

2023
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



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.

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
CCEB	Canadian Chiropractic Examining Board
Chiropractic Act	Chiropractic Act, 1991
CPMF	College Performance Measurement Framework
DEI	Diversity, Equity and Inclusion
EDI	Electronic Document Exchange
FCC	Federation of Canadian Chiropractic
GIC	Guaranteed Investment Certificate
HPARB	Health Professions Appeal and Review Board
HPRO	Health Profession Regulators of Ontario
ICRC	Inquiries, Complaints and Reports Committee
MOH	Ministry of Health
NWG	Nominating Working Group
ODP	Office Development Project
OFC	Office of the Fairness Commissioner
PPA	Peer and Practice Assessment
QA	Quality Assurance
RHPA	Regulated Health Professions Act, 1991

Strategic Objectives

1

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

2

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

3

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

4

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

5

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

Table of Contents

Mission, Vision, Values	1
Strategic Objectives	2
Message from the President	6
Registrar's Report	14
Executive Committee	17
Advertising Committee	19
Inquiries, Complaints and Reports Committee	20
2022 HPARB Summary	22
Discipline Committee	24
Fitness to Practise Committee	34
Patient Relations Committee	36
Quality Assurance Committee	38
Registration Committee	40
Independent Auditor's Report	42
Extract from Highlights of the Last Year at the Health Profession Regulators of Ontario (2022)	54

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 2023. 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

CCO Council

as of December 31, 2023

Elected Members

Dr. Sarah Green, *President*
Dr. Dennis Mizel, *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. Shawn Southern, *Treasurer*
Ms Anuli Ausbeth-Ajagu
Mr. Robert Chopowick
Mr. Gagandeep Dhanda
Ms Zoe Kariunas
Mr. Scott Stewart

Executive

Dr. Sarah Green, *Chair*
Dr. Dennis Mizel, *Vice-Chair*
Mr. Shawn Southern, *Treasurer*
Dr. Jarrod Goldin
Dr. Paul Groulx
Ms Zoe Kariunas
Mr. Scott Stewart
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*



CCO Committee Composition

as of December 31, 2023

Inquiries, Complaints & Reports

Dr. Michael Gauthier, *Chair*
Mr. Gagandeep Dhanda
Dr. Julia Viscomi
Mr. Scott Stewart
Dr. Michelle Campbell, *non-Council*
Ms Kelly Malcolm, *staff support*
Ms Christine McKeown, *staff support*
Ms Tina Perryman, *staff support*

Core Discipline

Dr. Dennis Mizel, *Chair*
Mr. Robert Chopowick
Dr. Angelo Santin
Mr. Shawn Southern
Dr. Lezlee Detzler, *non-Council*
Dr. G. Murray Townsend, *non-Council*
Dr. Matt Tribe, *non-Council*
Dr. Daniela Arciero, *non-Council*
Mr. Robert MacKay, *Council appointed member*
Ms Jo-Ann Willson, *staff support*

Patient Relations

Ms Zoe Kariunas, *Chair*
Ms Anuli Ausbeth-Ajagu
Dr. Kyle Grice
Dr. Colleen Pattrick, *non-Council*
Dr. Pip Penrose, *non-Council*
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Quality Assurance

Dr. Paul Groulx, *Chair*
Dr. Kyle Grice
Ms Zoe Kariunas
Mr. Shawn Southern
Dr. Elizabeth Anderson-Peacock, *non-Council*
Mr. Joel Friedman, *staff support*
Dr. Katherine Tibor, *staff support*
Ms Jo-Ann Willson, *staff support*

Registration

Dr. Julia Viscomi, *Chair*
Dr. Robert Chopowick
Mr. Gagandeep Dhanda
Dr. Angelo Santin
Ms Madeline Cheng, *staff support*
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Advertising

Dr. Colin Goudreau, *Chair*
Mr. Gagandeep Dhanda
Dr. Jarrod Goldin
Dr. Janine Taylor, *non-Council*
Mr. Joel Friedman, *staff support*

Fitness to Practise

Dr. Kyle Grice, *Chair*
Ms Anuli Ausbeth-Ajagu
Dr. Angelo Santin
Ms Jo-Ann Willson, *staff support*



The year through the lens of the President's Messages

Dr. Sarah Green
President
(April 2023 to April 2024)

CCO continued to make great strides in 2023 in aligning the strategic direction and priorities of the College with the goals and objectives articulated by Council, in support of the benchmarks identified in the Ministry of Health and Long-Term Care's College Performance Measurement Framework (CPMF).

A consistent focus throughout the year was enhancing the effectiveness of governance, which took many forms. These included the systematic review and amending of numerous by-laws, standards and guidelines, as well as additional governance training for candidates and new Council members. Commendable CPMF best practices were sought and acted upon. Similarly, the best practices in communications used by leading Canadian health regulators were audited and emulated, in support of the regulation of chiropractic in Ontario in the public interest.

In January of 2023, then-CCO President Dr. Dennis Mizel wrote to members and the public highlighting amendments to CCO By-Law 6 Election to Council and By-Law 12 Appointment of Non-Council Members, both passed at the January Council meeting after a lengthy consultation period and a fulsome, well-reasoned debate. In his President's Message, Dr. Mizel noted Council's careful consideration of the rationales for the amendments, the comparable practices at many other Ontario health regulatory colleges, and potential impacts on any prospective candidates for the upcoming election cycle. He concluded by thanking his colleagues on Council for their unity of purpose in holding the regulation of chiropractic in Ontario to the highest standard.

The next President's Message highlighted the role and importance of peer assessment as a cornerstone of CCO's Quality Assurance (QA)

initiative. Central to the College's commitment to QA is the training and support provided to the peer assessors themselves. The annual workshops for new and returning assessors were held over two days in late January, and examined in detail the role and conduct of peer assessment, the core competencies expected of CCO members, and included a review of amendments to pertinent policies and guidelines. Not least among these were amendments to Standard of Practice S-002: Record Keeping and Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information, which came into effect on February 24, 2023 (having been previously approved by CCO Council in November of the previous year). The President's Message also stressed the related importance of digital and cyber security, and provided members with excellent resources to assist them in their security effort available online from the Information and Privacy Commissioner of Ontario.

Competent, caring and committed committee members are essential to CCO's strength and performance as a self-regulated organization. In 2023, as per CCO's elections calendar, nominations were open for candidates in Districts 5, 6 & 7. At the close of nominations, Council incumbents Dr. Sarah Green (District 5: Central West) and Dr. Jarrod Goldin (District 7: Academic) were acclaimed in their respective districts. Dr. Colin Goudreau (District 6: Western) was elected following the close of voting on March 28. Consistent with CCO's 2023 CPMF Action Plan, candidates for CCO Council had to meet specific approved competencies for Council and Committee Members, as well as attend a mandatory orientation session outlining the roles and responsibilities of Council members focusing on CCO's public interest mandate.

In her first message as CCO President, following internal Council elections in late April, Dr. Sarah Green thanked outgoing CCO President Dr. Dennis Mizel for his leadership over the previous term and for his mentorship during her time serving as CCO Vice-President. Dr. Green reflected on the positive changes brought to bear during the term, and vowed to continue the progress made toward strengthening CCO governance and delivering on the College's strategic objectives. In keeping with CCO's benchmarking against the CPMF, Dr. Green signaled a renewed focus on a formal evaluation of the effectiveness of Council (and its committees) in order to identify strengths and weaknesses, and to develop a plan for how to improve as an organization. She also highlighted a desire to deepen CCO's stakeholder relationships, and the importance of clearly communicating to health system partners how the decisions made by Council best reflect the public interest.

In announcing the composition of CCO's 2023 statutory committees, Dr. Green thanked CCO's Nominating Working Group (NWG) for their comprehensive and detailed guidance to Council, and noted that the NWG's rationales for prospective nominees were instrumental in the nominating process. The role and mandate of the NWG evolved significantly in 2023. The group reviewed all relevant CCO by-laws and best practices derived from the CPMF and several other colleges, and identified the specific competencies required of nominees to Executive and the other committees (which ranged from seven to 27 competencies, depending on the committee).

The work of systematically reviewing, consulting upon, and amending CCO's By-Laws and Standards continued through the summer. In August, CCO's Executive Committee approved many amendments to be brought forward to Council at its September meeting. The majority of these amendments were to fulfill one component of CCO's DEI plan to make the language used more inclusive and gender-neutral (11 by-laws were affected). A significant number of amendments were undertaken to make minor changes for clarity, or to be consistent with related by-laws (10 by-laws were affected).

Other amendments pertained to eligibility for Council. These included amendments to extend the 'cooling off' period for any member seeking to be elected to Council from three to six years from when they had been last engaged with the leadership of certain chiropractic stakeholder groups, like an advocacy group, or chiropractic education organization. As well as, the amendments included itemizing certain facts that would preclude candidacy, like being currently charged with or having been convicted (and not subsequently pardoned) of a Criminal Code offence, or being party to litigation against the CCO. An additional amendment sought to add the CCO President to the Nominating Committee.

The September President's Message provided a comprehensive summary of these pending amendments, and also included a link to a detailed 113-page matrix of all the proposed changes and their public interest rationale, in keeping with CCO's commitment to transparency in its pursuit of regulatory excellence in a diverse setting. Members and the public were encouraged to offer their feedback on the proposed amendments and were provided a secure portal to do so. All feedback was collated, circulated to the QA and Executive Committees and then to Council, and was made publically available via a Council information package.

Also in September, CCO Council and staff participated in the annual strategic planning session for 2023. The planning session, spread over two-and-a-half days, featured presentations and small group sessions led by expert third-party facilitators, and focused on a number of Council-identified key priorities. These included a review of commendable practices cited by the ministry arising from colleges' CPMF reports, a primer on developing a program for evaluating Council and Committee effectiveness, and a review of CCO communications strategies and products, mapped against an audit of best practices observed at other leading health regulatory colleges.

