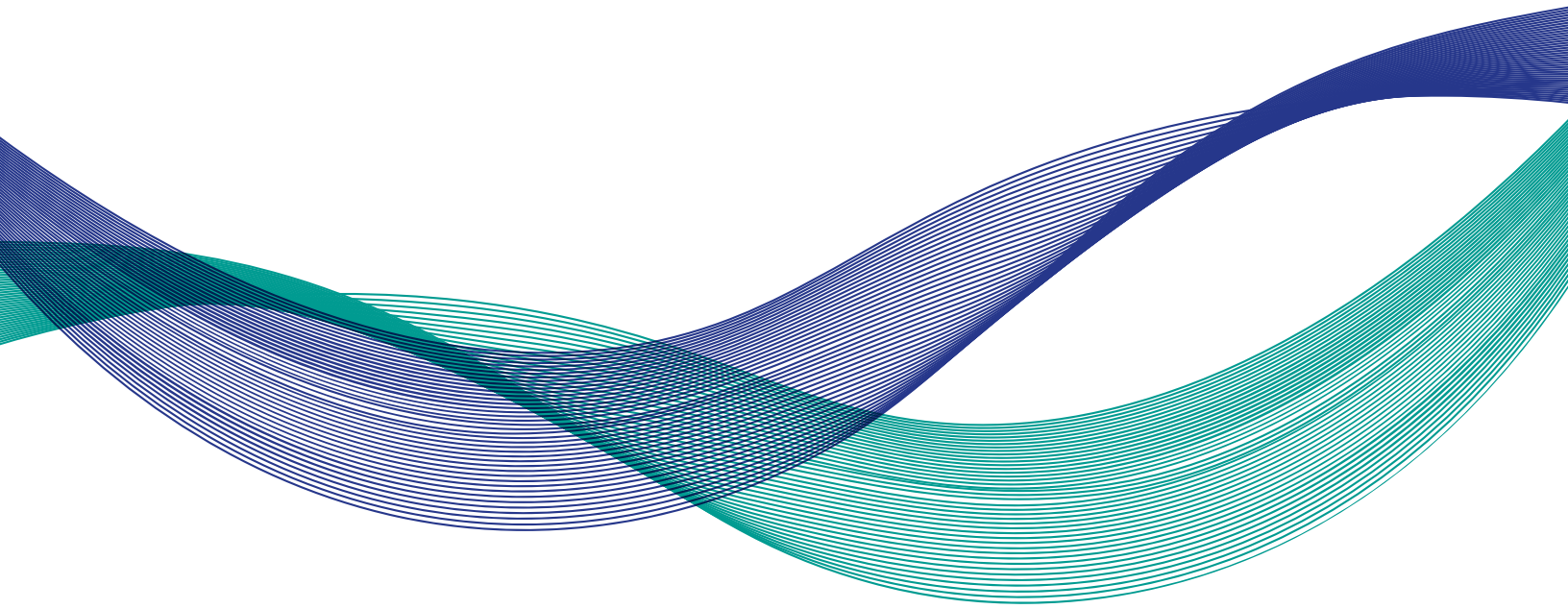
2024
Annual Report
Rapport annuel

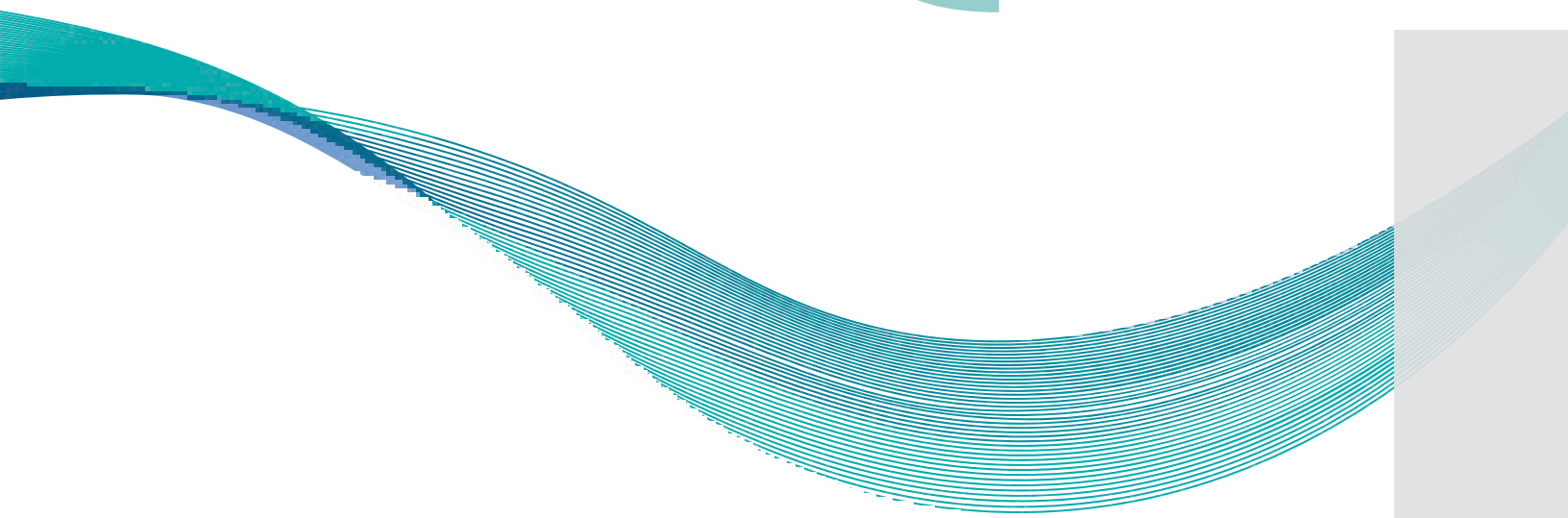
Building on a Solid Foundation
Construire sur des bases solides



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

Our Values

Integrity
Respect
Collaboration
Innovation
Transparency
Responsiveness



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
AODA	Accessibility for Ontarians with Disabilities Act
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
CE	Continuing Education
Chiropractic Act	Chiropractic Act, 1991
COLA	Cost-of-Living Adjustment
CPMF	College Performance Measurement Framework
CMCC	Canadian Memorial Chiropractic College
FCC	Federation of Canadian Chiropractic
GIC	Guaranteed Investment Certificate
Acronym	Full Name
HPARB	Health Professions Appeal and Review Board
HPRO	Health Profession Regulators of Ontario
ICRC	Inquiries, Complaints and Reports Committee
MOH	Ministry of Health
ODP	Office Development Project
PPA	Peer and Practice Assessment
QA	Quality Assurance
RHPA	Regulated Health Professions Act, 1991

Strategic Objectives

1

Strengthen Governance and Leadership.

2

Strengthen the Understanding of CCO and the Profession's Role in the Healthcare System.

3

Demonstrate a Proactive Approach to Regulatory Change.

4

Enhance Member Engagement and Communication (internal and external).

CCO is required annually to submit 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 2024. 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 improve performance continuously by identifying and reporting on commendable practices among peers."

