College of Chiropractors of Ontario

ANNUAL REPORT

2011

REPORT ANNUEL

l’Ordre des Chiropraticiens de l’Ontario

BUILDING

PUBLIC

CONFIDENCE

CONSTRUIRE

LA CONFIANCE POPULAIRE
COMMONLY USED ACRONYMS AT CCO

ACRONYM | FULL NAME
---------|---------------------
ADO | Accessibility Directorate of Ontario
AGM | Annual General Meeting
AO DA | Accessibility for Ontarians with Disabilities Act
BDC | Board of Directors of Chiropractic
CAC | Chiropractic Awareness Council
CCO | College of Chiropractors of Ontario
CCPA | Canadian Chiropractic Protective Association
CE | Continuing Education
CFCREAB | Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards
CMCC | Canadian Memorial Chiropractic College
Federation | Federation of Health Regulatory Colleges of Ontario
FHRCO | Federation of Health Regulatory Colleges of Ontario
GIC | Guaranteed Investment Certificate
GTA | Greater Toronto Area
HPARB | Health Professions Appeal and Review Board
HPRAC | Health Professions Regulatory Advisory Council
HRT | Ontario Human Rights Tribunal
IAS | Injury Assessment Specialist
ICE | Independent Chiropractic Evaluation
ICRC | Inquiries, Complaints and Reports Committee
IPC | Interprofessional Collaboration
L&E Exam | Legislation and Ethics Examination
MOHLTC | Ministry of Health and Long-Term Care
OCA | Ontario Chiropractic Association
OFC | Office of the Fairness Commissioner
RHPA | Regulated Health Professions Act
UCLA | University of California, Los Angeles

CHIROPRACTIC ACT, 1991

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

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

1. Communicating a diagnosis identifying, as the cause of a person’s symptoms,

   i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or

   ii. a disorder arising from the structures or functions of the joints of the extremities.

2. Moving the joints of the spine beyond a person’s usual physiological range of motion using a fast, low amplitude thrust.

3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.
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MISSION

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

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

Developed at the strategic planning session in September 2004. Approved by Council on February 8, 2005.
STRATEGIC OBJECTIVES

1
Improve communication of the role, mandate and mechanism of CCO to key internal and external stakeholders.

2
Strive for unity in the public interest, while respecting the diversity within the profession.

3
Optimize chiropractic services in the public interest.

4
Continue to regulate in a fiscally responsible manner: Statutory mandate met and priorities set and appropriately resourced (human and financial).

Developed at the strategic planning session: October 2010.
DR. MARSHALL DELTOFF
PRESIDENT
MEMBER OF CCO SINCE 1985
**PRESIDENT’S MESSAGE**

Dear Doctor,

I am not going to talk about ethereal mission statements, legislative mandates, institutional visions or define acronyms for this or that federation, or even recap all of the successes and advances that CCO has achieved under my leadership. Those are found elsewhere throughout this annual report, superibly and adequately listed and described by various members of your incredible CCO Council and staff. No, this is a thank you card. To you.

It has been a singular privilege and honour to serve as your President for this past year. Moreover, for you to have elected me as your representative and voice on CCO Council for the full nine-year term, through three elections, truly has been my greatest exercise in humility. To me, there is no greater achievement professionally than to garner and maintain the trust and respect of one’s colleagues. I am speechless and can only say “thank you”. It is my honest hope that I have proven that I was deserving of such trust.

The entire nine-year journey has been a real roller coaster; a mixture of challenges, obstacles, defeats, victories and opportunities. It’s all good. As the great philosopher Aristotle said, “To avoid criticism, say nothing, do nothing and be nothing!” And to quote a hero of mine, Professor Albert Einstein, “Great spirits have always encountered violent opposition from mediocre minds.”

One thing I can absolutely promise you is that, regardless of the debates, the discussions and votes, whether popular around the table or not, I could always go home at night and sleep well knowing that I tried my very best to serve you and your patients in a passionate, effective, creative, caring and responsible manner. That has been my singular agenda since I began my service on Council in 2003.

