop at least once every three CE cycles (or once every six years) as part of their structured CE hours. Members may complete this requirement over the next three CE cycles or until June 30, 2028. The Regulatory Excellence Workshop builds upon the previous Record Keeping Workshop and includes topics related to all aspects of the regulation of chiropractic in Ontario. This virtual workshop is typically offered three times per year and is free for all CCO members.
- The committee recommended Self Assessment 2.0, intended for use by members who have completed two CE cycles and thus completed two initial Self Assessment 1.0. Self Assessment 2.0 is intended to facilitate a more general, constructive assessment of ones practice with respect to skills and knowledge that are generally considered to be core competencies.

Amendments to Standard of Practice S-013: Consent

- The committee recommended amendments to include language that the requirement for a patient to bring another individual to any future appointment is considered a breach of patient privacy and is inappropriate, except for reasons related to capacity to consent and/or substitute-decision making. Amendments to this standard were approved based on a recent Inquiries, Complaints and Reports decision. A patient's right to privacy and confidentiality must be respected and it must be the patient's choice of whether they wish to bring another individual with them to future appointments.

Amendments to Standard of Practice S-012: Orthotics, Standard of Practice S-021: Assistive Devices and Guideline G-008: Business Practices

- The committee recommended the following amendments to these documents:
    - Emphasis of the sections of the professional misconduct regulation that requires that accounts for services must not be false or misleading, fees must be disclosed in advance to the patient, including fees that are not payable by the patient (i.e., payable by an insurance company or third-party payor), and that an account for professional services must be itemized upon request.
    - Any fees charged for orthotics or any assistive device must be consistently applied in accordance with the member's fee schedule and based on a clinical history, examination, diagnosis or clinical impression, consent, instructions and recommendations and follow-up, as documented in the patient health record.
    - Members should familiarize themselves with a patient's insurance company or third-party payor if any third-party is involved with reimbursement for services or products related to chiropractic care.
    - Amendments include the use of gender neutral pronouns.

Registration Committee

ENSURING COMPETENCE AND ENTRY TO PRACTICE



Mr. Markus de Domenico
Chair

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.

2022 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.

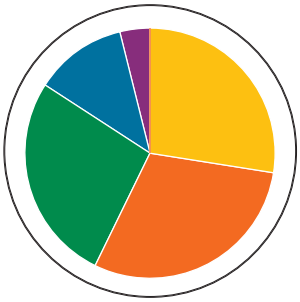
The Committee:

- Held five (5) meetings during 2022
- Received a verbal report that the number of members paying late fees and being suspended has decreased since 2021
- Reviewed and recommended to Council 2023 online member and professional corporation renewals
- Recommended amendments to Policy P-045: CCO's Legislation and Ethics Examination to reference the specific sections under the *Ontario Human Rights Code, 1990* and the *Accessibility for Ontarians with Disabilities Act, 2005* that describe what is included in the definition of disability.
- Recommended amendments to all registration policies (P-045, P-050, P-053, P-054, P-056, P-057, P-058) to change all pronouns to gender neutral pronouns consistent with CCO's DEI Plan.

CCO filed its 2021 annual report to the Office of the Fairness Commissioner (OFC) in December 2022. The OFC annual report details the registration practices and statistics for the year 2021. All OFC reports are posted on the CCO website.

In April 2022, the OFC informed CCO that it was categorized as low risk and fully compliant.

College of Graduation	Female	Male	Total
Canadian Memorial Chiropractic College	79	64	143
Northeast College of Health Sciences (Formerly New York Chiropractic College)	11	10	21
D'Youville College	4	3	7
Palmer College – Davenport	2	2	4
Logan University	1	2	3
New Zealand College of Chiropractic	3	0	3
Palmer College – San Jose	2	1	3
Life University	1	1	2
McQuarie University	1	1	2
Northwestern Health Sciences University	1	1	2
Texas Chiropractic College	0	2	2
Anglo-European College of Chiropractic	1	0	1
National University of Health Sciences	0	1	1
Parker University	0	1	1
Sherman College of Chiropractic	0	1	1
Université du Québec à Trois-Rivières	0	1	1
University of Western States	0	1	1
Total	105	91	196



Ages of Active Members – Total 4,878

(as at December 31, 2022)

Under Age 25
9

Ages 25-35
1,355

Ages 36-45
1,474

Ages 46-55
1,271

Ages 56-65
586

Over 65
183

Class of Certificate of Registration for CCO Members – Total 5,372

(as at December 31, 2022)