Extract from MOH Summary Report

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CCO Council

as of December 31, 2024

Elected Members

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

CCO Committee Composition

as of December 31, 2024

Inquiries, Complaints & Reports

Dr. Michael Gauthier, ***Chair***
Dr. Sarah Green
Mr. Gagandeep Dhanda
Mr. Scott Stewart
Dr. Brian Dower, ***non-Council***
Ms Kelly Malcolm, ***staff support***
Ms Christine McKeown, ***staff support***
Ms Tina Perryman, ***staff support***

Core Discipline

Dr. Dennis Mizel, ***Chair***
Dr. Paul Groulx
Mr. Robert Chopowick
Mr. Shawn Southern
Dr. Colleen Pattrick, ***non-Council***
Dr. Janine Taylor, ***non-Council***
Dr. G. Murray Townsend, ***non-Council***
Dr. Matt Tribe, ***non-Council***
Mr. Robert MacKay, ***Council appointed member***
Ms Jo-Ann Willson, ***staff support***

Patient Relations

Ms Zoe Kariunas, ***Chair***
Dr. Julia Viscomi
Ms Anuli Ausbeth-Ajagu
Dr. Pip Penrose, ***non-Council***
Dr. Keith Thomson, ***non-Council***
Mr. Joel Friedman, ***staff support***
Ms Jo-Ann Willson, ***staff support***

Quality Assurance

Dr. Kyle Grice, ***Chair***
Dr. Angelo Santin
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. Colin Goudreau
Mr. Robert Chopowick
Mr. Gagandeep Dhanda
Ms Madeline Cheng, ***staff support***
Mr. Joel Friedman, ***staff support***
Ms Jo-Ann Willson, ***staff support***

Fitness to Practise

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



Message from the President

Dr. Sarah Green
President
(April 2024 to April 2025)

As I reflect back on the work of the College in 2024, I'm struck by both the progress we've made and the challenges and opportunities that lie ahead. The pages that follow are more than a summary of CCO's activities over the last fiscal year. They are a testament of what can be achieved when we come together with purpose, and a shared commitment to excellence in serving the public interest.

In 2024, we made significant strides forward with the development of our new five-year strategic plan—a roadmap that will guide us into the future with clarity and ambition. This wasn't a top-down exercise; it was a collaborative effort involving Council and staff, informed by research and best practices, aided by expert guidance. The result is a plan that builds on the College's values and strengths, while at the same time embracing innovation and adaptability. It's a plan that prioritizes competent and ethical patient care, high professional standards, and ensures a strong role for chiropractic as a trusted health system partner.

The year also brought other significant accomplishments. We rolled out new or amended standards and guidelines, additional resources and workshops to support chiropractors in meeting regulatory requirements, and that reflect the realities of practice today.

I'm also pleased to report that in 2024 CCO maintained its track record of successful stewardship and fiscal discipline, ensuring the College is well-positioned to fulfill our mandate without compromise going forward.

Looking to the rest of 2025 and beyond, I'm energized by what's on the horizon in terms of potential regulatory developments. Our strategic plan is the rallying point for CCO's many exciting current and future initiatives. We're setting the stage to take a leading role in collaborations with our health system partners, all while strengthening our governance capabilities and maximizing our impact on behalf of the Ontario public.

CCO Presidents and BDC Chairs

Name	Position	Organization	Term	
Dr. Sarah Green	President	CCO	April 2024	April 2025
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



Message de la Présidente

Dr. Sarah Green
Présidente
(Avril 2024 au avril 2025)

En me penchant sur les travaux de l'Ordre en 2024, je suis frappée par les progrès que nous avons réalisés et par les défis et les possibilités qui nous attendent. Les pages qui suivent sont plus qu'un sommaire des activités de l'Ordre des Chiropraticiens de l'Ontario (OCO) au cours du dernier exercice financier. Elles témoignent de ce qu'il est possible de réaliser lorsque nous nous réunissons avec un but précis et un engagement commun envers l'excellence au service de l'intérêt public.

En 2024, nous avons fait des progrès considérables en élaborant notre nouveau plan stratégique quinquennal - une feuille de route qui nous guidera vers l'avenir avec clarté et ambition. Il ne s'agissait pas d'un exercice descendant, mais d'un effort de collaboration impliquant le Conseil et le personnel, éclairé par la recherche et les meilleures pratiques, avec l'aide de conseils d'experts. Le résultat est un plan qui s'appuie sur les valeurs et les points forts de l'Ordre, tout en adoptant l'innovation et l'adaptabilité. Ce plan donne la priorité à des soins de santé compétents et éthiques aux patients, à des normes professionnelles élevées et à un rôle important de la chiropratique en tant que partenaire de confiance du système de santé.

L'année a également été marquée par d'autres réalisations importantes. Nous avons mis en place des normes et des lignes directrices nouvelles ou modifiées, des ressources supplémentaires et des ateliers pour aider les chiropraticiens/chiropraticiennes à répondre aux exigences réglementaires, et qui reflètent les réalités de la pratique d'aujourd'hui.

J'ai également le plaisir d'annoncer qu'en 2024, l'OCO a maintenu ses antécédents en matière de gestion et de discipline budgétaire, ce qui garantit que l'Ordre est bien placé pour remplir son mandat sans compromis à l'avenir.

En ce qui concerne le reste de l'année 2025 et au-delà, je suis enthousiasmée par ce qui se profile à l'horizon en termes d'évolutions réglementaires potentielles. Notre plan stratégique est le point de ralliement des nombreuses et passionnantes initiatives actuelles et futures de l'OCO. Nous préparons le terrain pour jouer un rôle de premier plan dans les collaborations avec nos partenaires du système de santé, tout en renforçant nos capacités de gouvernance et en maximisant notre impact au nom du public ontarien.

Presidents' Dinners

Dr. Dennis Mizel started the Presidents' Dinner tradition and attended every one.



June 15, 2015

Presidents' Dinner



June 15, 2024

Presidents' Dinner



2025 Registrar's Report

Ms Jo-Ann Willson
Registrar and General Counsel

I begin the 2024 report with a heart felt tribute to Dr. Dennis Mizel who sadly passed away in early January 2025. Dennis was a friend, colleague, champion of chiropractic, and proud supporter of many chiropractic organizations, including the CCO on which he served several terms as president.

Sometimes, words are not enough. Readers will note the Council photo at the end of this report includes Dennis in spirit. Dennis was at every meeting in 2024, even in late 2024 when his health was declining rapidly. I know he was so grateful to so many of you who reached out and provided comfort and support to him and his family. Members of Council and staff made regular visits to St. Catherine's to share stories, good food, and camaraderie, and Dennis was in fine spirits to the very end. I am so honoured and privileged to have known Dennis and to have worked with him for so many years. Thank you to the Mizel family for sharing Dennis with the chiropractic community and with CCO which he clearly loved, and where he was loved.

Dr. Mizel, along with all members of Council and staff, was able to participate in a comprehensive strategic planning review in September 2024, the result of which was the refinement of the strategic objectives which will guide CCO for the time period September 2024 to September 2029. I am pleased to report here on the strategic direction approved by Council. CCO's mission, vision and values remain the same.

Strategic Objectives Developed at the September 2024 Strategic Planning Session

1. Strengthen Governance and Leadership
2. Strengthen Understanding of CCO and the Profession's Role in the Healthcare System
3. Demonstrate a Proactive Approach to Regulatory Change
4. Enhance Member Engagement and Communication (internal and external)

Work has already begun in earnest on these objectives. I hope they resonate with many of you.

I am also pleased to report that CCO is in a position to build on a solid foundation, including a positive financial position, reflected in the audited financial statements. Transformational changes are taking place in the regulation of health care, and CCO is fortunate to work with many stakeholders as system partners to help pave the road, and not merely follow it. Stay tuned for further updates and progress reports as we move forward with the guiding principles outlined in the updated strategic plan, with public interest protection always as the north star.



CCO Executive Committee

September 2024

Executive Committee

PROVIDING LEADERSHIP

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



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.

In 2024, the Executive Committee addressed the following major topics during six (6) meetings throughout the year:

Strengthen Governance and Leadership

- Recommended approval of a Council evaluation survey to be completed following every Council meeting beginning in April 2024.
- Confirmed that recommendations from the Nominating Committee for committee positions would be made to Council but that nominations could still come from the floor at a Council meeting, and that nominees would be asked by email to provide a biography and list of competencies to serve in the role.
- Endorsed that to be eligible for a CCO executive officer position, a clear criminal record check must be provided.
- Prepared for the September strategic planning session to be facilitated by Kevin McCarthy of the Regulator's Practice.
- Received and approved the 2024 CPMF action plan.