Council concurred that assessing performance is key to evaluating overall effectiveness, and that the results of any evaluations should inform subsequent opportunities for training and change. Participants explored how to build on the existing competencies and skills required of Council and committee members, and what types of assessment should be included in an evaluation of both individual performance, and the effectiveness of Council as a whole. Consensus built around a multi-prong approach that would include both self-assessment, peer-assessment, as well as a third-party review of Council effectiveness at least once every three years, as per CCO's CPMF Action Plan.

The nature and importance of CCO communications to both members and the public was a core focus of strategic planning considerations in September 2023. Council reviewed and determined how to optimize each element of CCO's current communications product mix. Among other initiatives, it agreed to adjust the timing and frequency of its President's Messages to become calendar newsletter updates following each Council meeting. It also recommended resuming 'road shows' — conducting regulatory workshops in select Ontario communities as a way to communicate with stakeholders directly. A significant commitment was made to undertake a refresh and re-architecting of the CCO website in 2024, following a RFP tender process and contract award. Council recognized that improvements to the website will enhance its central role in informing and empowering the public, and better facilitate member and applicant needs and obligations. It will be the first major reassessment and refresh of the website since October 2017.

In late November, as a direct outcome of the September strategic planning sessions, CCO Council and staff participated in an additional facilitated working group session to further develop the framework for evaluating Council effectiveness. Council discussed specific criteria to be included in its evaluation, and identified key milestones as part of its CPMF Action Plan.

The final Council session of the year concluded on a productive and festive note.

CCO Presidents and BDC Chairs

Name	Position	Organization	Term	
Dr. Sarah Green	President	CCO	April 2023	April 2024
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



L'année sous le prisme des messages du Président

Dr. Sarah Green
Président
(Avril 2023 au avril 2024)

En 2023, l'Ordre des chiropraticiens de l'Ontario a continué de faire de grands progrès dans l'harmonisation de son orientation stratégique et de ses priorités avec les buts et objectifs définis par le conseil, à l'appui des points de référence définis dans le cadre de mesure du rendement de l'Ordre (CMRO) du ministère de la Santé et des Soins de longue durée.

Tout au long de l'année, l'accent a été mis sur l'amélioration de l'efficacité de la gouvernance, qui a pris de nombreuses formes. Il s'agit notamment de la révision systématique et de la modification de nombreux règlements, normes et lignes directrices, ainsi que d'une formation supplémentaire en matière de gouvernance pour les candidats et les nouveaux membres du Conseil. Les meilleures pratiques du CMRO ont été recherchées et appliquées. De même, les meilleures pratiques en matière de communication utilisées par les principaux organismes de réglementation de la santé au Canada ont été vérifiées et imitées, afin de soutenir la réglementation de la chiropratique en Ontario dans l'intérêt du public.

En janvier 2023, le président de l'OCO de l'époque, le Dr Dennis Mizel, a écrit aux membres et au public pour souligner les modifications apportées au règlement administratif 6 de l'OCO sur l'élection du conseil et au règlement administratif 12 sur la nomination des non-membres du conseil, tous deux adoptés lors de la réunion du conseil de janvier après une longue période de consultation et un débat approfondi et bien raisonné. Dans son message en tant que président, le Dr Mizel a souligné que le conseil avait examiné attentivement les motifs des modifications, les pratiques comparables de nombreux autres ordres de réglementation de la santé de l'Ontario et les incidences potentielles sur les

candidats éventuels au prochain cycle électoral. Il a conclu en remerciant ses collègues du conseil d'administration pour leur unité d'objectif dans la réglementation de la chiropratique en Ontario, qui doit répondre aux normes les plus élevées.

Le prochain message du président a souligné le rôle et l'importance de l'évaluation par les pairs en tant que pierre angulaire de l'initiative d'assurance de qualité (AQ) de l'OCO. La formation et le soutien apportés aux pairs évaluateurs sont au cœur de l'engagement de l'Ordre en matière d'AQ. Les ateliers annuels destinés aux nouveaux évaluateurs et à ceux qui reviennent se sont déroulés sur deux jours à la fin du mois de janvier. Ils ont permis d'examiner en détail le rôle et la conduite de l'évaluation par les pairs, les compétences de base attendues des membres de l'OCO, ainsi que les modifications apportées aux politiques et aux lignes directrices pertinentes. Parmi celles-ci figurent notamment les modifications apportées à la norme de pratique S-002 : Tenue des dossiers et norme de pratique S-022 : Propriété, entreposage, sécurité et destruction des dossiers de renseignements personnels sur la santé, qui sont entrées en vigueur le 24 février 2023 (après avoir été approuvées par le Conseil de l'OCO en novembre de l'année précédente). Le message du président a également souligné l'importance connexe de la sécurité numérique et de la cybersécurité, et a fourni aux membres d'excellentes ressources pour les aider dans leurs efforts de sécurité, disponibles en ligne auprès du Commissaire à l'information et à la protection de la vie privée de l'Ontario.

Des membres de commission compétents, attentifs et engagés sont essentiels au vigueur et à la performance de l'OCO en tant qu'organisation autoréglementée. En 2023, conformément au calendrier électoral de l'OCO, les nominations étaient ouvertes pour les candidats des districts 5, 6 et 7. À la clôture des nominations, les membres sortants du Conseil, Sarah Green (District 5 : Centre Ouest) et Jarrod Goldin (District 7 : Académique), ont été élus par acclamation dans leurs districts respectifs. Colin Goudreau (District 6 : Ouest) a été élu à l'issue du vote du 28 mars. Conformément au plan d'action du CMRO 2023 de l'OCO, les candidats au conseil de l'OCO devaient satisfaire à des compétences spécifiques approuvées pour les membres du conseil et des comités, et assister à une séance d'orientation obligatoire décrivant les rôles et les responsabilités des membres du conseil, en mettant l'accent sur le mandat d'intérêt public de l'OCO.

Dans son premier message en tant que présidente de l'OCO, après les élections internes du Conseil à la fin du mois d'avril, Sarah Green a remercié le président sortant de l'OCO, Dennis Mizel, pour son pouvoir d'influence au cours du mandat précédent et pour son mentorat pendant qu'elle occupait le poste de vice-présidente de l'OCO. Mme Green a évoqué les changements positifs intervenus au cours de son mandat et s'est engagée à poursuivre les progrès accomplis pour renforcer la gouvernance de l'OCO et atteindre les objectifs stratégiques de l'Ordre. Conformément à l'évaluation comparative de l'OCO par rapport au CMRO, Dr Green a signalé un regain d'intérêt pour une évaluation formelle de l'efficacité du Conseil (et de ses comités) afin d'identifier les points forts et les points faibles et d'élaborer un plan d'amélioration en tant qu'organisation. Elle a également souligné sa volonté d'approfondir les relations de l'OCO avec les parties prenantes et l'importance de communiquer clairement aux partenaires du système de santé la manière dont les décisions prises par le Conseil reflètent au mieux l'intérêt public.

En annonçant la composition des comités statutaires de l'OCO pour 2023, Dr Green a remercié le Groupe de travail sur les nominations (GTN) de l'OCO pour les conseils complets et détaillés qu'il a donnés au Conseil, et a fait remarquer que les justifications du GTN concernant les candidats

potentiels ont joué un rôle déterminant dans le processus de nomination. Le rôle et le mandat du GTN ont évolué de manière significative en 2023. Le groupe a examiné tous les règlements administratifs pertinents de l'OCO et les meilleures pratiques dérivées du CMRO et de plusieurs autres ordres, et a identifié les compétences spécifiques requises des candidats au Comité exécutif et aux autres comités (qui varient de sept à 27 compétences, selon le comité).

Le travail d'examiner, de consulter et de modifier systématiquement le règlement et les normes de l'OCO s'est poursuivi tout au long de l'été. En août, le Comité exécutif de l'OCO a approuvé de nombreux amendements à soumettre au Conseil lors de sa réunion de septembre. La majorité de ces amendements visaient à mettre en œuvre l'un des éléments du plan de diversité, d'équité et d'inclusion de l'OCO, à savoir rendre le langage utilisé plus inclusif et non sexiste (11 règlements ont été affectés). Un nombre important d'amendements ont été entrepris pour apporter des modifications mineures à des fins de clarté, ou pour être cohérents avec des règlements connexes (10 règlements ont été affectés).

Les autres amendements concernaient l'éligibilité au Conseil. Il s'agit notamment d'allonger de trois à six ans la période de réflexion pour tout membre souhaitant être élu au Conseil, à partir du moment où il a été engagé pour la dernière fois dans la direction de certains groupes d'intérêt chiropratiques, tels qu'un groupe de défense ou une organisation d'enseignement de la chiropratique. En outre, les amendements comprenaient l'énumération de certains faits qui empêcheraient la candidature, comme le fait d'être actuellement accusé ou d'avoir été condamné (et non gracié par la suite) pour une infraction au Code criminel, ou d'être partie à un litige contre l'OCO. Un autre amendement visait à ajouter le président de l'OCO à la commission de nomination.

Le message du président de septembre a fourni un résumé complet de ces modifications en attente et a également inclus un lien vers une matrice détaillée de 113 pages de toutes les modifications proposées et de leur justification d'intérêt public, conformément à l'engagement de transparence de l'OCO dans sa poursuite de l'excellence réglementaire dans un environnement diversifié. Les membres et le public ont été encouragés à faire part de leurs commentaires sur les modifications proposées et un portail sécurisé a été fourni à cet effet. Tous les commentaires ont été rassemblés, transmis au comité d'assurance qualité (AQ) et au comité exécutif, puis au conseil, et rendus publics par le biais d'un dossier d'information du conseil.

Également en septembre, le Conseil et le personnel de l'OCO ont participé à la session annuelle de planification stratégique pour 2023. La session de planification, qui s'est étalée sur deux jours et demi, a comporté des présentations et des sessions en petits groupes dirigées par des facilitateurs tiers experts, et s'est concentrée sur un certain nombre de priorités clés identifiées par le Conseil. Il s'agissait notamment d'un examen des pratiques louables citées par le ministère dans les rapports du CMRO des ordres, d'une introduction à l'élaboration d'un programme d'évaluation de l'efficacité du conseil et des comités, et d'un examen des stratégies et des

produits de communication de l'OCO, mis en correspondance avec un audit des meilleures pratiques observées dans d'autres ordres de réglementation de la santé de premier plan.