General (i.e. Active)	**General** (i.e. Active) **Non-Resident**	**Inactive**	**Inactive Non-Resident**	**Retired**	**Retired Non-Resident**
4,825	53	166	50	151	127

Countries of Chiropractic Education of Active Members – Total 4,878

(as at December 31, 2022)

Australia 18

France 1

New Zealand 19

Canada
Ontario 3,490
Quebec 13

South Africa 1

United Kingdom 18

United States 1,318



COLLEGE OF CHIROPRACTORS OF ONTARIO

Financial Statements for the year ended December 31, 2022

(With 2021 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, 2022, 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, 2022, 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 19, 2023

Statement of Financial Position

December 31, 2022
(with 2021 comparisons)

	2022	2021
ASSETS		
Current		
Cash and cash equivalents	$ 6,036,685	$ 3,239,184
Short-term investments, at amortized cost (Note 2)	51,145	2,354,606
Prepaid expenses and sundry assets	37,074	51,087
	6,124,904	5,644,877
Capital assets (Note 3)	13,347,967	13,863,485
TOTAL ASSETS	$ 19,472,871	$ 19,508,362
LIABILITIES		
Current		
Accounts payable and accrued liabilities	$ 422,718	$ 224,372
Government remittances payable	9,340	444
Deferred revenue	3,603,699	3,277,821
Mortgage payable – current portion (Note 6)	266,478	234,180
	4,302,235	3,736,817
Mortgage payable – non-current portion (Note 6)	2,611,921	3,497,489
TOTAL LIABILITIES	6,914,156	7,234,306
NET ASSETS (per Statement 2)		
Internally restricted for Office Development Project (Note 5)	4,288,637	4,288,637
Unrestricted	8,270,078	7,985,419
TOTAL NET ASSETS	12,558,715	12,274,056
TOTAL LIABILITIES AND NET ASSETS	$ 19,472,871	$ 19,508,362

Approved on behalf of the College:

MR. MARKUS DE DOMENICO
TREASURER

DR. DENNIS MIZEL,
PRESIDENT

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

STATEMENT 1

Statement of Changes in Net Assets

FOR THE YEAR ENDED DECEMBER 31, 2022

	Internally restricted for Office Development Project (Note 5)	Unrestricted	Total
BALANCE: January 1,	$ 4,288,637	$ 7,985,419	$ 12,274,056
Excess of income over expenditures (per Statement 3)	—	284,659	284,659
BALANCE: December 31,	$ 4,288,637	$ 8,270,078	$ 12,558,715

FOR THE YEAR ENDED DECEMBER 31, 2021

	Internally restricted for Office Development Project	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,	$ 4,288,637	$ 7,985,419	$ 12,274,056

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

Statement of Operations

for the Year Ended December 31, 2022
(with 2021 comparisons)

	2022	2021
INCOME		
Renewal fees	$ 4,877,462	$ 4,812,755
Registration fees	74,038	78,537
Examination fees	41,706	43,097
Incorporation fees	261,191	250,250
Recovery of discipline costs	74,800	214,328
Interest and sundry	87,648	144,400
TOTAL INCOME	5,416,845	5,543,367
EXPENDITURES		
Salaries and benefits (Note 4)	1,696,981	1,479,179
Utilities	42,720	37,674
Office and general	554,619	360,784
Printing and postage	69,503	58,405
Insurance	31,716	26,466
Meetings, fees and expenses (Schedule 1) (Note 9)	186,361	122,696
Audit	30,623	28,832
Seminars and conferences	31,318	31,675
FCC dues	142,272	142,272
Consulting fees	251,299	329,708
Consulting fees - peer assessors	232,363	210,534
Consulting fees - complaints	22,726	162,723
Legal fees - complaints	24,555	152,897
Legal fees - discipline	765,403	544,804
Legal fees - executive	34,279	31,347
Legal fees - general	70,918	84,745
Common element expenses	115,371	109,473
Property tax	143,314	142,521
Mortgage and loan interest	113,225	144,928
Equipment lease	19,628	19,358
TOTAL EXPENDITURES	4,579,194	4,221,021
Excess of income over expenditures before amortization	837,651	1,322,346
Amortization	552,992	595,016
EXCESS OF INCOME OVER EXPENDITURES	$ 284,659	$ 727,330

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

STATEMENT 3

Statement of Cash Flows

for the Year Ended December 31, 2022
(with 2021 comparisons)