Strengthen the understanding of CCO and the Profession's Role in the Healthcare System

- Attended to a variety of communications matters, including the website 'refresh' underway, in particular ensuring the new design complies with the Accessibility for Ontarians with Disabilities Act (AODA), that it meets requirements for French translation, that it reflects the diversity of Ontario's population, and that it features dynamic imagery and photography.
- Reviewed proposed guidelines for Council concerning use of social media.
- Planned to distribute a newsletter at regular intervals to share highlights and priorities of CCO activities.
- Distributed four (4) President's Messages/ Newsletters to system partners, including members, in 2024.
- Encouraged Council to have discussions regarding broader communications issues, including member communications to the public which would include social media posts, etc.
- Directed staff to review proposed advertisements submitted to CCO following the existing checklist, and emphasized that members have the right to appeal any decision made by staff.

Demonstrate a Proactive Approach to Regulatory Change

- Considered possible modifications to CCO's public register to be more user-friendly.
- Reviewed submissions from CCO to the Ministry of Agriculture on Bill 171 – Veterinary Professionals Act, 2024, with respect to references to CCO members and Standard of Practice S-009: Chiropractic Care of Animals (in place since 1998).

Enhance Member Engagement and Communication (internal and external)

- Planned a restart of "roadshows" in the Spring that would see one (1) in each of Districts 1-6, with the elected member attending and a publicly appointed Council member (who could apply for reimbursement) being invited to attend.
- Defined an 'action item' to provide training at a future Council training session regarding appropriate conduct, confidentiality and conflicts of interest (including all committee members), as well as providing training for those involved in holding discipline hearings regarding appropriate conduct and conflicts of interest.
- Discussed in detail and made recommendations to Council related to questions of conflict of interest, especially related to the role of 'peer assessor' and Council and staff involvement with other organizations and advocacy groups.

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

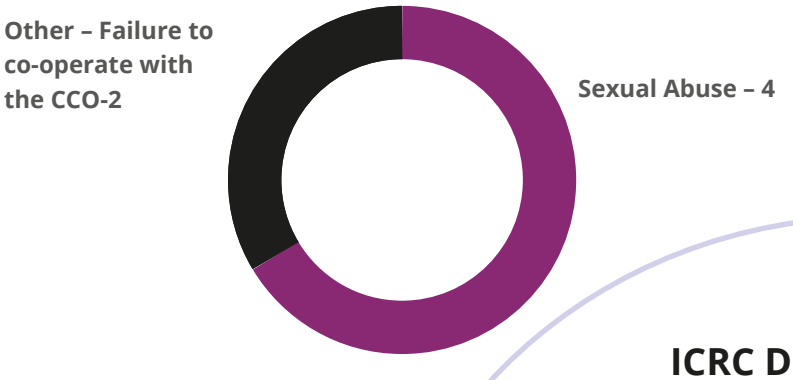
Strengthen Governance and Leadership

In 2024, the Inquiries, Complaints and Reports Committee (ICRC)

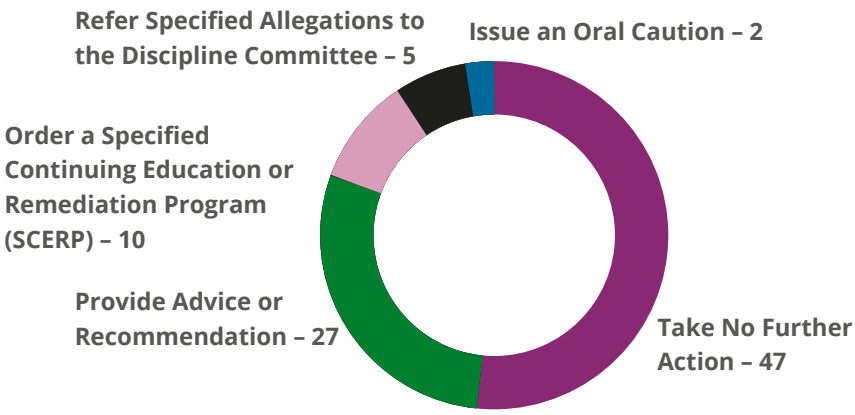
- Received 81 formal complaints
- Disposed of 81 complaints (not all of which were received in 2024)
- Undertook six (6) investigations directed by the Registrar
- Formal number of complaints that were brought forward to the ICRC in 2024 were 112
- Carried forward 31 complaints

The ICRC received two (2) decisions from HPARB, both of which found ICRC investigations adequate and its decisions reasonable.

Distribution of Registrar's Investigations by Theme in 2024.

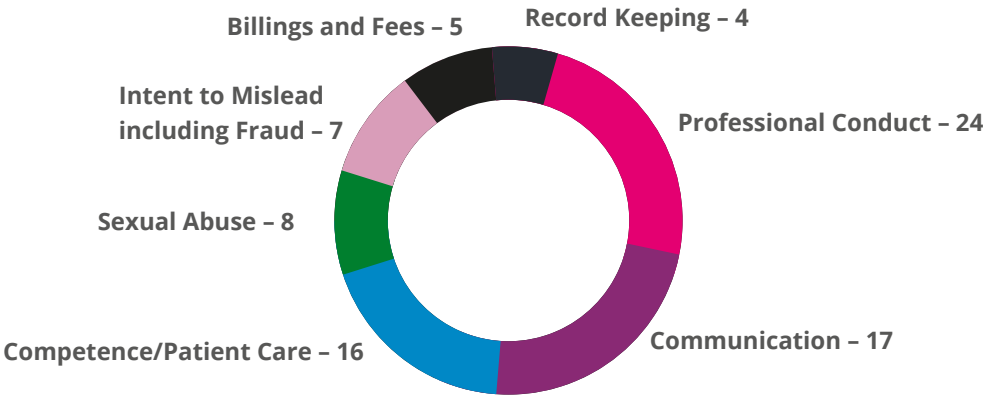


ICRC Dispositions in 2024



Some dispositions may have more than 1 disposition (e.g. SCERP-Recommendation)

Distribution of Formal Complaints by Theme in 2024.



Summary of Appeals to the Health Professions Appeal and Review Board, 2024

The Inquiries, Complaints and Reports Committee's role is to investigate and address complaints and reports in a manner consistent with CCO's legislative mandate. After the ICRC has decided what action to take regarding a complaint, so long as the action is not a referral to the Discipline Committee or an incapacity proceeding, either the complainant or the chiropractor who was complained about can request the Health Professions Appeal and Review Board (HPARB) review the ICRC's decision to determine whether the investigation was adequate and the decision was reasonable.

In 2024, HPARB reviewed two ICRC decisions. It confirmed both decisions.

ASL *(Complainant)* and Ghislaine Landry, DC *(Chiropractor)*

ASL's son was treated by the Chiropractor in 2022. ASL claimed she paid cash for his treatments and requested receipts but did not get any, which she said could result in the termination of her employment for fraud. The Chiropractor agreed that she treated ASL's son in 2022, but on different dates than claimed by ASL. She also said ASL paid for the appointments by debit, and had been provided with statements for the treatments. The ICRC investigated the complaint and decided to take no action.

The HPARB panel that conducted the review found that the ICRC investigation was adequate, as the ICRC had obtained the essential information relevant to making an informed decision regarding the complaint. The HPARB Panel also found the ICRC decision to take no action reasonable, as the decision was based on the evidence and standards of the profession. In particular, the ICRC had relied on contemporaneous patient records, which are generally considered to be a reliable source of information as to what occurred during patient encounters, and applied its expertise in evaluating the records. The HPARB panel confirmed the ICRC decision.

Gus Tsiofas *(Complainant)* and Godrej Engineer, DC and Ron Green, DC *(Chiropractors)*

Mr. Tsiofas was in a motor vehicle accident in 2018. He received chiropractic treatment following the accident from the Chiropractors. He complained about Dr. Green's treatment, documentation, and conduct towards him. Mr. Tsiofas also complained about Dr. Engineer's documentation and billings, including an allegation that he had submitted false billings, and Dr. Engineer's conduct, including an allegation that he had impersonated a physician. The Chiropractors denied any wrongdoing. Following the appointment of an investigator and a lengthy investigation, the ICRC took no further action regarding Dr. Green and reminded Dr. Engineer to adhere to the CCO Standard of Practice S-002: Record Keeping and Policy P-010: Use of Professional Titles, Designations and Credentials.