Le Conseil a convenu que l'évaluation des performances est essentielle à l'évaluation de l'efficacité globale et que les résultats de toute évaluation doivent servir de base aux possibilités de formation et de changement. Les participants ont étudié la manière de tirer parti des compétences et des aptitudes requises des membres du Conseil et des comités, et les types d'évaluation à inclure dans l'évaluation des performances individuelles et de l'efficacité du Conseil dans son ensemble. Un consensus s'est dégagé autour d'une approche à plusieurs volets qui comprendrait à la fois l'auto-évaluation, l'évaluation par les pairs, ainsi qu'un examen par un tiers de l'efficacité du Conseil au moins une fois tous les trois ans, conformément au plan d'action du CMRO de l'OCO.

La nature et l'importance des communications de l'OCO avec les membres et le public ont été au cœur des considérations de planification stratégique en septembre 2023. Le Conseil a examiné et déterminé comment optimiser chaque élément de la gamme actuelle de produits de communication de l'OCO. Entre autres initiatives, il a convenu d'ajuster le calendrier et la fréquence des messages du président pour qu'ils deviennent des mises à jour du bulletin d'information après chaque réunion du Conseil. Il a également recommandé de reprendre les "tournées de présentation", c'est-à-dire d'organiser des ateliers sur la réglementation dans certaines communautés de l'Ontario afin de communiquer directement avec les parties prenantes. Un engagement important a été pris pour entreprendre un rafraîchissement et une réarchitecture du site Web de l'OCO en 2024, à la suite d'un processus d'appel d'offres et de l'attribution d'un contrat. Le Conseil a reconnu que les améliorations apportées au site web renforceront son rôle central dans l'information et l'autonomisation du public, et faciliteront les besoins et les obligations des membres et des demandeurs. Il s'agira de la première réévaluation majeure et de la première mise à jour du site web en octobre 2017.

À la fin du mois de novembre, à la suite des sessions de planification stratégique de septembre, le conseil et le personnel de l'OCO ont participé à une nouvelle session de groupe de travail facilitée afin de poursuivre le développement du cadre d'évaluation de l'efficacité du conseil. Le Conseil a discuté des critères spécifiques à inclure dans son évaluation et a identifié des étapes clés dans le cadre de son plan d'action du CMRO.

La dernière session du Conseil de l'année s'est achevée sur une note productive et festive.



2023 Registrar's Report

The numbers tell a story of accomplishment and competence. I am pleased to report on CCO's work and progress in exercising its statutory mandate to regulate chiropractic in the public interest by drawing on numbers reflected in the 2023 Annual Report.

Ms Jo-Ann Willson
Registrar and General Counsel

There are some numbers that should be **0** or close to **0**:

- **Return of HPARB decisions to the ICRC. HPARB considered the four ICRC decisions it reviewed to be reasonable and the ICRC's investigations to be adequate**
- **Staff turn over**
- **Increase in dues (subject to COLA)**
- **Incapacity allegations referred to the Fitness to Practise Committee by the ICRC**

- HPARB is one of the organizations which reviews CCO's decision making. It has the authority to review both registration and ICRC decisions. There were no reviews by HPARB of Registration Committee decisions in 2023, and none of the four ICRC decisions submitted were returned to the ICRC. In other words, HPARB found the ICRC investigations to be adequate and the decisions reasonable.
- CCO continues to be served by a small and capable staff. The team understands the staff/Council relationship in which Council sets policy or "steers" the ship and staff operationalize Council's policy decisions or "row" to implement Council policy making. I thank staff members for their individual and collective contributions to CCO's effective functioning.
- Although there were no referrals to the Fitness to Practise Committee in 2023, the committee benefitted from a comprehensive training program and presentations by experts. The committee is ready to administer a hearing if required.
- Although not technically a "0", in 2023 CCO was identified by the OFC as being "low risk" meaning its registration practices were determined to be transparent, objective, impartial and fair.

There are some numbers that should be higher than **0**:

These numbers reflect a robust complaints and discipline process, productive quality assurance program, patient focused funding for therapy program, and a change in communication strategies to shorter more regular communications, consistent with Council's direction at a Council Effectiveness Training Session held on November 23, 2023.

80	Total number of inquiries, complaints and reports disposed of by the ICRC in 2023
4	Total number of hearings by the Discipline Committee, three joint submissions, and one contested
31	Peer Assessors from across the province conducting peer assessments as part of the QA program
511	Registrants peer assessed in 2023 (both PPA 1.0 and 2.0)
11	Ongoing applications for funding for therapy and counselling approved and monitored by the Patient Relations Committee
5	Number of shorter President's Messages delivered throughout the year

These numbers are evidence of a robust complaints and discipline process, a productive quality assurance program, a patient-focused funding for therapy program, and a change in communication strategies to shorter more regular communications, consistent with Council's direction at a Council Effectiveness Training Session held on November 23, 2023.

Finally, at yearend, CCO regulated 5,392 members and continued to maintain a balanced budget and healthy financial position.

Although an introspective review of the numbers in 2023 is helpful, it is equally important to recognize how CCO, as a system partner working within a broader health regulatory system, can contribute to the mandate and priorities of important stakeholders. As a member of the FCC, CCO contributes to and learns from chiropractic regulators from across Canada. It has also kept aware of provincial initiatives, including in British Columbia where four colleges are being merged into one College of Complementary Therapies. As one of 26 regulators in Ontario, and a member of HPRO, CCO participates in a broader sector analysis of health regulation in the province, and deepens its understanding of government priorities, including access to care and ensuring the patient experience is front and center in all discussions and deliberations.

Looking ahead in 2024, Council and staff will be participating in a comprehensive strategic planning session to review its the existing mission, vision and strategic objectives, to ensure CCO's introspective appraisal and external analyses reflect its role in the broader health sector while continuing its laser focus on public interest protection. Thank you – to all members, stakeholders, Council and staff for continuing the journey with us.



May 24, 2024

FCC members including members of the three pillars of the FCC: the Regulatory Council, Specialty Colleges and Accreditation Council.



June 3, 2024

The Honourable Minister of Health and Deputy Premier, Sylvia Jones attended an HPRO meeting at CCO.

Executive Committee

PROVIDING LEADERSHIP



Dr. Sarah Green
Chair

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 leads CCO in meeting its statutory mandate to protect the public interest.

In 2023, the Executive Committee addressed the following major topics during eight (8) meetings throughout the year:

- Addressed security, safety and health issues for Council and staff with respect to CCO offices, as well as continuation of administrative processes for Council meetings such as the further emphasis of public interest rationale for recommendations and decisions from committees, declaration of conflict of interest at the beginning of every meeting, and the continued posting of Council meeting material approximately a week in advance.
- Reviewed "As of Right" Rules announcement by the Ontario government, which would potentially allow any healthcare professional from five regulated health professions (not including chiropractic) who is licensed/registered in another province or territory to practice in Ontario without going through the full registration process with an Ontario college.
- Reviewed and updated materials related to confidentiality around any public or member interactions related to CCO business.
- Discussed the sharing of information from HPARB decisions returning ICRC decisions and the potential for creating conflicts of interest for future discipline panel members who would have access to that information.
- Reviewed and approved submissions to the Ministry of Food, Agriculture and Rural Affairs regarding public consultations on proposed amendments to the *Veterinarians Act, 1990*, as it

relates to the chiropractic care of animals and CCO Standard of Practice S-009: Chiropractic Care of Animals.

- Explored in detail nomination and election procedures for committee positions and the composition of the Nominating Committee, and recommended amendments to relevant internal policies.
- Recommended to Council the approval of the Emergency Class of Registration Regulation pursuant to Ministry of Health requirements, following circulation to stakeholder, including members for feedback.
- Explored a variety of ways to ensure continued action on the College's DEI plan including website enhancements to accommodate those with vision challenges and ensure language can be understood by the general public, make the website more accessible, generally, with an approach that everyone would require accessible materials.
- Considered ways to update CCO's recommendations to members about advertising and social media Do's and Don'ts.
- Explored options for the ongoing evaluation of Council performance and effectiveness (both at the individual Council member level and Council as a whole) and agreed that CCO would adopt a culture of growth mindset, supporting succession planning beginning with self-evaluation/reflection.
- Approved proposed amendments to CCO by-laws for circulation and feedback to stakeholders, including members. Approved many of those by-law amendments and deferred others for further in review in 2024, following review of feedback.



Executive Committee (L-R) Dr. Paul Groulx; Ms Zoe Kariunas; Dr. Jarrod Goldin; Dr. Dennis Mizel, *Vice-President*; Dr. Sarah Green, *President,* Mr. Shawn Southern, *Treasurer;* Mr. Scott Stewart.

Advertising Committee

ENSURING COMPLIANCE



Dr. Colin Goudreau
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.

2023 FOCUS

The Advertising Committee met three times in 2023.

- The committee noted a steady decline in complaints about advertising, websites, and social media from 2020 to 2022 – in fact, only two advertisements were submitted for review in 2023.
- The committee considered several ideas for ensuring members promote their practices in alignment with the college's advertising standard of practice, including more informal communication with members about non-compliant advertisements, websites, or social media posts and using social media to bring breaches of the advertising standard of practice to the CCO's attention.



Inquiries, Complaints and Reports Committee

ADDRESSING INQUIRIES, COMPLAINTS AND REPORTS



Dr. Michael Gauthier
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

2023 FOCUS

In 2023, the Inquiries, Complaints and Reports Committee (ICRC)

- Received 138 formal complaints and disposed of 80 (not all of which were received in 2023)
- Undertook 15 investigations directed by the Registrar
- Made decisions on 80 cases
- Carried forward 54 complaints and 10 reports received in 2023

The ICRC received four decisions from HPARB, all of which found ICRC investigations adequate and its decisions reasonable.