	2022	2021
OPERATING ACTIVITIES		
Excess of income over expenditures (per Statement 3)	$ 284,659	$ 727,330
Amortization – capital assets	552,992	595,016
Decrease (increase)in prepaid expenses and sundry assets	14,013	(27,680)
Increase (decrease) in accounts payable and accrued liabilities	198,346	(56,640)
Increase (decrease) in government remittances payable	8,896	(81)
Increase in deferred revenue	325,878	53,545
	1,384,784	1,291,490
INVESTING ACTIVITIES		
(Purchase) of capital assets	(37,474)	(26,157)
Decrease (increase) in short-term investments	2,303,461	(401,196)
	2,265,987	(427,353)
FINANCING ACTIVITIES		
(Decrease) in mortgage payable	(853,270)	(722,992)
CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR	2,797,501	141,145
CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	3,239,184	3,098,039
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	$ 6,036,685	$ 3,239,184
Cash and cash equivalents consist of the following:		
Cash	$ 6,036,685	$ 3,239,184

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, 2022
(with 2021 comparisons)

	FEES	EXPENSES	TOTAL 2022	TOTAL 2021
Dr. Gerard Arbour	$ —	$ —	$ —	$ 1,800
Dr. Michael Gauthier [2]	11,100	1,986	13,086	—
Dr. Jarrod Goldin [1, 8]	8,500	2,943	11,443	7,700
Dr. Colin Goudreau [7]	10,900	3,382	14,282	14,400
Dr. Sarah Green [1, 2]	17,725	4,994	22,719	17,725
Dr. Kyle Grice [5, 6]	17,700	1,260	18,960	6,800
Dr. Paul Groulx [1, 6]	12,850	5,475	18,325	8,800
Dr. Steven Lester	2,400	—	2,400	9,700
Dr. Dennis Mizel [1, 3, 4]	57,631	6,907	64,538	39,771
Dr. Janit Porter	—	—	—	1,500
Dr. Angelo Santin [4, 8]	6,500	601	7,101	4,700
Dr. Michael Staffen	—	—	—	2,400
Dr. Julia Viscomi [3, 7]	11,300	2,207	13,507	7,400
Ms Jo-Ann Willson	—	—	—	—
	$ 156,606	$ 29,755	$ 186,361	$ 122,696

Note: Committee membership changed in April

Numbers refer to committee/project membership (April – December 2022)

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

SCHEDULE 1

Notes to the Financial Statements

December 31, 2022

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, 2022, there were nine elected members and seven 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, 2022, 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	2022	2021
Toronto Dominion Bank, GIC	0.50%	$ –	$ 2,304,034
Toronto Dominion Bank, GIC	0.50%	–	50,572
Toronto Dominion Bank, GIC	1.25%	51,145	–
		$ 51,145	$ 2,354,606

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	2022 Net	2021 Net
Furniture and Office Equipment	$ 983,616	$ 686,263	$ 297,353	$ 342,053
Computer and Software	943,260	857,238	86,022	115,052
Building	12,483,345	1,880,453	10,602,892	11,044,680
Land	2,361,700	—	2,361,700	2,361,700
	$ 16,771,921	$ 3,423,954	$ 13,347,967	$ 13,863,485

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 January 8, 2024. Maximum annual penalty free lump-sum payment allowed is 10% of the principal amount.

The required minimum annual payment for the next year in aggregate is $369,061, as follows:

	Principal	Interest	Total
2023	$ 266,478	$ 102,583	$ 369,061

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 2022 the ratio was 2.48:1 (2021: 3.90:1).

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 2022.

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, 2022.

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. All these transactions were carried out in the normal course of operations and are recorded at the exchange value.

10 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.

No funds were placed in the Contingency Reserve Fund in 2022. However, on April 19, 2023 the Council of the College passed a motion to internally restrict $2,900,000 as the initial contribution to the Contingency Reserve Fund.

11 Subsequent Event - Mortgage Payment

On April 11, 2023, 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.

12 COVID-19 Pandemic

In 2022 the ongoing 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.

2022 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 and Imaging 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 Therapists 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 live out its statement of purpose, "advancing excellence in public safety through collaboration of Ontario's health profession regulators". That is achieved 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

HPRO's leadership is thankful to all who support the work of HPRO, making a definitive difference in health profession regulation in Ontario.