The HPARB panel that conducted the review found that the ICRC investigation was adequate. The ICRC had appointed an investigator who obtained information from Mr. Tsiofas and the Chiropractors, as well as Mr. Tsiofas' records and information from a variety of persons and organizations involved in his care and from proceedings he had initiated. According to the HPARB panel, the ICRC had obtained the essential information relevant to making an informed decision regarding the complaint.

The HPARB panel also found the ICRC's decisions were reasonable. The ICRC had applied its knowledge and expertise to the information obtained during the investigation, and considered the relevant standard of practice when assessing the Chiropractors' conduct and actions. The HPARB panel confirmed the ICRC decision.

Extract from the RHPA

Powers of Board (HPARB)

35 (1) After conducting a review of a decision, the Board may do any one or more of the following:

1. Confirm all or part of the decision.
2. Make recommendations the Board considers appropriate to the Inquiries, Complaints and Reports Committee.
3. Require the Inquiries, Complaints and Reports Committee to do anything the Committee or a panel may do under the health profession Act and this Code except to request the Registrar to conduct an investigation.

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 2024 HEARINGS

The Discipline Committee met three (3) times as a full committee in 2024 to review standards, policies and guidelines, and to participate in ongoing training for their adjudication function.

Strengthen Governance and Leadership

- Reviewed and recommended amendments to Council on Policy P-020: Adjournment of Discipline Hearings, Rules of Procedure of the Discipline Committee, and the undertaking to attend a Discipline Hearing.

Strengthen the understanding of CCO and the Profession's Role in the Healthcare System

- Discussed ways to use the CCO's new website to inform the public better about such matters as hearing schedules, rules and past decisions.

Summary of 2024 Discipline Committee Decisions
(Decisions are posted in full on the CCO website)

1. Overview

In 2024, panels of the Discipline Committee held three (3) hearings into allegations of professional misconduct. In each case, the hearings proceeded by way of Agreed Statements of Facts and Joint Submissions on Penalty. A panel of the Discipline Committee (Panel) made findings of professional misconduct based on the facts and admissions set out in the Agreed Statement of Facts 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 issued decisions on penalty and costs for a contested hearing involving Dr. Brian Moore. Dr. Moore has appealed the Panel's decisions on findings of professional misconduct, penalty and costs to the Divisional Court. He also brought a motion before the Divisional Court for leave to admit fresh evidence and for an order for disclosure and discovery. The motion was dismissed and Dr. Moore was ordered to pay the College $20,000.00 in costs.

2. Cases Involving Agreed Statements of Facts

Name of Member: Patrick Graham (#2676)

Place of Practice: Mississauga

Background

- The Member was the owner and a chiropractor at Core Optimum Health Centre (Core) in Mississauga, Ontario. Core was a multidisciplinary clinic providing services including chiropractic and massage.

Summary of Facts

- In 2019, a patient known as "Patient A." began receiving treatment from the Member at Core. She had been in a motor vehicle accident and was experiencing back pain. In September 2019, the Member provided six (6) chiropractic treatments to Patient A.
- In October 2019, Patient A. received a massage from a registered massage therapist at Core. She tried to book another massage with a different registered massage therapist at Core but was unable to do so because of scheduling issues.
- The Member called Patient A. and offered to provide her with a massage. She agreed and the massage was scheduled for a Saturday.
- When Patient A. arrived at Core on the Saturday at the designated time, she found Core was empty and closed and the door was locked. She called the Member, who advised he could be at Core shortly. He arrived, unlocked the door, and escorted Patient A. to the massage room, where he

instructed her to undress for her massage. She did so but left her thong underwear on. The Member did not provide Patient A. with a gown.

- During the massage, the Member massaged Patient A.'s hips and thighs, including stroking up the inside of her thighs to the area adjacent to her vagina. The Member moaned or vocalized while he did this. Patient A. closed her legs and said she wasn't comfortable.
- After the massage was finished, the Member told Patient A. that it was her turn to massage him. Patient A. briefly massaged the Member's upper legs at his request but refused to continue to massage him, although he requested she do so.
- Patient A. left Core. She cancelled a remaining chiropractic appointment she had booked with the Member, and never returned to Core.

Admissions

- The Member admitted he never obtained informed consent from Patient A. prior to massaging her. He never informed Patient A. that he intended to massage the inside of her thighs, informed her of the purpose of massaging the inside of her thighs, or asked or obtained her consent to massage her in the inner thigh area.
- The Member also admitted that he violated his duty to maintain professional boundaries because he requested Patient A. massage him, scheduled Patient A.'s massage appointment at Core for a time when no one else was there, and only agreed to massage Patient A. because he thought she would reciprocate and massage him.

CCO Standards and Guidelines

- CCO Standard of Practice S-013 Consent requires a member to take appropriate measures to ensure there is proper disclosure and consent, especially in the touching of sensitive areas such as the inner thigh region.
- Guideline G-001 Communication with Patients emphasizes the necessity of implementing good communication techniques, especially when touching sensitive areas.
- CCO Guideline Maintaining Professional Boundaries emphasizes the responsibility of the chiropractor to establish and maintain professional boundaries and to always act in patients' best interests.

Summary of Findings of Professional Misconduct

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

Summary of Penalty

- Prior to the hearing, the Member signed an Undertaking in which he undertook to irrevocably resign his membership with CCO, never apply for membership with the CCO or any organization that licenses chiropractors in Ontario in the future, and never work in a position that requires membership with the CCO.

- The CCO and the Member made a joint submission on penalty to the Panel, which was accepted and which provided for:
  - a reprimand;
  - a requirement that the Member reimburse the CCO for any funding provided by the CCO to Patient A. pursuant to section 85.7 of the Health Professions Procedural Code; and
  - a requirement that the Member post security acceptable to the CCO to guarantee the payment of any amount the CCO could be required to pay for Patient A.'s funding for therapy.

Summary of Costs

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

Name of Member: Feng Lee (#3129)

Place of Practice: Kitchener

Background

- During the relevant period, the Member practiced chiropractic at Grand River Sports Medicine in Kitchener, Ontario.

Summary of Facts

- The Member began providing chiropractic treatments to "Patient A." in 2015. In December 2022, during the course of a chiropractic treatment and while Patient A. was lying on her back, the Member put his hand under Patient A.'s tights and underwear and pressed his bare hand down on the top of her thigh. He then moved his hand closer to the midline of her body and grazed her pubic hair. On January 9, 2023, during a chiropractic treatment while Patient A was fully clothed and lying face down on the treatment table, the Member pulled her underwear and tights down to the top of her buttocks and, with his bare hands, massaged her lower back and gluteal region and inserted a finger in her vagina. On February 2, 2023, during a chiropractic treatment while Patient A was fully clothed and lying face down on the treatment table, the Member pulled her underwear and tights down so her buttocks were bare, and, with his bare hands, massaged her lower back and gluteal region and inserted a finger in her vagina.
- Patient A. did not see the Member for treatment after this. She discussed the Member's touching of her with her family physician and a female chiropractor and then reported the matter to the CCO.

Admissions/Uncontested Evidence

- The Member admitted that the treatments he provided to Patient A. during the period December 2022 – February 2023 were provided under her clothes with his bare hands. He did not explain to Patient A. the treatment or procedures he intended to provide or that he intended to treat sensitive areas. The Member did not obtain Patient A.'s informed consent to his treatment or procedures and he did not document adequate information about his assessment or the treatment he provided.
- The Member did not contest Patient A.'s evidence that he inserted his finger in her vagina on two (2) occasions and grazed her pubic hair with his bare hand on one occasion.

CCO Legislation, Standards and Guidelines

- Putting a hand or finger beyond the labia majora is defined as a controlled act in subsection 27(2)6v. of the Regulated Health Professions Act. Chiropractors are not permitted to perform this controlled act and it is outside their scope of practice.
- CCO Standard of Practice S-001 Chiropractic Scope of Practice requires all services provided by chiropractors to relate to the chiropractic scope of practice. CCO has specifically prohibited chiropractors from performing pelvic examinations.
- CCO Standard of Practice S-013 Consent requires a member obtain fully informed, voluntarily given consent to care or a plan of care from a patient before providing the care, and document the informed consent in the patient health record.
- Guideline G-001 Communication with Patients requires members ensure that patients understand what is being done and the reason for it, and to use professional and appropriate care when touching a patient.