Distribution of Registrar's Investigation by Theme in 2023.

- 4 Professional Conduct or Behaviour
- 3 Billing & Fees
- 3 Sexual Abuse
- 2 Harassment/Boundaries
- 2 Other (Failure to cooperate with CCO)
- 1 Intent to Mislead including Fraud

Total 15

ICRC Dispositions in 2023

- 50 No Further Action
- 19 Advice/Reminder
- 7 Referral to Discipline
- 3 Specified Continuing Education or Remediation Program
- 1 Oral Caution

Total 80

Distribution of Formal Complaints by Theme in 2023.

- 30 Intent to Mislead including Fraud
- 28 Competence/Patient Care
- 23 Record Keeping
- 18 Communication
- 15 Billing & Fees
- 12 Professional Conduct & Behaviour
- 6 Sexual Abuse
- 4 Advertising
- 2 Harassment/Boundaries Violations

Total 138

2023 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 2023, HPARB reviewed 4 ICRC decisions. HPARB confirmed all of the decision, meaning it found the ICRC's investigations to be adequate and the decisions reasonable.

Shannel Pearson (complainant) and Dr. Chris Triantafilou (member)

Ms. Pearson had received chiropractic treatment from Dr. Triantafilou in the spring of 2019 following a slip and fall accident. She complained to the CCO that Dr. Triantafilou had treated her incompetently and caused her harm, and that he gave her file to another individual without her consent. The ICRC investigated the complaint and took no action. Ms. Pearson requested HPARB review the ICRC decision, which it did. HPARB confirmed the ICRC decision.

Shannel Pearson (complainant) and Dr. Guy Pelletier (member)

Ms. Pearson received chiropractic treatment from Dr. Pelletier for approximately a year, beginning in July 2019. She complained to the CCO that Dr. Pelletier had abused her psychologically and emotionally, provided excessive treatment, discontinued care without referring her to another health care professional, and had inadequate record keeping. The ICRC investigated the complaint and took no action. Ms. Pearson requested HPARB review the ICRC decision, which it did and confirmed the ICRC decision.

Yugendra Ragunathan (complainant) and Dr. Peter Moore (member)

Ms. Ragunathan received chiropractic care from Dr. Moore for a nine month period beginning in October 2020 after she suffered a workplace injury. She complained to the ICRC about the care she received and which she considered to be ineffective. Ms. Ragunathan also complained about delays in accessing records and booking appointments, and the failure to refer her to alternative practitioners. The ICRC investigated the complaint and took no action. Ms. Ragunathan requested HPARB review the ICRC decision, which it did and confirmed the ICRC decision.

DC (complainant) and JM (member)

JM was a technical advisor for an organization that conducted an independent psychiatric assessment of DC in 2011. DC complained to the ICRC that, among other things, the organization and individuals in it, including JM, altered reports, and the person who performed his psychiatric assessment misdiagnosed him. The ICRC investigated the complaint and took no action. DC requested HPARB review the ICRC decision, which it did and confirmed the ICRC decision. HPARB also issued a publication ban order and its decision is subject to that order.



September 2023

CCO Council and staff participated in training sessions to review and update a Council Evaluation Plan (facilitated by Ms Deanna Williams), the CPMF Action Plan (facilitated by Ms Rebecca Durcan), and communication strategies.



June 2023
Presidents' Dinner

Discipline Committee

ADJUDICATING ALLEGATIONS OF MISCONDUCT OR INCOMPETENCE



Dr. Dennis Mizel
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 2023 HEARINGS

The Discipline Committee met once as a full committee in 2023 to review standards, policies and guidelines, and to participate in ongoing training for their adjudication function.

In 2023, panels of the Discipline Committee held four hearings into allegations of professional misconduct. In three cases, the hearings proceeded by way of Agreed Statements of Facts and Joint Submissions on Penalty.

In each of these three cases, a Discipline Committee panel made findings of professional misconduct based on the facts and admissions set out in the Agreed Statement of Facts and accepted the proposed penalty contained in the Joint Submission on Penalty submitted by the CCO and the member.

Each panel found the parties' proposed penalties were fair and equitable, and balanced public protection with remediation of the member. They acknowledged that the members had cooperated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and the expense of a contested hearing.

A panel also heard one contested hearing, which had commenced in 2022. In 2023, the panel found the member committed acts of professional misconduct. The panel's decisions on penalty and costs will be released in 2024.

All decisions in 2023 are available on the CCO website at cco.on.ca/discipline-hearings-and-decisions/.

Summary of 2023 Discipline Committee Decisions
(decisions are posted in full on the CCO website)

1. Cases Involving Agreed Statements of Facts

Name of Member: Samira Razmy (#5540)
Place of Practice: Toronto

Background

During the relevant period, Dr. Razmy was an owner and operator of WellCalm Health & Wellness, Inc. ("WellCalm") in Toronto. WellCalm is an on-line booking platform for persons wanting health services such as chiropractic, physiotherapy and massage to be provided in their homes or other locations. WellCalm maintains a pool of therapists who are available to provide such services and arranges and schedules the provision of requested health services.

Summary of Facts

- One of the plan members of an insurer had a health benefits plan for its employees ("Plan employees") that included coverage for TENS units for up to $550.00 every 5 years, and coverage for orthotics for up to $400.00 annually. The health benefits plan did not cover Hypervolt massage guns or shoes.
- At the relevant time, the TENS units sold by WellCalm retailed for between $32.00 and $82.00. WellCalm sold Hypervolt massage guns on its website for $269.99.
- In 2022, the insurer noted there had been a sharp increase in the number of claims for TENS units from Plan employees. On investigation, it discovered that WellCalm had advertised to Plan employees that if they booked an appointment with Dr. Razmy, they could receive a WellCalm Recovery Kit consisting of a TENS Unit and a complimentary Hypervolt massage gun. According to the advertisement, the value of the WellCalm Recovery Kit was $500.00, the cost of which could be 100% reimbursed by the insurer.
- At the time, WellCalm was also advertising to Plan employees that, if they booked an appointment with Dr. Razmy, they could receive orthotics and complimentary shoes, and the cost of the orthotics could be 100% reimbursed by the insurer.
- Doctors' prescriptions were required for both orthotics and TENS units. When Dr. Razmy met with Plan employees, she would recommend some of them ask their doctors for prescriptions for orthotics and/or TENS units and she might also advise them of the kinds of diagnosis that should be included in a prescription and how to make a submission for reimbursement to the insurer.
- If a Plan employee obtained a prescription for a TENS unit and/or orthotics, WellCalm would provide the Plan employee with a TENS unit and Hypervolt massage gun and/or orthotics and a pair of free shoes, pursuant to the prescription.
- WellCalm would then typically issue multiple invoices/receipts to Plan employees as follows:
    - The first receipt/invoice listed all items ordered by the Plan employee (i.e., the TENS unit and the Hypervolt massage gun and/or orthotics and complimentary shoes)
    - Once the Plan employee paid any costs (i.e., $500.00 for a Recovery Kit and/or $400.00 for orthotics), the receipt/invoice was updated to include

information about the payment and a copy was provided to the Plan employee

- A second invoice/receipt that only contained the items covered by insurance (i.e., only the TENS Unit and/or the orthotics) and indicated the Plan employee had paid $500 for the TENS unit and/or $400.00 for orthotics was provided to the Plan employee to provide to the insurer
- A third invoice listed the complimentary products and indicated their value was $0.

- During 2021, the insurance company reimbursed Plan employees $63,598.32 for 127 TENS units and $24,500.00 for 61 pairs of orthotics.
- Dr. Razmy acknowledged that providing free products as incentives for patients to use their insurance could result in excessive and unnecessary insurance claims. In addition, if the insurer was not provided with information regarding the inclusion of free products as an incentive, the insurer could effectively be paying for the incentives, even though they were not a benefit of insurance coverage, and the insurer did not know that part of a submitted claim could relate to a product that was not covered by an insurance plan.

Summary of Findings of Professional Misconduct

- Dr. Razmy admitted, and the Panel found, that she committed acts of professional misconduct because she:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - signed or issued, in her professional capacity, a document she knew contained a false or misleading statement; and
  - engaged in conduct or performed an act or acts, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Summary of Penalty

- The CCO and Dr. Razmy made a joint submission to the Panel, which was accepted and which provided for:
  - a reprimand;
  - a suspension of Dr. Razmy's certificate of registration for 10 months, with 3 months of the suspension to be suspended if she completed certain remedial measures in a specified time;
  - the imposition of terms, conditions and limitations on her certificate of registration:
    - within 7 months of the start of the suspension, Dr. Razmy must:
      - at her own expense, successfully complete the Legislation and Ethics Examination and attend the Regulatory Excellence Workshop; and
      - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies;
    - requiring Dr. Razmy to be peer assessed at her own expense within 3 months after returning to practice.

Summary of Costs

- The Panel, on consent, ordered Dr. Razmy to pay the CCO $15,000.00 in costs.

Name of Member: Matthew Rhynold (#7820)
Place of Practice: Newmarket

Summary

- On March 19, 2023, Dr. Rhynold was convicted in the Ontario Court of Justice in Newmarket, Ontario of one count of possessing child pornography in the form of photos and videos, contrary to section 163.1(4) of the Criminal Code of Canada.
- Dr. Rhynold admitted that the offence was relevant to his suitability to practise, and, as a result, pleaded to having committed professional misconduct because he was found guilty of an offence relevant to his suitability to practise.
- He also signed an undertaking to the CCO Registrar and General Counsel in which, among other things, he undertook never to apply for membership with the CCO or any other organization that licenses or regulates chiropractors in Canada.
- Pursuant to the provisions of s. 51(5.2)(a) of the Health Professions Procedural Code, the Panel was required to reprimand Dr. Rhynold and order the revocation of his certificate of registration, which it did on December 5, 2023.
- The Panel, on consent, ordered Dr. Rhynold to pay the CCO $7,500.00 in costs.