Although a radiology practice, by its nature, limits my direct patient contact, the flip side of that reality has had very unique benefits. I am truly fortunate and blessed, that, as a specialist in radiology, my potential “clientele” consists of each and every one of you. So, actually I can positively affect the lives of many Ontarians, indirectly through helping you, my dear colleagues, to help the many people in the communities you serve.

Furthermore, in my effort to bring clinically relevant continuing education to Ontario doctors outside of the GTA, I have had the special opportunity to travel around the province to meet with many of you, sit with you for a few hours, look at some x-rays, have a bite to eat and, most importantly, make friends with you. Whether it be fifty of you in Sudbury or half a dozen persons that you serve in your communities.

**MESSAGE DU PRÉSIDENT**

Chers confrères,

Je ne vous parlerai pas d’énoncés de mission, de mandats législatifs ou de visions institutionnelles sublimes; je ne donnerai pas la définition des acronymes de l’une ou l’autre de nos fédérations et je n’énumérerai même pas tous les succès atteints et tous les progrès faits par l’OCCO pendant ma présidence. Vous découvrirez ceux-ci tout au long ce rapport annuel, magnifiquement et parfaitement énumérés et décrits par différents membres de votre incroyable Conseil de l’OCCO et de son personnel. Non, ceci est une carte de remerciement. Pour vous.

J’ai eu l’honneur et le privilège unique de vous servir en tant que président au cours de cette dernière année. De plus, le fait que vous m’ayez élu par trois fois pour être votre représentant et votre voix au Conseil de l’OCCO, et ce, pour toute la durée du terme de neuf ans, a été une grande leçon d’humilité. À mon avis, aucune réalisation professionnelle n’égage celle d’avoir su générer et conserver la confiance et le respect de ses collègues. Je suis sans voix et ne peux que dire « merci ». Mon plus grand espoir est d’avoir pu prouver que je méritais une telle confiance.

Ce parcours de neuf ans s’est parfois comparé à des montagnes russes, soit un mélange de défis, d’obstacles, de défaites, de victoires et d’opportunités. Cela fut bon. Comme l’a dit Aristote : « Pour éviter la critique, ne dites rien, ne faites rien et ne soyez rien ! » Enfin, pour citer un de mes héros, le Pr Albert Einstein : « Les grands esprits se sont toujours heurtés à l’opposition farouche des esprits médiocres ».

La chose que je peux formellement vous garantir, c’est que quelque soient les débats, les discussions et les votes que nous ayons connus, que j’aie été populaire ou non, je pouvais toujours rentrer chez moi le soir et bien dormir, sachant que j’avais essayé de toutes mes forces de vous servir, ainsi que vos patients, avec passion, application, créativité, attention et de façon responsable. Cela a été mon unique programme depuis mon arrivée au Conseil en 2003.

Bien que la pratique de la radiologie limite, par sa nature même, mes contacts directs avec les patients, elle m’a aussi apporté des avantages exceptionnels. J’ai la chance que, comme spécialiste de la radiologie, ma « clientèle » potentielle se compose de chacun de vous. Ainsi, je peux avoir un impact positif indirect sur la vie de plusieurs Ontariens en vous aidant, mes chers collègues, à aider les nombreuses personnes que vous servez dans vos communautés.
in Walkerton, whether in Kingston, Windsor, London, Oshawa, Guelph, Barrie, Welland, St. Catharines or Ottawa, it is my greatest professional pleasure to get “into the trenches” with you and make the time to truly listen to your thoughts and concerns right there where you work and serve and where you bring the gift of health through chiropractic to the people of Ontario. These many, many hours spent with you sipping a coffee and discussing x-rays at Best Westerns and Courtyards by Marriott have galvanized my appreciation and respect for the diversity of our great profession. Recall the words of the 20th century Italian journalist and art expert, Ugo Ojetti, “Beware of defining as intelligent only those who share your opinions.” Each and every one of us has something to add to the big picture of chiropractic in this province.