Summary of Findings of Professional Misconduct

- Given the fact that the Member did not contest Patient A.'s evidence regarding the insertion of a finger in her vagina on two (2) occasions and the touching of her pubic hair, the Panel determined that it had sufficient evidence to find that the Member sexually abused Patient A. by touching of a sexual nature of her pubic area and vagina.
- The Panel also determined, based on the uncontested evidence, that the Member treated Patient A. outside his scope of practice and therefore:
    - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
    - engaged in conduct or performed an act or acts, that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional.
- Based on the Member's admissions, the facts related to the Member's assessment, treatment and documentation of Patient A., and the Member's failure to obtain informed consent, the Panel also found that the Member:
    - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
    - engaged in conduct or performed an act or acts, that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission on penalty to the Panel, which was accepted. The Panel ordered:
    - the Member be reprimanded; and
    - the Registrar to revoke the Member's certificate of registration; and
    - the Member to reimburse the CCO for any funding provided by the CCO to Patient A. pursuant to section 85.7 of the Health Professions Procedural Code.

Summary of Costs

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

Name of Member: Craig Schisler (#4140)

Place of Practice: Windsor

Background

- During the relevant period, the Member was the owner and the chiropractor at the Schisler Spine Centre (Centre) in Windsor, Ontario.

Summary of Facts

- In September 2021, an insurer received a report regarding allegedly false or misleading claims made by the Centre on behalf of the insurer's plan members. The insurer conducted an investigation that included attending at the Centre and obtaining documents and patient records. The documentation in the patient records was inadequate as the Member had failed to adequately document assessments, treatment and other information required by CCO Standard of Practice S-002 Record Keeping.
- Following that attendance, the insurer requested patient records for three (3) specific patients. The records were revised before they were provided to the insurer, including forms being signed and dated, patient histories being completed and signed, and documents being signed indicating devices had been received. There was no notation in the records to indicate there were late entries or that they had been revised after being requested by the insurer.
- The insurer sent an undercover investigator to investigate an allegation that the Member was indicating on insurance claim forms he had dispensed orthotics to patients when in fact the orthotics were being dispensed by a physiotherapy clinic. The insurer would not reimburse plan members for orthotics dispensed by a physiotherapist but would pay if the orthotics were dispensed by a chiropractor. The undercover investigator went to the physiotherapy clinic for orthotics. She was sent to the Centre, where she saw the Member, after which she was provided with a signed claim form indicating, among other things, that the Member had dispensed orthotics to her. Three (3) weeks later, staff at the physiotherapy clinic dispensed the orthotics to the undercover investigator.
- 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).
- The insurer then requested 20 patient records from the physiotherapy clinic for patients who had claims for orthotics dispensed by the Member. The patient records from the physiotherapy clinic indicated the Member assessed the patients and dispensed the orthotics, although he had not documented an appropriate assessment or documented dispensing the orthotics. In addition, there were no consents for the orthotics. The Member had no patient records for the 20 patients or for the undercover investigator at the Centre.

- The insurer paid for specified medical devices, such as TENS machines and related products if they were prescribed by a doctor and dispensed by a chiropractor or other specified regulated health professional. From time to time, the Centre sold TENS machines and related products to persons who did not attend at the Centre or in circumstances where the Member did not dispense the devices. However, the Centre would submit claims to the insurer for the medical devices and related products, indicating they had been dispensed by the Member, and receive payment by the insurer for the claims. The Member admitted that, as owner of the Centre and regulated health professional in charge of it, that he was ultimately responsible for the conduct of the operations at the Clinic, including its billings.

Summary of Findings of Professional Misconduct

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

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
  - reprimand the Member;
  - suspend the Member's certificate of registration for nine (9) months with three (3) months of the suspension to be suspended if the Member fulfills certain terms, conditions and limitations within a specified period of time;
  - impose the following terms, conditions and limitations (Conditions) on his certificate of registration:
    - the Member must review and undertake in writing to comply with all CCO regulations, standards, guidelines and policies;
    - requiring the Member to be peer assessed within three (3) months of returning to practice after the lifting of the suspension; and
    - requiring the Member, at his expense and the CCO's discretion, to have his practice inspected by a CCO peer assessor no more than four (4) times in two (2) years after the lifting of the suspension.

Summary of Costs

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

3. Contested Cases

Name of Member: Brian Moore (#1542)

Place of Practice: Aurora

Background

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, and a second motion to adjourn the hearing and/or recuse the Panel Chair, which he subsequently abandoned. On November 8, 2023, the Panel issued its Decisions and Reasons in which it found Dr. Moore committed all of the 11 acts of professional misconduct set out in the Notice of Hearing. It also invited the parties to agree on a schedule to exchange written submissions on penalty, failing which they could attend an in-person penalty hearing on December 13, 2023.

The Panel convened a penalty hearing on December 13, 2023. Dr. Moore brought a motion to adjourn the penalty hearing, which was granted on conditions. Written submissions on penalty were subsequently provided by the CCO. Dr. Moore did not provide written submissions on penalty. Advice was provided in writing by the Panel's independent legal counsel, and the parties commented in writing on that advice.

Penalty

On January 23, 2024, the Panel issued its Decision and Reasons on Penalty, ordering:

- Dr. Moore to appear before the Panel to be reprimanded;
  - the Registrar to:
    - suspend Dr. Moore's certificate of registration (Certificate) for 15 months with three (3) months of the suspension to be suspended if he fulfilled certain terms, conditions and limitations within a specified time;
    - impose the following terms, conditions and limitations (Conditions) on Dr. Moore's Certificate:
- within 12 months of the imposition of the suspension to:
  - successfully complete the Regulatory Excellence Workshop and the CCO's Legislation and Ethics Examination at his own expense; and
  - provide a written Undertaking to the Registrar that he had reviewed and would comply with all CCO regulations, by-laws, standards, and guidelines.
- Following the lifting of the suspension, to:
  - be peer assessed within three (3) months at his own expense; and
  - be mentored by a peer assessor at his own expense for a two (2) year period following his return to practice.

In determining the appropriate penalty, the Panel considered the nature and seriousness of Dr. Moore's professional misconduct, sanctions imposed in other similar cases, and aggravating and mitigating factors.

In the Panel's view, there were a number of aggravating factors including:

- The scope and seriousness of the professional misconduct;

- Dr. Moore's more than 15 year history with the Inquiries, Complaints and Reports Committee (ICRC), including cautions in 2014 and 2016 regarding, among other things, his billing practices;
- Dr. Moore's failure to accept prior guidance from the ICRC, and his failure to remediate shortcomings in his practice;
- The vulnerability of Patient A.;
- The fact that Dr. Moore's professional misconduct was, in some respects, intentional;
- Dr. Moore's dishonesty, including falsification of patient records, provision of false and dishonest information, and his charging for services without disclosing there was a cost for the services;
- Dr. Moore's failure to disclose risks associated with traction treatment and provision of misleading information to Patient A. about its potential benefits;
- Dr. Moore's improper disclosure of Patient A.'s confidential personal health and his provision of false information about her to a third party;
- Dr. Moore's delay in providing a report and his failure to give a proper reason for the delay.

The Panel carefully reviewed the hearing record for evidence of any mitigating factors and was unable to identify any.

In the Panel's view, the penalty appropriately provided specific deterrence to Dr. Moore, and general deterrence to other CCO members while providing an opportunity for remediation. Importantly, it protected the public interest, and would inspire public confidence and credibility in the profession.

Costs

Cost submissions were provided by the parties in writing. The Panel issued its Decision and Reasons on Costs on May 2, 2024. In considering costs, it kept as a primary consideration that costs are not meant to be punitive but rather to indemnify the CCO for all or part of its costs and expenses in an appropriate case.