Name of Member:
Gary Schoutsen (#2958)
Place of Practice: Hamilton

Background

- During the relevant period, Dr. Schoutsen practiced chiropractic at Family Chiropractic ("Clinic"), his chiropractic clinic in Hamilton, Ontario.

Summary of Facts

- On February 17, 2022, an insurer complained to the CCO that the Clinic had been making claims for services that either hadn't been provided or the services claimed were incorrect for plan members of a particular employer ("Plan members").
- Under the insurance plan at issue, there was no insurance coverage for the first fifteen chiropractic treatments and chiropractic treatments thereafter were reimbursed at $20.00/chiropractic treatment. Dr. Schoutsen charged $40.00/chiropractic treatment at the Clinic.
- Dr. Schoutsen admitted that the false billing issue arose because he was of the view that the insurer "nickeled and dimed" claims and he thought it should pay for the full cost of his chiropractic treatments. As a result, he approved a scheme whereby the Clinic would bill for treatments that were not provided so the insurer would ultimately pay for the full cost of the chiropractic treatments he provided. The scheme included the Clinic submitting 15 false claims for each Plan member to "kickstart" their insurance coverage, and then billing 2 appointments for every 1 appointment attended by the patient. In some cases, if one family member maxed out their insurance coverage for chiropractic treatment, the Clinic would bill another family member who still had insurance for the treatment.
- The Clinic submitted false claims for 15 of the 20 patients who were Plan members, for a total of $6,593.00. Dr. Schoutsen had reimbursed the insurer $800.00 for the false claims.

Summary of Findings of Professional Misconduct

- Dr. Schoutsen admitted, and the Panel found, that he committed acts of professional misconduct because he:
    - contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession;
    - falsified records relating to his practice;
    - signed or issued, in his professional capacity, a document he knew contained a false or misleading statement;
    - submitted an account or charge to the insurer for services that he knew were false or misleading; and
    - engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Summary of Penalty

- The CCO and Dr. Schoutsen made a joint submission to the Panel, which was accepted, that it should:
    - reprimand Dr. Schoutsen;
    - suspend Dr. Schoutsen's certificate of registration for 12 months with 3 months of the suspension to be suspended if he completed certain remedial measures in a specified time;
    - impose the following terms, conditions and limitations ("Conditions") on his certificate of registration:
        - within nine months of the start of the suspension, Dr. Schoutsen must:
            - at his own expense, successfully complete the Regulatory Excellence Workshop;
            - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies; and
        - requiring Dr. Schoutsen to be peer assessed within 3 months of returning to practice after the lifting of the suspension;
        - requiring Dr. Schoutsen, at his expense and the CCO's discretion, to have his business practices inspected by a CCO peer assessor no more than 4 times in 2 years. Both the peer assessor and the frequency of the inspections are to be approved in advance by the Registrar.

Summary of Costs

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

2. Contested Cases

Name of Member: Brian Moore (#1542)

Place of Practice: Aurora

Overview

A panel of the Discipline Committee ("Panel") heard evidence and motions and considered procedural issues and submissions regarding a Notice of Hearing over 28 days between December 2, 2022 and August 21, 2023. Prior to the commencement of the hearing, Dr. Moore sought and obtained an adjournment. He also brought an unsuccessful motion to have the Panel Chair recused, alleging that the Panel Chair had not been properly appointed to the Discipline Committee in accordance with CCO by-laws and the provisions of the Regulated Health Professions Act, 1991. Dr. Moore's motion to disqualify the Discipline Committee member was heard on November 4, 2022 and dismissed on November 15, 2022. Dr. Moore

then issued a second motion to adjourn the hearing and/or recuse the Panel Chair, which he subsequently abandoned.

On December 6, 2022, Dr. Moore issued an application for judicial review, asking the Divisional Court to, among other things, set aside the decision to dismiss his motion and to make an order preventing the Panel Chair from sitting on the panel for his Discipline Committee hearing. On December 7, 2022, Dr. Moore issued a Notice of Motion, asking the Divisional Court to issue an interlocutory injunction to prohibit the Panel Chair from sitting on the Panel until his application for judicial review was decided. Dr. Moore's motion for an injunction was heard on December 9, 2022 and dismissed the same day. He was ordered to pay the CCO $3,500.00. Dr. Moore has taken no steps to perfect his application for judicial review.

Following the hearing, the Panel heard a motion to adjourn the penalty hearing, which was granted on conditions. and a second motion to adjourn the hearing and/or recuse the Panel Chair, which he subsequently abandoned. Following the hearing, the Panel heard a motion to adjourn the penalty hearing, which was granted on conditions.

Allegations

The Notice of Hearing contained 11 allegations, describing the professional misconduct that CCO alleged Dr. Moore engaged in, and specifically that with respect to a patient identified as "Patient A", he:

1. 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 assessment and/or treatment and/or documentation and/or billing;
2. gave information about the patient to a person other than the patient, her authorized representative, or his legal counsel or insurer, without the consent of the patient or her authorized representative or as required or allowed by law;
3. breached an agreement relating to professional services for the patient or fees for such services;
4. failed to keep records as required by the regulations;
5. failed, without reasonable cause, to provide a report or certificate relating to an examination or treatment he performed within a reasonable time after the patient requested such report or certificate;
6. signed or issued, in his professional capacity, a document that he knew contained a false or misleading statement;
7. submitted an account or charge for services that he knew was false or misleading;
8. failed to disclose the fee for a service before the service was provided, including a fee not payable by the patient;
9. charged a block fee when:
    i. the patient was not given the option of paying for each service as it was provided; and/or
    ii. no unit cost per service was specified; and/or
    iii. he did not agree to refund to the patient the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service;

10. failed to itemize an account for professional services when requested to do so by the patient and/or the account included a fee for a product or device or a service other than a treatment; and

11. engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional with respect to his assessment and/or treatment and/or documentation and/or billing.

The Hearing

At the start of the hearing, among other things, the Panel made an order banning the publication of any information that could identify Patient A.

Dr. Moore did not attend the hearing, with the exception of the days when he testified and for a portion of the evidence of one of his witnesses. As a result, the Panel entered a plea of "not guilty" to the allegations on his behalf at the start of the hearing.

Over the course of the hearing, the Panel heard evidence from seven witnesses, two of whom were qualified as expert witnesses. Seventy-four documents and four audio files were entered into evidence as exhibits.

The Panel heard evidence that:

- Patient A and her husband first attended at Dr. Moore's chiropractic clinic ("Clinic") on August 26, 2019. Patient A had a complex health history and presentation that included a lengthy history of chronic pain conditions. She was fragile and in pain when Dr. Moore first assessed her, and could not sit still or stand for any length of time and could not tolerate a long examination. Dr. Moore found it challenging to even take her history.
- According to the expert evidence, Dr. Moore was required to obtain Patient A's written consent to the assessment before it was done, and failed to do so. The assessment done by Dr. Moore did not support the plan of care he recommended to Patient A the next day and did not relate to her condition and circumstances. In addition, Dr. Moore failed to document a diagnosis, differential diagnosis or clinical impression of herniated disc in Patient A's record but relied on this diagnosis later in correspondence to Chase Bank.
- On August 27, 2019, Patient A and her husband returned to Dr. Moore's clinic. Although Dr. Moore knew that Patient A could not sit still for 5 minutes and would not be able to lay still for the time required to administer traction treatment or tolerate the treatment, he presented her with a plan of care (the "Corrective Care Decompression Plan") in which he recommended that she receive 30 traction ("decompression" or "Vax-D") treatments, and an unspecified number of chiropractic care treatments. Patient A. agreed to the recommendation and, at Dr. Moore's request, entered into a billing arrangement set out in the "Corrective Care Decompression Plan" and pre-paid a block fee of $7,720.00. The block fee was paid with Patient A's husband's credit card.
- The Corrective Care Decompression Plan proposed by Dr. Moore was inconsistent with standards regarding business practices because it did not include the frequency of chiropractic care, provide a per-visit fee for chiropractic treatment, or provide an option to pay as you go. It also included a $150.00 administration fee which would be applied if the plan was terminated prior to completion, and

which was contrary to CCO standards regarding business practices.

- According to expert evidence, Dr. Moore failed to obtain informed consent to treatment for the plan of care. He failed to ensure Patient A understood the care plan being proposed, failed to communicate the risks of decompression, and misrepresented the decompression treatment when he conveyed to Patient A that decompression treatment would be successful and entailed no risks. Based on the evidence, the Panel found that Dr. Moore "sold Patient A a prepaid treatment which he knew she could not tolerate" and "mislead Patient A with an oral guarantee of success".
- Patient A. was unable to tolerate any of the proposed traction treatments. Instead, she received 10 chiropractic treatments from Dr. Moore. The last treatment she received from Dr. Moore was on September 12, 2019.
- According to expert evidence, once it was clear that the traction treatment could not be started, Dr. Moore was required to obtain Patient A's informed consent to a treatment plan that consisted primarily of chiropractic treatment. However, he failed to do so.
- Similarly, there was expert evidence that Dr. Moore was required, and failed to, include subjective and objective findings in his patient notes.
- In addition, Dr. Moore had created 3 versions of travel cards/SOAP notes for Patient A. Dr. Moore testified at the hearing that the 3 sets of travel cards/ SOAP notes were created at or about the same time, even though one set was dated 2020.
- There were inconsistencies in the different versions of the travel cards/ SOAP notes. Each version, on its own, was deficient and unreliable, and, when taken together, were confusing because they contained contradictory and incomplete information. Had any of the inconsistencies been a correction, Dr. Moore was required, and failed to, note the correction. None of the three versions contained a key or legend, although they were required to decipher Dr. Moore's notes and records. This conduct was in contravention of the standards of practice regarding record keeping, according to expert evidence.
- Dr. Moore only provided two of the versions of the travel cards/SOAP notes to the CCO when it requested he provide all of Patient A's file, even though Dr. Moore asserted that all three versions would be required in order to gain an understanding of his care of Patient A.
- Although Dr. Moore testified that Version 3 of the travel card/SOAP notes was created contemporaneously with Versions 1 and 2, the Panel found it more likely that he created version 3 sometime in 2020 after he became aware of the complaint from Patient A and before he provided a response to the complaint to the ICRC. The Panel also found Version 2 was not created contemporaneously with Version 1, contrary to Dr. Moore's evidence and his representations to the CCO when he was asked to provide Patient A's record.
- Patient A.'s husband began requesting Dr. Moore provide accounts after their first meeting so that he could apply for insurance coverage. Dr. Moore provided one account on September 9, 2019 that

included the fees for the assessment, the consultation and the chiropractic adjustments. The next account he provided was on December 6, 2019.