STRATEGIC PLANNING

HPRO's Board of Directors was able to dedicate time to strategic planning. This follows priority planning preparation and an extensive review and update to HPRO's By-Laws, ensuring consistency with the Ontario *Not-for-Profit Corporations Act* which took effect on October 19, 2021. Thanks are extended to Deanna Williams of Dundee Consulting Group Ltd. for facilitating the session and continuing to share her expertise.

FOCUS ON LEGISLATION

Trends across Canada were monitored, particularly major changes to regulated health professional registration, with examples of legislative efforts below.

PRESENTATION TO STANDING COMMITTEE ON SOCIAL POLICY RE. BILL 60, *YOUR HEALTH ACT, 2023*

On March 21, 2023, Management Committee representative Maureen Boon presented to the Standing Committee on Social Policy on Bill 60, *Your Health Act, 2023*, with virtual support of Dan Faulkner and Shenda Tanchak. The presentation focused on aspects of "as of right" provisions, sharing, "HPRO's goal is to ensure that patients can be confident that the health professionals they see are safe, competent and professional, and that if something goes wrong, there is clear accountability." HPRO's support was offered with the hope to work with Government on regulations as the legislative process continues.

FEEDBACK ON BILL 106, *PANDEMIC AND EMERGENCY PREPAREDNESS ACT, 2022*

On June 9, 2022, HPRO wrote to the Ministry of Health's ADM Sean Court re. its Bill 106, *Pandemic and Emergency Preparedness Act, 2022*, regulation consultation, focusing on section six's issues such as language proficiency, timely registration decisions, and emergency class of certificates of registration. Colleges are completing the regulation approval processes to include an "emergency class" of registration. HPRO's Chair Elinor Larney wrote, "Be assured that HPRO's members are committed to preventing any barriers to registration for healthcare professionals, recognizing the paramount need for regulators to fulfill their mandate to protect the public."

COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

HPRO wrote to the Ministry of Health on December 7th to offer feedback on the 2022 CPMF reporting tool in anticipation of Colleges' third annual submission of their CPMF reports which are made publicly available by each College as of March 31st each year. These reports were designed to help the public understand how well regulatory Colleges are doing their job and to help continually improve accountability, transparency, and oversight. A network of HPRO members met weekly to share information about their CPMF reports and how to adopt commendable practices, such as governance modernization reforms, from October 28, 2022, to March of 2023.

ANTI-RACISM IN HEALTH REGULATION PROJECT

The Anti-Racism in Health Regulation Project, led by Judy Rigby and supported by a nine-member Steering Committee and a Project Management Team from Graybridge Malkam, continued to advance the Project to assist Colleges in their work related to equity, diversity, and inclusion (EDI). A grant from the Federal Government's Community Support, Multi-culturalism, and Anti-Racism Initiatives (CSMARI) Program, announced on November 25, 2022, supports three areas: EDI framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation; an EDI self-assessment checklist and reporting tool; and the development of an EDI toolkit, including internal training components for colleges.

MEETINGS WITH REGULATORY SECTOR ORGANIZATIONS/PRESENTATIONS :

- ADM Sean Court and ADM Karima Velji, Director Allison Henry, Manager Stephen Cheng, Manager Jason Maurier and others re. proposed legislation, the CPMF, governance modernization, and other government priorities
- David A. Wright, Ontario Physicians and Surgeons of Ontario Discipline Tribunal (OPSDT) Chair, on the newly formed process for hearings
- Christine Elliott, Counsel, Fasken re. insights on health regulatory sector
- Presentation by Richard Steinecke on "Reflections on Retirement"



CCO Council 2022

BACK ROW (L-R) Mr. Shawn Southern; Mr. Robert MacKay, *Council Appointed Member*; Dr. Colin Goudreau; Ms Zoe Kariunas; Ms Robyn Gravelle; Dr. Michael Gauthier; Dr. Angelo Santin; Dr. Jarrod Goldin; Ms Anuli Ausbeth-Ajagu.

SECOND ROW (L-R) Mr. Gagandeep Dhanda; Mr. Scott Stewart; Dr. Kyle Grice; Dr. Paul Groulx; Dr. Julia Viscomi; Ms Jo-Ann Willson, *Registrar & General Counsel*.

BOTTOM ROW (L-R) Dr. Sarah Green, *Vice-President;* Dr. Dennis Mizel, *President;* Mr. Markus de Domenico, *Treasurer*.

CCO Staff

MEET OUR TEAM

Left to Right:

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





ADVANCE COPY

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