The Panel found it was an appropriate case for costs and ordered Dr. Moore to pay a portion of the CCO's costs and expenses of the investigation and the hearing, and its legal costs in the amount of $690,376.24, which was 60% of the costs incurred by the CCO.

The Panel considered the following factors supported a cost order:

- The CCO had successfully proved all of the 11 allegations of professional misconduct contained in the Notice of Hearing;
- Dr. Moore committed serious acts of professional misconduct, including breaching patient confidentiality, providing false and misleading information, and failing to advise a patient of the risks associated with a particular treatment;
- Dr. Moore failed to cooperate with the CCO's investigation by providing the CCO with incomplete information and fabricated patient records;
- Dr. Moore's defence was largely meritless and misguided. For example, it often focused on irrelevant evidence and matters that were not in issue, and he repeatedly and unsuccessfully challenged Panel and Court rulings.

- Dr. Moore caused delays. For example, he unsuccessfully spent two (2) days attempting to have an expert witness qualified who had no expertise in any of the issues involved in the hearing and then required an adjournment of the hearing to locate a suitable expert witness;
- Dr. Moore's counsel were not prepared to proceed on a scheduled hearing date;
- Dr. Moore had previously been cautioned by the ICRC for similar misconduct as was found at the hearing;
- Courts in Ontario have considered two thirds of the regulator's actual costs to be fair and reasonable in appropriate cases.

The Panel noted that, in accordance with Ontario law, it was the CCO's right and responsibility to protect its members from the weight of the expense of protracted discipline hearings. The Panel found Dr. Moore was responsible for the length of his Discipline Committee hearing. In contrast, it found counsel for the CCO to be focused and efficient throughout the hearing. The Panel noted Dr. Moore provided no evidence that he would have difficulty paying the cost order. In addition, he had refused each of the three (3) offers to settle that the CCO had made at various points in the litigation. In the Panel's view, the CCO's first offer to settle, which was made prior to the start of the hearing, was both reasonable and would have resulted in a significantly better outcome for Dr. Moore. Based on its review of the totality of the evidence and submissions, the Panel was of the view that a cost order for 60% of the CCO's costs and expenses was fair and reasonable.

4. Court Proceedings

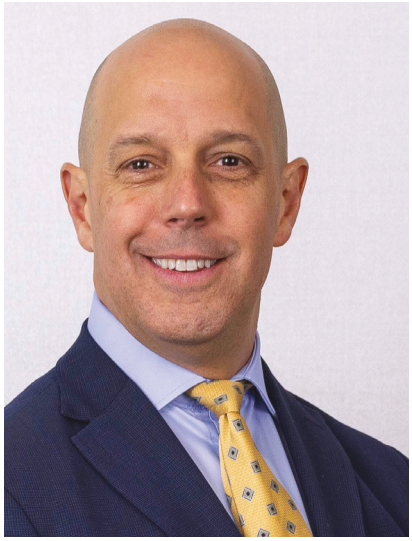
On May 31, 2024, Dr. Moore issued a Notice of Appeal, indicating he was appealing to the Divisional Court the Discipline Committee's findings of professional misconduct, and its decisions on penalty, costs, and a motion Dr. Moore brought to disqualify a panel member.

On September 24, 2024, Dr. Moore brought a motion in Divisional Court to require the CCO to produce certain documents and to provide him with the right of discovery respecting those documents, and for leave to admit fresh evidence on appeal. Dr. Moore's motion was dismissed on October 9, 2024 by Justice Davies, who found the documents Dr. Moore sought were not relevant to an issue on the appeal, and that he was disentitled to raise a new issue on appeal because he could have, and chose not to, raise the issue prior to the hearing below. Justice Davies also rejected Dr. Moore's assertions that the CCO had acted improperly in enacting and amending by-laws regarding committee composition. Dr. Moore was ordered to pay CCO $20,000.00 in costs.

Dr. Moore's appeal has been scheduled for June 11, 2025.

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.

2024 FOCUS

There were no referrals to the committee nor meetings in 2024.

Extract from the RHPA

1 (1) "incapacitated" means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's certificate of registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practice.

Orders

69 (1) If a panel finds that a member is incapacitated, it shall make an order doing any one or more of the following:

1. Directing the Registrar to revoke the member's certificate of registration.
2. Directing the Registrar to suspend the member's certificate of registration.
3. Directing the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified period of time or indefinite period of time.

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.

2024 FOCUS

Strengthen Governance and Leadership

- Discussed the concept of a patient safety task force and the disparity in chiropractic regulation around the world recognizing that certain jurisdictions with fewer regulations may have more of a need for a patient safety task force.

Strengthen the understanding of CCO and the Profession's Role in the Healthcare System

- Developed flowcharts and Frequently Asked Questions to be posted on the CCO website on the process for funding of therapy and counselling.
- Reviewed guidelines for communicating with patients, mandatory and permissible reporting, and accommodations for human rights and disabilities.
- Recommended amendments to Council for Guideline G-010: Mandatory and Permissive Reporting to reflect legislative changes, clarifying the legislative description of a "child in need of protection" which must be reported to a Children's Aid Society, and providing links to Ontario Children's Aid Societies, including the Indigenous Child and Family Well-Being Agency.
- Addressed the availability to indigenous communities of information on regulated health professions and regulatory colleges.

Quality Assurance Committee

DEVELOPING, ESTABLISHING AND MAINTAINING STANDARDS, POLICIES AND GUIDELINES



Dr. Kyle Grice
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.

2024 FOCUS

Strengthen Governance and Leadership

- Recommended amendments to Policy P-051: Peer Assessors to ensure consistency with CCO by-laws for various "cooling off" requirements.

Strengthen the understanding of CCO and the Profession's Role in the Healthcare System

- Recommended amendments — approved by Council — to Standard of Practice S-003: Professional Portfolio to include a structured Continuing Education (CE) requirement of an in-person, hands-on or hand-held instrument adjustment or manipulation activity that includes training in the competency of manual or hand-held instrument spinal adjustment or manipulation skills, at least once every three CE cycles (or six (6) years).
- Recommended to Council amendments to Standard of Practice S-002: Record Keeping requiring a legend/key for abbreviations, only require the name/address of the primary treating chiropractor on each printed page (not electronic page), and further protection against potential cybersecurity breaches by discouraging the storing of credit card or banking information in an electronic health record.
- Consolidated five (5) existing standards of practice and guidelines into one (1) standard of practice and one (1) guideline on communication to the public.

- Recommended minor amendments to Standard of Practice S-013: Consent to further emphasize that the process of informed consent must not be assigned to a staff person.
- Reviewed educational resources from other organizations, including Cyber Security Ontario, to be distributed to members.

Demonstrating a Proactive Approach to Regulatory Change

- Hosted the annual peer assessor training day on January 20, 2024, which included presentations and small group discussions related to:
  - updates on new and amended standards of practice, policies and guidelines
  - assessing competencies and skills in spinal adjustment and manipulation
  - proposed CE requirements for a "hands-on" component
  - feedback to a proposed webinar related to advertising, websites and social media.
- Distributed a call for new assessors in the summer of 2024. (More than 70 members applied for the position of peer assessor, with 13 being selected).
- Continuously reviewed updates related to the new Veterinary Professionals Act, 2024 and its regulations to ensure consistency with CCO Standard of Practice S-009: Chiropractic Care of Animals.
  - posted on the CCO website that members are to indicate they are authorized to provide chiropractic care to animals.

Enhance Member Engagement and Communication (internal and external)

- Conducted three (3) in-person and three (3) virtual Regulatory Excellence Workshops.
- Included QA updates in various President's Messages and Newsletters.
- Developed and recommended to Council an on-demand webinar on 'Advertising, Websites and Social Media' that is available on the CCO website.

Quality Assurance by the Numbers

Peer and Practice Assessment

PPA 1.0 = 209
PPA 2.0 = 273

Workshop Date		Actual Number of Attendees Present
May 4	Ottawa	103
Sep 11	Kitchener	86
Dec 4	Niagara	99

Virtual Workshop Dates	Actual Number of Attendees Present
Feb 16	94
June 3	303
Oct 28	184

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.