- Although Dr. Moore stopped providing care to Patient A after September 12, 2019, the doctor-patient relationship did not end. Dr. Moore continued to interact with Patient A's husband primarily through text and phone calls.
- On September 28, 2019, Patient A's husband asked Dr. Moore provide a summary report that he could take to a walk-in clinic, if he was able to get such an appointment for Patient A, that explained what would be needed so Patient A could get decompression treatment.
- Although Patient A's husband requested the report on several occasions, Dr. Moore did not provide the report for two months and one week, and he provided no reasonable explanation for the delay.
- On December 6, 2019, Dr. Moore provided a report. Although Patient A's husband had asked for a short summary report, Dr. Moore provided a lengthy report that contained assertions and allegations that Patient A and her husband disputed, and were not contained in his documentation.
- Later on December 6, 2019, Dr. Moore sent Patient A's husband an email, indicating the invoice he had been requesting was available outside Dr. Moore's clinic for pickup. When Patient A's husband went to Dr. Moore's clinic, he found it was closed and there was an envelope attached to the outside of the clinic which contained a statement of account for Patient A.
- Similarly, on December 17, 2019, Dr. Moore sent an email to Patient A's husband indicating a package and a refund were available after 3:00 pm. When Patient A's husband went to the clinic, he found it was closed and an envelope was attached to the outside of the clinic containing, among other things, statements of accounts and health records.
- The Panel found that Dr. Moore breached his statutory and professional obligations to maintain confidentiality of personal patient information when he left documents containing personal health and financial information about Patient A and her husband attached to the outside of his clinic after hours and took no steps to make sure the records were protected.
- The accounts provided by Dr. Moore contained a $2,920.00 charge for administration fees but there was no explanation for what the administration fees covered. There was also an $1,800.00 charge for the report. In fact, the first time that Dr. Moore disclosed to Patient A and her husband that he was charging any administration fees or was charging for the report was when he provided the account statement on December 6, 2019.
- According to expert evidence, Dr. Moore was required, and failed to, disclose administrative fees, fees for the medical report, and fees for calls and texts before the services were provided.He was also required, and failed to, include the details of fees he charged in his accounts, including the details of fees charged for administration, texts and calls.

- The Corrective Care Decompression Plan stipulated how the block fee was to be used and, among other things, stipulated that additional fees for consulting time and adjustments could not be deducted from the prepaid funds. Despite this, and in breach of the agreement, Dr. Moore improperly deducted administration fees, fees for the medical report and even transferred funds out of Patient A's account without her knowledge to cover the costs of chiropractic care that Dr. Moore provided to her husband.
- The Panel found that Dr. Moore issued account statements to Patient A that were false and misleading, and he issued accounts in which he failed to itemize fees as required. Dr. Moore improperly charged Patient A more than $2,620.00 in fees that were not properly disclosed. According to the Panel, Dr. Moore gave Patient A and her husband confusing and incomplete information about the billing arrangement.
- After receiving the December 19, 2019 package from Dr. Moore, Patient A's husband contacted his bank to dispute the credit card charge from the August 27, 2019 payment of the block fee. He hoped by doing so he could recover the administrative fees Dr. Moore had charged as well as the fees for the report.
- As part of the dispute process, a third party, Chase Bank, collected information about the dispute. Dr. Moore provided Chase Bank with confidential personal health information regarding Patient A without her consent, as well as other information including an account statement.
- The Panel found that Dr. Moore breached his statutory and professional obligations to maintain confidentiality of personal health information when he sent a letter to Chase Bank that included personal health information about Patient A without her consent. The Panel noted that Dr. Moore included assertions in the letter to Chase Bank regarding Patient A's condition that had not been documented in her patient record and diagnoses that had not been made by qualified health care practitioners. He also included an account statement that contained false and misleading information, and a document indicating he had billed certain fees to Patient A for services including texts, phone calls, and research.
- According to the Panel, Dr. Moore acted outside of his scope of practice when he provided information about Patient A's mental health to Chase Bank because he was not qualified to make such diagnoses. It also found that he knowingly provided false and misleading information to Chase Bank when he indicated Patient A's husband asked him to provide a report that would assist Patient A in finding "appropriate and psychiatric care." Further, the Panel found that Dr. Moore knew the account statement he provided to Chase Bank contained false and misleading information.The Panel noted that the information Dr. Moore provided to Chase Bank was inconsistent with information included in accounts he issued to Patient A.

The Findings of Professional Misconduct

Based on all of the evidence at the hearing, and its findings of facts, the Panel issued its Decisions and Reasons on November 8, 2023 in which it found Dr. Moore committed all of the 11 acts of professional misconduct set out in the Notice of Hearing. The Panel's full Decision and Reasons is available on the CCO's website.

Penalty and Costs

The hearing was not concluded in 2023. The Panel will issue decisions regarding penalty and costs in 2024.

Fitness to Practise Committee

REFERRALS FROM ICRC



Dr. Kyle Grice
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.

2023 FOCUS

There were no referrals to the committee in 2023.

The committee had one meeting in 2023 for comprehensive training and to hear experts from the College of Nurses as well as a member remediation program which will assist the committee with any future referrals.

Application for Judicial Review and Motion for an Interim and Interlocutory Injunction

By way of background, in the Fall of 2022, as part of preparations for the upcoming 2023 Council elections, the Executive Committee reviewed the eligibility requirements for candidates for Council and for the appointment of non-Council members to committees as contained in By-law 6 and By-law 12. It recommended Council consider the two by-laws be amended to provide for a six year "cooling off" period between a finding of professional misconduct and either a candidate running for Council or a non-Council member being appointed to a committee. The by-laws in effect provided for a three year "cooling off" period.

On January 20, 2023, Council unanimously approved the proposed amendments to By-laws 6 and 12. A majority of Council voted for the amendments to take effect immediately.

On January 31, 2023, Dr. Benjamin Hardick commenced an Application for Judicial Review in which he asked the Ontario Superior Court of Justice (Divisional Court) to, among other things, quash the January 20, 2023 CCO Council decision to amend CCO By-law 6.9 (e) [the provision concerning the "cooling off" period for a candidate running for Council].

At the same time, Dr. Hardick brought a motion for an interim and interlocutory injunction ("Motion") to, among other things, stay the implementation and operation of By-law 6.9(e). Dr. Hardick and the CCO filed extensive affidavits and exhibits for the Motion after conducting thorough cross-examinations. Dr. Hardick's Motion was heard and dismissed by Justice O'Brien on February 17, 2023. Dr. Hardick was also ordered to pay costs to the CCO of $20,000.00.

On March 3, 2023, Justice O'Brien released an endorsement, setting out her reasons for dismissing the Motion. Dr. Hardick had alleged in his Application for Judicial Review and his Motion that the CCO had acted in bad faith and for improper motives when amending By-law 6.9(e). After a careful review of the entire record and listening to the parties' oral arguments, Justice O'Brien was of the view that no bad faith or improper motive was established on the part of the CCO. To the contrary, she concluded that the CCO had acted in the public interest, not only in passing the amendments to the by-laws, but also in concluding that the amendments should be implemented immediately. Further, Justice O'Brien was of the view that Dr. Hardick's Application for Judicial Review was unlikely to succeed.

On May 8, 2023, Dr. Hardick abandoned his Application for Judicial Review.

Patient Relations Committee

EXERCISING PATIENT RIGHTS UNDER THE RHPA



Ms Zoe Kariunas
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.

2023 FOCUS

The Patient Relations Committee held five (5) meetings in 2023. Among the matters discussed in these meetings were:

- Agreement that the existing translations of the Partnership of Care document were adequate for current purposes;
- Policies and procedures with respect to ongoing funding for therapy related to patients sexually abused by members, and changes recommended to the CCO web page on funding for therapy or counselling to include a visual flowchart of the funding for therapy process, common questions and answers about the funding for therapy program, and adding language that distinguishes sexual abuse under the RHPA and sexual assault under the Criminal Code of Canada;
- Recommending approval of amendments to Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members to include further explanations about the funding for therapy program;
- Reviewing HPRO's DEI documents, including recommendations that the documents may benefit from examples, should focus on members and interactions with patient and necessary core competencies in providing health care to Ontarians;
- Reviewing various reporting requirements of regulated health professionals, including mandatory and permissive reporting;
- Reviewing and monitoring of the funding for therapy and counselling program.



Diversity, Equity and Inclusion (DEI) Plans and Actions 2023

CCO actively works to integrate diversity, equity and inclusion into all its activities, policies and procedures. In particular, it supports the work of the Health Profession Regulators of Ontario (HPRO) on anti-racism and diversity, equity and inclusion and during 2023 actively reviewed and applied its resources and guides.

Among the other DEI plans and actions it undertook in 2023:

- Appointed three CCO staff members as DEI officers.
- Approved amendments to several standards of practice, policies and by-laws, including the use of gender-neutral language whenever possible and increasing information about and accessibility to funding for therapy programs.
- Identified current CCO standards of practice, policies and guidelines which include DEI principles.
- Published CCO's Land Acknowledgement on the CCO website, and began every Council meeting with a reading of the acknowledgement.
- Facilitated DEI training and meeting opportunities through HPRO, other regulatory colleges and other providers.
- Expedited CCO staff attendance at DEI education sessions including: Aiming for Equity in Leadership; Understanding Gender Diversity in Children and Adolescents; Discussing Diversity; Anti-Racism in Health Care Regulation; and Antisemitism in Health Care.
- Added a presentation on DEI and accessibility at the Peer Assessor Workshop in January 2023.
- Organized DEI events for staff, including celebrations and education on various events and holidays throughout the year.