2024 FOCUS

The Registration Committee held three (3) meetings in 2024.

Strengthen Governance and Leadership

- Discussed conflict of interest as it applies to the training and education of potential registrants.
- Reviewed and recommended to Council changes to the 2025 member and professional corporation renewal memorandum and online forms.
- Compared the template FCC letter of standing with CCO's letter of standing, noting that CCO's letter must comply with Ontario legislation and regulation, including public register requirements.

Countries of Chiropractic College Education of General (i.e., Active) Members – Total: 5084

(as at December 31, 2024)

- **Australia 27**
- **Canada 3,616**
- **France 1**
- **Ontario 3,602**
- **New Zealand 26**
- **Quebec 14**
- **South Africa 3**
- **United Kingdom 19**
- **United States 1,392**

College of Graduation for Members Registered in General (i.e., Active) Class in 2024

(as at December 31, 2024)

College of Graduation	Female	Male	Total
Canadian Memorial Chiropractic College	81	58	139
Central Queensland University	0	1	1
D'Youville College	2	5	7
Life Chiropractic College West	2	3	5
Logan University	1	1	2
MacQuarie University	1	0	1
National University of Health Sciences	0	1	1
New Zealand College of Chiropractic	2	2	4
Northeast College of Health Sciences (Formerly New York Chiropractic College)	9	6	15
Northwestern Health Sciences University	0	1	1
Palmer College – Davenport	1	1	2
Palmer College – Florida	1	0	1
Palmer College – San Jose	1	0	1
Southern California of Health Sciences	1	1	2
University of Johannesburg – Faculty of Health Sciences	0	1	1
University of South Wales – Welsh Institute of Chiropractic	1	0	1
University of Western States	1	2	3
Total	104	83	187

Ages of Active Members – Total 5,084

(as at December 31, 2024)

Under Age 25	12
Ages 25-35	1,398
Ages 36-45	1,512
Ages 46-55	1,349
Ages 56-65	603
Over 65	210

Class of Certificate of Registration for CCO Members – Total 5,537

(as at December 31, 2024)

General (i.e. Active) 5,012	**General** (i.e. Active) **Non-Resident** 72
Inactive Resident 191	**Inactive Non-Resident** 70
Retired Resident 127	**Retired Non-Resident** 65

Financial Statements

for the year ended December 31, 2024

(With 2023 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, 2024, 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, 2024, 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 24, 2025

Statement of Financial Position

December 31, 2024
(with 2023 comparisons)

	2024	2023
ASSETS		
Current		
Cash and cash equivalents	$ 3,246,410	$ 2,891,246
Short-term investments, at amortized cost (Note 2)	2,880,500	2,997,301
Prepaid expenses and sundry assets	32,509	39,496
	6,159,419	5,928,043
Capital assets (Note 3)	12,429,057	12,887,330
TOTAL ASSETS	$ 18,588,476	$ 18,815,373
LIABILITIES		
Current		
Accounts payable and accrued liabilities	$ 157,746	$ 187,070
Government remittances payable	15,139	5,245
Deferred revenue	3,527,416	3,645,119
Mortgage payable – current portion (Note 6)	314,674	299,642
	4,014,975	4,137,076
Mortgage payable – non-current portion (Note 6)	784,248	1,697,400
TOTAL LIABILITIES	4,799,223	5,834,476
NET ASSETS (per Statement 2)		
Internally restricted for Office Development Project (Note 5)	1,300,821	4,288,637
Internally restricted for Contingency Reserve Fund (Note 10)	3,000,000	2,900,000
Unrestricted	9,488,432	5,792,260
TOTAL NET ASSETS	13,789,253	12,980,897
TOTAL LIABILITIES AND NET ASSETS	$ 18,588,476	$ 18,815,373

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, 2024

	Internally restricted for Contingency Reserve Fund (Note 10)	Internally restricted for Office Development Project (Note 5)	Unrestricted	Total
BALANCE: January 1,	$ 2,900,000	$ 4,288,637	$ 5,792,260	$ 12,980,897
Excess of income over expenditures (per Statement 3)	—	—	808,356	808,356
Interfund transfer (from) to (Note 5) (Note 10)	100,000	(2,987,816)	2,887,816	—
BALANCE: December 31,	$ 3,000,000	$ 1,300,821	$ 9,488,432	$ 13,789,253

FOR THE YEAR ENDED DECEMBER 31, 2023

	Internally restricted for Contingency Reserve Fund	Internally restricted for Office Development Project	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)	2,900,000	—	(2,900,000)	—
BALANCE: December 31,	$ 2,900,000	$ 4,288,637	$ 5,792,260	$ 12,980,897

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

Statement of Operations

for the Year Ended December 31, 2024
(with 2023 comparisons)

	2024	2023
INCOME		
Renewal fees	$ 5,371,929	$ 5,258,163
Registration fees	84,108	85,575
Examination fees	38,520	40,707
Incorporation fees	294,227	285,068
Recovery of discipline costs	98,489	44,775
Interest and sundry	237,211	260,334
TOTAL INCOME	6,124,484	5,974,622
EXPENDITURES		
Salaries and benefits (Note 4)	1,915,953	1,666,488
Utilities	44,517	42,961
Office and general	661,994	668,458
Printing and postage	47,252	68,278
Insurance	41,746	38,695
Meetings, fees and expenses (Schedule 1) (Note 9)	234,365	251,349
Audit	32,877	30,678
Seminars and conferences	29,641	31,923
Federation of Canadian Chiropractic dues	149,386	142,272
Consulting fees	339,177	284,750
Consulting fees - peer assessors	280,002	277,862
Consulting fees - complaints	5,785	15,913
Legal fees - complaints	82,224	39,333
Legal fees - discipline	465,623	804,249
Legal fees - executive	32,560	51,845
Legal fees - general	88,578	236,107
Common element expenses	130,962	129,174
Property tax	151,305	145,174
Mortgage and loan interest	70,054	85,492
Equipment lease	21,459	19,546
TOTAL EXPENDITURES	4,825,460	5,030,547
Excess of income over expenditures before amortization	1,299,024	944,075
Amortization	490,668	521,893
EXCESS OF INCOME OVER EXPENDITURES	$ 808,356	$ 422,182

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

STATEMENT 3

Statement of Cash Flows

for the Year Ended December 31, 2024
(with 2023 comparisons)

	2024	2023
OPERATING ACTIVITIES		
Excess of income over expenditures (per Statement 3)	$ 808,356	$ 422,182
Amortization – capital assets	490,668	521,893
Decrease (increase) in prepaid expenses and sundry assets	6,987	(2,422)
(Decrease) in accounts payable and accrued liabilities	(29,324)	(235,648)
Increase (decrease) in government remittances payable	9,894	(4,095)
(Decrease) increase in deferred revenue	(117,703)	41,420
	1,168,878	743,330
INVESTING ACTIVITIES		
(Purchase) of capital assets	(32,395)	(61,256)
Decrease (increase) in short-term investments	116,801	(2,946,156)
	84,406	(3,007,412)
FINANCING ACTIVITIES		
(Decrease) in mortgage payable	(898,120)	(881,357)
CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR	355,164	(3,145,439)
CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	2,891,246	6,036,685
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	$ 3,246,410	$ 2,891,246
Cash and cash equivalents consist of the following:		
Cash	$ 3,246,410	$ 2,891,246

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, 2024
(with 2023 comparisons)

	FEES	EXPENSES	TOTAL 2024	TOTAL 2023
Dr. Michael Gauthier [1, 2]	$ 17,100	$ 8,200	$ 25,300	$ 21,046
Dr. Jarrod Goldin [1]	9,500	7,613	17,113	18,451
Dr. Colin Goudreau [7]	8,800	5,796	14,596	15,972
Dr. Sarah Green [1, 2]	62,250	13,580	75,830	53,233
Dr. Kyle Grice [4, 6]	14,300	7,058	21,358	35,828
Dr. Paul Groulx [3]	11,550	7,453	19,003	24,496
Dr. Dennis Mizel [1, 3]	17,800	11,393	29,193	44,121
Dr. Angelo Santin [4, 6]	10,000	6,372	16,372	17,995
Dr. Julia Viscomi [5, 7]	10,225	5,375	15,600	20,207
Ms Jo-Ann Willson	—	—	—	—
	$ 161,525	$ 72,840	$ 234,365	$ 251,349

Note: Committee membership changed in April

Numbers refer to committee/project membership (April – December 2024)

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

SCHEDULE 1

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 (9) elected members and six (6) or seven (7) appointed by the Lieutenant Governor in Council. As at December 31, 2024, there were nine (9) elected members and six (6) appointed members. There are seven (7) Statutory Committees.