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.

2023 FOCUS

The following items were among the subjects for detailed discussions during the Quality Assurance (QA) Committee's five (5) meetings in 2023:

- Discussed the Peer and Practice Assessment program (see below for detailed comment on the program and the 2023 PPA assessor training program);
- Undertook to consider research practices from other colleges on requirements for practice and assessment of competencies, specifically related to controlled acts;
- Communicated to stakeholders, including members, amendments to Standard of Practice S-002: Record Keeping made in November 2022 related to the importance of security of electronic health records and cyber security, and updates in legislation related to concussion (Rowan's Law) and expectations for members in managing concussion;
- Recommended amendments to the Competencies for Council and Committee Members document to include peer assessors;
- Updated the code of conduct and confidentiality agreement for peer assessors;
- Developed and distributed to stakeholders, including members, a draft guideline on virtual care for feedback and recommended Guideline G-015: Virtual Care for approval, following review and updating of the guideline based on feedback;

QA by the Numbers

Workshop Date	Actual Number of Attendees Present
Feb 17	120
June 2	126
Nov 1	116

PPA 1.0 = 242
PPA 2.0 = 274

- Distributed amendments to Guideline G-014: Delegation, Assignment and Referral of Care to stakeholders, including members, to enhance communication between the member and patient where there is assignment of care. Recommended amendments for approval, following review and updating of amendments based on feedback;
- Discussed in detail the Ontario government's review of the governing legislation for veterinarians as it may impact chiropractors who care for animals;
- Committed to explore ways to make the Regulatory Excellence Workshop more interactive, with the goal of engaging members in demonstrating competency through live participation;
- Began development of an on-demand webinar on Advertising, Websites and Social Media, from content from the Regulatory Excellence Workshop;
- Distributed to stakeholders, including members, draft amendments to Standard of Practice S-003: Professional Portfolio, to include a mandatory component to structured CE of 5 hours of an in-person workshop on spinal adjustment or manipulation once every three CE cycles (six years). Review of feedback will take place in 2024.

Peer and Practice Assessment

CCO's Quality Assurance (QA) Committee developed the Peer and Practice Assessment Program (PPA) to enhance members' learning opportunities and ensure their compliance with the regulations, standards of practice, policies, and guidelines. CCO has developed two phases (thus far) to the PPA Program to acknowledge and address the changes in member competencies that are gained with clinical experience — PPA 1.0 and PPA 2.0.

Members are randomly selected to participate in the program. During the assessment, peer assessors can flag any deficiencies noted with the members' record keeping and/or knowledge of the College's standards of practice, policies, and guidelines. This process also allows the member to engage in conversations with their peer assessor regarding any noted deficiencies so that they may address them immediately.

In 2023, CCO had a roster of 31 trained and experienced peer assessors working in the field providing valuable guidance to members, in-person and remotely. In order to ensure their competence as assessors, each year, since the start of the PPA program, the QA Committee has hosted all peer assessors for an in-person day-long training workshop which typically covers:

- Review of updates to regulations, standards of practice, policies and guidelines related to the practice of chiropractic;
- Review of changes to the PPA programs to accommodate the above updates;
- Gathering front-line feedback from assessors on their experiences of the past year's PPA cycle;
- Group and/or individual performance feedback to peer assessors;
- Small group break-out sessions that often task assessors with brainstorming, creating and developing ideas for new elements, changes or refinements of future PPA or other QA initiatives;
- Guest speakers with experience in quality assurance, continuing competencies or other areas relevant to this initiative;
- Updates on current events such as professional or government trends and/or initiatives;
- Plenty of opportunity for assessors from all over the province to interact with their colleagues.

On January 28, 2023, the annual Peer Assessor Workshop was held in-person at the CCO offices, with the option to attend virtually. Attendees included peer assessors, Council President, elected professional and public-appointed members of the QA Committee, and CCO staff. This year's break-out sessions focused on assessing core competencies and controlled acts, as well as diversity, equity and inclusion.

Registration Committee

ENSURING COMPETENCE AND ENTRY TO PRACTICE



Dr. Julia Viscomi
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.

2023 FOCUS

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

The Registration Committee held six (6) meetings during 2023.

Among the matters discussed in these meetings were:

- Evaluation of applications from several applicants for registration with the College;
- Considered direction from the The Ministry of Health for the College to develop an emergency class registration and recommended amendments to CCO's Registration Regulation to include an Emergency Class of Registration;
- Recommended amendments to the Temporary Application for Registration to Council to approve questions related to clinical competency examinations;
- Identified that there were far fewer suspensions for non-payment of fees than in years past;
- Discussion of various amendments made to registration policies and forms through the lens of DEI consideration;
- Consideration of ways to increase voter turnout in Council elections;
- Received a presentation on the transition of the CCEB examinations to a new model over the next three examination sittings;
- Reviewed and recommended to Council the 2024 member and corporation renewal memorandum and online renewal form, and discussed possible alternative methods of communicating with members for the collection of information as part of renewal.

Colleges of Graduation and Enrolment
(as at December 31, 2023)

College of Graduation	Female	Male	Total
Canadian Memorial Chiropractic College	81	77	158
Central Queensland University	0	1	1
D'Youville College	2	6	8
Life University	1	1	2
Life Chiropractic College West	1	0	1
Logan University	1	0	1
National University of Health Sciences	0	1	1
New Zealand College of Chiropractic	1	2	3
Northeast College of Health Sciences (Formerly New York Chiropractic College)	5	7	12
Northwestern Health Sciences University	7	3	10
Palmer College – Davenport	0	2	2
Palmer College – Florida	2	2	4
Palmer College – San Jose	1	0	1
Parker University	1	0	1
Southern California of Health Sciences	1	0	1
Université du Québec à Trois-Rivières	2	1	3
University of Johannesburg – Faculty of Health Sciences	1	0	1
University of Western States	2	2	4
Total	109	105	214

Ages of Active Members – Total 4,996
(as at December 31, 2023)

Under Age 25	11
Ages 25-35	1,373
Ages 36-45	1,491
Ages 46-55	1,321
Ages 56-65	596
Over 65	204

Class of Certificate of Registration for CCO Members – Total 5,392
(as at December 31, 2023)

General (i.e. Active) 4,941	**General** (i.e. Active) **Non-Resident** 55
Inactive Resident 171	**Inactive Non-Resident** 50
Retired 120	**Retired Non-Resident** 55

Countries of Chiropractic Education of Active Members – Total 4,996
(as at December 31, 2023)



Australia 19



France 1



New Zealand 22



Canada



Ontario 3,548



Quebec 14



South Africa 2



United Kingdom 19



United States 1,371

Financial Statements for the year ended December 31, 2023

(With 2022 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, 2023, 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, 2023, 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 16, 2024

Statement of Financial Position

December 31, 2023
(with 2022 comparisons)

	2023	2022
ASSETS		
Current		
Cash and cash equivalents	$ 2,891,246	$ 6,036,685
Short-term investments, at amortized cost (Note 2)	2,997,301	51,145
Prepaid expenses and sundry assets	39,496	37,074
	5,928,043	6,124,904
Capital assets (Note 3)	12,887,330	13,347,967
TOTAL ASSETS	$ 18,815,373	$ 19,472,871
LIABILITIES		
Current		
Accounts payable and accrued liabilities	$ 187,070	$ 422,718
Government remittances payable	5,245	9,340
Deferred revenue	3,645,119	3,603,699
Mortgage payable – current portion (Note 6)	299,642	266,478
	4,137,076	4,302,235
Mortgage payable – non-current portion (Note 6)	1,697,400	2,611,921
TOTAL LIABILITIES	5,834,476	6,914,156
NET ASSETS (per Statement 2)		
Internally restricted for Office Development Project (Note 5)	4,288,637	4,288,637
Internally restricted for Contingency Reserve Fund (Note 10)	2,900,000	—
Unrestricted	5,792,260	8,270,078
TOTAL NET ASSETS	12,980,897	12,558,715
TOTAL LIABILITIES AND NET ASSETS	$ 18,815,373	$ 19,472,871

Approved on behalf of the College:

MR. SHAWN SOUTHERN
Treasurer

DR. SARAH GREEN,
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, 2023

	Internally restricted for Contingency Reserve Fund (Note 10)	Internally restricted for Office Development Project (Note 5)	Unrestricted	Total
BALANCE: January 1,	$ —	$ 4,288,637	$ 8,270,078	$ 12,558,715
Excess of income over expenditures (per Statement 3)	—	—	422,182	422,182
Interfund transfer to (from) (Note 10)	2,900,000		(2,900,000)	
BALANCE: December 31,	$ 2,900,000	$ 4,288,637	$ 5,792,260	$ 12,980,897

FOR THE YEAR ENDED DECEMBER 31, 2022

	Internally restricted for Office Development Project	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

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

Statement of Operations

for the Year Ended December 31, 2023
(with 2022 comparisons)

	2023	2022
INCOME		
Renewal fees	$ 5,258,163	$ 4,877,462
Registration fees	74,343	74,038
Examination fees	40,707	41,706
Incorporation fees	285,068	261,191
Recovery of discipline costs	44,775	74,800
Interest and sundry	271,566	87,648
TOTAL INCOME	5,974,622	5,416,845
EXPENDITURES		
Salaries and benefits (Note 4)	1,666,488	1,696,981
Utilities	42,961	42,720
Office and general	668,458	554,619
Printing and postage	68,278	69,503
Insurance	38,695	31,716
Meetings, fees and expenses (Schedule 1) (Note 9)	251,349	186,361
Audit	30,678	30,623
Seminars and conferences	31,923	31,318
FCC dues	142,272	142,272
Consulting fees	284,750	251,299
Consulting fees - peer assessors	277,862	232,363
Consulting fees - complaints	15,913	22,726
Legal fees - complaints	39,333	24,555
Legal fees - discipline	804,249	765,403
Legal fees - executive	51,845	34,279
Legal fees - general	236,107	70,918
Common element expenses	129,174	115,371
Property tax	145,174	143,314
Mortgage and loan interest	85,492	113,225
Equipment lease	19,546	19,628
TOTAL EXPENDITURES	5,030,547	4,579,194
Excess of income over expenditures before amortization	944,075	837,651
Amortization	521,893	552,992
EXCESS OF INCOME OVER EXPENDITURES	$ 422,182	$ 284,659