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

Registration, renewal, incorporation, record keeping seminar fees, and examination fees are recognized as revenue in the fiscal year they are related to. 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, 2024, 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	2024	2023
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	4.00%	811,267	–
The Bank of Nova Scotia GIC	4.75%	2,069,233	–
The Bank of Nova Scotia GIC	4.85%	–	2,188,277
		$ 2,880,500	$ 2,997,301

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	2024 Net	2023 Net
Furniture and Office Equipment	$ 1,060,065	$ 818,000	$ 242,064	$ 284,885
Computer and Software	960,462	906,795	53,666	61,968
Building	12,483,345	2,711,719	9,771,626	10,178,777
Land	2,361,700	–	2,361,700	2,361,700
	$ 16,865,572	$ 4,436,515	$ 12,429,057	$ 12,887,330

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.

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 was $30,755.07.

An additional amending mortgage agreement was signed on March 7, 2024 for a 60 month term. The new agreement covers the period from January 8, 2024 to January 8, 2029. The annual interest rate is 5.688%. Maximum annual penalty free lump-sum payment allowed is 10% of the original principal amount.

The required minimum annual payment for the next four years in aggregate is $1,206,900, as follows:

	Principal	Interest	Total
2025	$ 314,674	$ 54,387	$ 369,061
2026	$ 333,046	$ 36,015	$ 369,061
2027	$ 352,492	$ 16,569	$ 369,061
2028	$ 98,710	$ 1,007	$ 99,717

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

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

7 Financial Instruments

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

Credit Risk

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

Liquidity Risk

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

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

Market Risk

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

Currency Risk

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

Interest Rate Risk

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

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

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

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

Other Price Risk

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

The extent of the College's exposure to the above risks did not change during 2024.

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, 2024.

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 $35,700. All these transactions were carried out in the normal course of operations and are recorded at the exchange value.

On November 28, 2024, The Council passed the motion to adjust the amount of the President's annual honorarium and the amount of any per diems in By-Law 9 to reflect the annual changes to the Cost-of-Living Adjustment (COLA) Ontario. This amendment to the Internal Policy came into effect on February 21, 2025.

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 (6) 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 November 28, 2024 the Council of the College passed a motion to increase the amount internally restricted from $2,900,000 to $3,000,000.

11 Subsequent Event - Mortgage Payment

On February 25, 2025, the College made the annual penalty free lump-sum payment of $600,000 to the Toronto Dominion Bank relating to the mortgage payable for 59 Hayden Street, 8th Floor, Toronto.

12 COMPARATIVE FIGURES

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



November 4, 2024

CCO staff present to first year CMCC students.



May 24, 2024

CCO hosted an open house for FCC members.



CCO Council 2024

BACK ROW (L-R)

Mr. Robert Chopowick; Ms Zoe Kariunas; Dr. Michael Gauthier; Ms Anuli Ausbeth-Ajagu; Dr. Colin Goudreau; Mr. Scott Stewart.

SECOND ROW (L-R)

Mr. Gagandeep Dhanda; Dr. Paul Groulx; Dr. Kyle Grice; Ms Jo-Ann Willson, ***Registrar & General Counsel***; Dr. Julia Viscomi.

BOTTOM ROW (L-R)

Mr. Shawn Southern, ***Treasurer;*** Dr. Sarah Green, ***President***; Dr. Jarrod Goldin; ***Vice-President.***

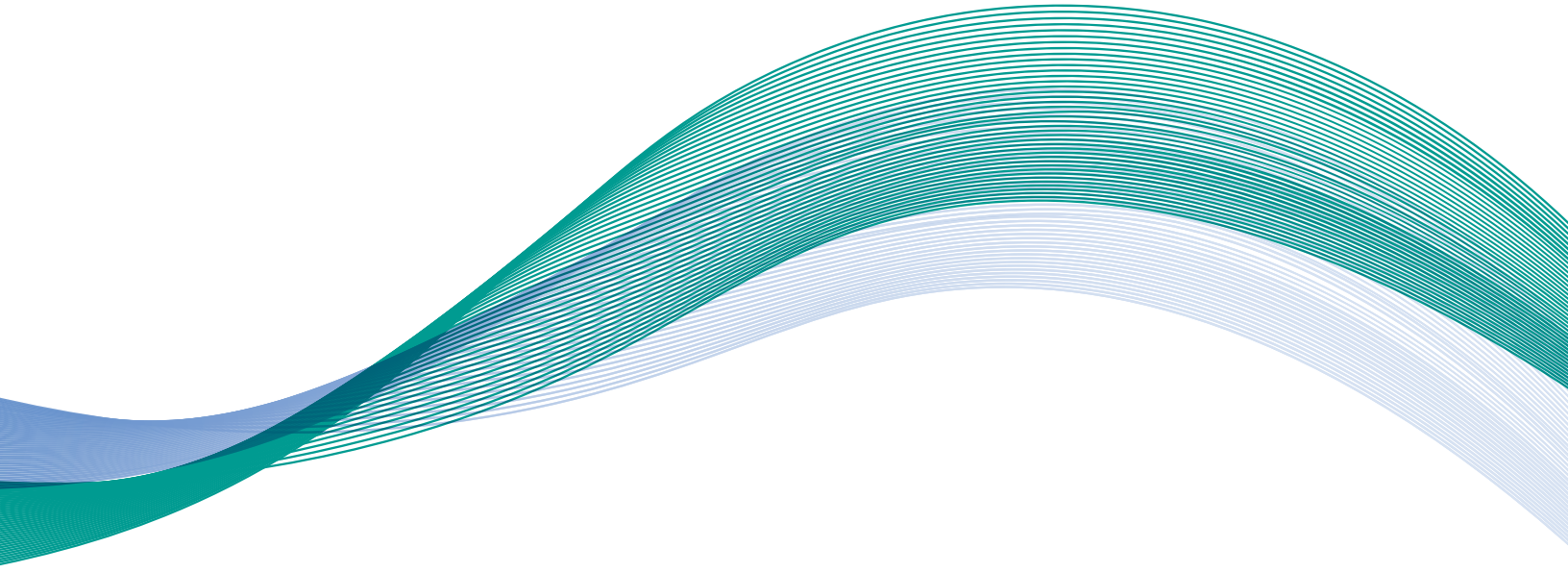
CCO Staff

BACK ROW (L-R)

Mr. Ken Wong, ***Financial Officer;*** Mr. Jonathan Hernandez, ***Administrative Assistant;*** Ms Hazel Moon, ***Administrative Assistant***; Ms Madeline Cheng, ***Registration Manager;*** Ms Anda Vopni, ***Financial Officer;*** Ms Anouk Enkhbaatar, ***Assistant Manager, Inquiries, Compliants & Reports;*** Dr. Katherine Tibor, ***Director of Professional Practice;*** Mr. Darwin Visperas, ***Assistant Registration Coordinator;*** Ms Kelly Malcolm, ***Investigator***.

FRONT ROW (L-R)
Ms Christine McKeown, ***Inquiries, Complaints and Reports Officer;*** Ms Martina Junatas, ***Administrative Assistant;*** Ms Rose Bustria, ***Executive Assistant;*** Mr. Joel Friedman, ***Deputy Registrar;*** Ms Jo-Ann Willson, ***Registrar & General Counsel;*** Ms Tina Perryman, ***Manager, Inquiries, Complaints and Reports.***





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