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

STATEMENT 3

Statement of Cash Flows

for the Year Ended December 31, 2023
(with 2022 comparisons)

	2023	2022
OPERATING ACTIVITIES		
Excess of income over expenditures (per Statement 3)	$ 422,182	$ 284,659
Amortization – capital assets	521,893	552,992
(Increase) decrease in prepaid expenses and sundry assets	(2,422)	14,013
(Decrease) increase in accounts payable and accrued liabilities	(235,648)	198,346
(Decrease) increase in government remittances payable	(4,095)	8,896
Increase in deferred revenue	41,420	325,878
	743,330	1,384,784
INVESTING ACTIVITIES		
(Purchase) of capital assets	(61,256)	(37,474)
(Increase) decrease in short-term investments	(2,946,156)	2,303,461
	(3,007,412)	2,265,987
FINANCING ACTIVITIES		
(Decrease) in mortgage payable	(881,357)	(853,270)
CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR	(3,145,439)	2,797,501
CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	6,036,685	3,239,184
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	$ 2,891,246	$ 6,036,685
Cash and cash equivalents consist of the following:		
Cash	$ 2,891,246	$ 6,036,685

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, 2023
(with 2022 comparisons)

	FEES	EXPENSES	TOTAL 2023	TOTAL 2022
Dr. Michael Gauthier [2]	$ 15,825	$ 5,221	$ 21,046	$ 13,086
Dr. Jarrod Goldin [1, 8]	10,800	7,651	18,451	11,443
Dr. Colin Goudreau [8]	9,825	6,147	15,972	14,282
Dr. Sarah Green [1]	43,483	9,750	53,233	22,719
Dr. Kyle Grice [4, 5, 6]	28,700	7,128	35,828	18,960
Dr. Paul Groulx [1, 6]	16,050	8,446	24,496	18,325
Dr. Steven Lester	—	—	—	2,400
Dr. Dennis Mizel [1, 3]	33,292	10,829	44,121	64,538
Dr. Angelo Santin [3, 4, 7]	10,500	7,495	17,995	7,101
Dr. Julia Viscomi [2, 7]	15,150	5,057	20,207	13,507
Ms Jo-Ann Willson	—	—	—	—
	$ 183,625	$ 67,724	$ 251,349	$ 186,361

Note: Committee membership changed in April

Numbers refer to committee/project membership (April – December 2023)

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, 2023

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, 2023, there were nine elected members and six appointed members. There are seven Statutory Committees and one Non-Statutory Committee.

1 Significant Accounting Policies

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

(a) Revenue Recognition

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

(b) Capital Assets

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

Computers and Software	30% declining balance
Furniture and Equipment	20% declining balance
Building	4% declining balance

(c) Financial Instruments

(i) Measurement of Financial Instruments

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

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

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

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

(ii) Impairment

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

(d) Cash and Cash Equivalents

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

(e) Impairment of Long-lived Assets

A long-lived asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value. As at December 31, 2023, 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	2023	2022
Toronto Dominion Bank, GIC	5.40%	$ 301,775	$ –
Toronto Dominion Bank, GIC	5.40%	406,145	–
Toronto Dominion Bank, GIC	5.60%	101,104	–
Toronto Dominion Bank, GIC	1.25%	–	51,145
The Bank of Nova Scotia GIC	4.85%	2,188,277	–
		$ 2,997,301	$ 51,145

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	2023 Net	2022 Net
Furniture and Office Equipment	$ 1,042,369	$ 757,484	$ 284,885	$ 297,353
Computer and Software	945,763	883,795	61,968	86,022
Building	12,483,345	2,304,568	10,178,777	10,602,892
Land	2,361,700	—	2,361,700	2,361,700
	$ 16,833,177	$ 3,945,847	$ 12,887,330	$ 13,347,967

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.

In 2023 there was no addition or reduction to the amount of funds internally restricted for the Office Development Project (ODP). However, on April 16, 2024 the Council of the College passed a motion to reduce the amount internally restricted from $4,288,637 to $1,300,821.

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
2024	$ 299,642	$ 69,419	$ 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 2023 the ratio was 2.64:1 (2022: 2.48:1).

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

Negotiations on a new mortgage agreement are currently in progress.

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 2023.

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, 2023.

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.

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 January 9, 2024, 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.

2023-24 Highlights from the Health Profession Regulators of Ontario (HPRO)

This report covers HPRO's corporate year from the May 19, 2023, Annual Meeting, reporting to the June 3, 2024, Annual Meeting.

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.

Ontario's health profession regulators have the duty to protect the public, making sure healthcare professionals are safe, ethical, and competent. They currently regulate 29 distinct professions — almost 400,000 healthcare professionals in the Province, and these numbers will increase later in 2024 when the College of Psychologists of Ontario will begin to regulate applied behaviour analysts, effective July 1, 2024.

Along with a full-time Executive Director, HPRO is supported by innumerable volunteers, including all College Registrars who make up the Board of Directors, as well as our Chair, Vice- Chair and Treasurer, and an active Management Committee and other Committees, Networks, and Working Groups. Because of that support, we are able to share highlights of HPRO's successes over the past year, including the development of a new statement of purpose:

HPRO advocates for ongoing regulatory improvement that supports the public interest.

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

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

GOVERNMENT RELATIONS

One of HPRO's strategic priorities focuses on government relations. HPRO is committed to cultivating and maintaining positive, collaborative relations with all levels of Government, with the focus on regulatory excellence. HPRO's members are in a unique position to be able to influence change in the public interest.

On May 6, 2024, HPRO wrote to Health Minister Sylvia Jones, inviting the Minister to HPRO's June 3rd Annual Meeting. The following is an excerpt from that letter, highlighting three key topics that HPRO has identified as areas of potential work with Government: health human resources, effective governance (including work related to public members), and public input (including the transition of the Citizen Advisory Group to HPRO).

OFFICE OF THE FAIRNESS COMMISSIONER (OFC) – RISK-INFORMED COMPLIANCE FRAMEWORK (RICF)

HPRO wrote to Ontario's Fairness Commissioner Irwin Glasberg on February 28, 2024, regarding the OFC's RICF. HPRO shared that its members "are committee to effective and efficient licensure practices and are interested in contributing to broader provincial policy decisions to address labour shortages in specified professions and geographic regions", confirming HPRO's mutual commitment to transparency, objectivity, impartiality, and fairness in registration practices. Discussions with the OFC continue.

EQUITY, DIVERSITY, INCLUSION (EDI)
ANTI-RACISM IN HEALTH REGULATION PROJECT (ARHR)

2023 saw the completion of HPRO's ARHR Project, which was led by Judy Rigby and supported by a nine-member

Steering Committee and a Project Management Team from Graybridge Malkam, partially funded by a grant from the Federal Government's Community Support, Multiculturalism, and Anti-Racism Initiatives (CSMARI) Program. The project had three deliverables which included an 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.

HPRO's work has reached hundreds of College staff, Council/Board and committee members, and through the Colleges' work, hundreds of thousands of health professionals. Additionally, HPRO continues to share the outcomes of this project with other regulators to support their health profession regulators in their EDI journeys.

Thanks are extended to the Steering Committee members (see right), who have dedicated their time, energy, and expertise over the last two years.

EDI NETWORK

HPRO has a dedicated EDI Network. It includes staff from all HPRO Colleges who have a role related to or interest in EDI. The EDI Network is led by Co-Chairs Preeya Singh (CASLPO) and Michelle Tremblay (RCDSO).

The EDI Network has received presentations or focused discussion on the use of the HPRO EDI Toolkit, EDI and the Ministry of Health's CPMF, demographic data collection, Land Acknowledgements, Truth and Reconciliation, and the future of EDI.





CCO Council 2023

BACK ROW (L-R)

Dr. Kyle Grice; Dr. Michael Gauthier; Dr. Jarrod Goldin; Ms Zoe Kariunas; Dr. Angelo Santin; Ms Anuli Ausbeth-Ajagu.

SECOND ROW (L-R)

Mr. Gagandeep Dhanda; Mr. Scott Stewart; Dr. Julia Viscomi; Ms Jo-Ann Willson, *Registrar & General Counsel*; Dr. Colin Goudreau; Mr. Robert Chopowick; Dr. Paul Groulx.

BOTTOM ROW (L-R)

Dr. Dennis Mizel, *Vice-President*; Dr. Sarah Green, *President*; Mr. Shawn Southern, *Treasurer.*

CCO Staff

MEET OUR TEAM

BACK ROW (L-R)

Ms Martina Junatas, *Administrative Assistant;* Ms Christine McKeown, *Inquiries, Complaints and Reports Officer;* Ms Tina Perryman, *Manager, Inquiries, Complaints and Reports;* Ms Madeline Cheng, *Registration Coordinator;* Mr. Darwin Visperas, *Assistant Registration Coordinator;* Ms Rose Bustria, *Executive Assistant;* Mr. Jonathan Hernandez, *Administrative Assistant;* Ms Hazel Moon, *Administrative Assistant*; Ms Kelly Malcolm, *Investigator*; Mr. Ken Wong, *Financial Officer;* Dr. Katherine Tibor, *Director of Professional Practice.*

FRONT ROW (L-R)

Mr. Joel Friedman, *Deputy Registrar;* Ms Jo-Ann Willson, *Registrar & General Counsel.*

ABSENT

Ms Anda Vopni, *Financial Officer.*





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