I really hope that you love, enjoy and appreciate being a chiropractor. Not only is it a privilege to share such a lofty calling, but you are not just a doctor. You are a scientist, teacher, artist, counsellor, giver and leader as well. DD Palmer knew that teaching people to be healthy was fairly straightforward when he said, “Health is nothing more than a few simple disciplines, practiced every day; while disease is simply a few errors in judgment, repeated every day. It is the accumulative weight of our disciplines and our judgments that leads us to either health or disease.” So, it’s keeping them healthy that is the challenge. You have accepted that challenge. You know the truth of chiropractic.

Legendary UCLA basketball coach, John Wooden quipped: “It’s what we learn after we know everything that counts.” Well, I learned so much over the past nine years on Council, and I appreciate and value that rare opportunity and the huge responsibility that went with it.

Our founder, Dr. Palmer, also said, “The only failure one man should fear, is the failure to do his best.” Again, thank you all so much for this spectacular year as your President. And even greater thanks for the other eight.

MARSHALL DELTOFF
PRESIDENT

MESSAGE DU PRÉSIDENT

En outre, mes efforts visant à fournir une formation continue pertinente aux chiropraticiens ontariens hors de la région du Grand Toronto m’ont permis de visiter la province et de rencontrer plusieurs d’entre vous, de m’asseoir avec vous pendant quelques heures, d’étudier quelques radiographies, de partager un repas et, encore plus important, de forger des amitiés. Que ce soit avec une cinquantaine d’entre vous à Sudbury ou une demi-douzaine à Walkerton, que ce soit à Kingston, Windsor, London, Oshawa, Guelph, Barrie, Welland, St. Catharines ou Ottawa, un de mes plus grands plaisirs professionnels est de « descendre dans les tranchées » avec vous et de prendre le temps de vraiment écouter vos idées et préoccupations là où vous travaillez, servez et contribuez à améliorer l’état de santé des habitants de l’Ontario par le biais de la chiropratique. Toutes ces heures passées avec vous à savourer un café tout en discutant de radiographies dans les Best Western ou Courtyards of Marriott ont renforcé mon appréciation et mon respect pour la diversité de notre merveilleuse profession. Rappellez-vous les mots du journaliste italien et expert en arts du 20e siècle, Ugo Ojetti : « Prenez garde de ne définir comme intelligents que ceux qui partagent vos opinions ». Chacun de nous sans exception a quelque chose à ajouter à l’ensemble de la chiropratique dans cette province.

J’espère sincèrement que vous aimez, profitez et êtes heureux d’être chiropraticiens. Vous avez non seulement le privilège d’avoir eu cette éminente vocation, mais vous représentez également beaucoup plus : vous êtes des scientifiques, des enseignants, des artistes, des thérapeutes, des donneurs et des meneurs. DD Palmer savait combien il était simple d’enseigner aux gens quoi faire pour être en santé lorsqu’il a déclaré « La santé n’est rien plus que quelques règles simples, mises en pratique tous les jours; alors que la maladie ne consiste qu’en quelques erreurs de jugement, répétées tous les jours. C’est le poids accumulé de nos règles bien suivies et de nos erreurs de jugement qui nous mène soit à la santé ou à la maladie ». Ainsi, le défi consiste à les garder en santé. Vous avez accepté ce défi. Vous savez la vérité sur la chiropratique.

La légende du basketball de l’UCLA, John Wooden, a dit : « Ce qui compte, c’est ce qu’on apprend une fois qu’on sait tout ». J’ai énormément appris au cours des neuf années passées au Conseil et je comprends et j’apprécie les occasions uniques et l’énorme responsabilité que le poste comporte.

Notre fondateur, le Dr Palmer, a aussi déclaré : « Le seul oubli que l’Homme doit craindre, c’est l’oubli de faire de son mieux ». Je vous remercie tous encore une fois pour cette année formidable à titre de président de l’OCO. Un encore plus grand merci pour les huit années précédentes.
## CCO Chairs and BDC Presidents

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organization</th>
<th>Term</th>
</tr>
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<tbody>
<tr>
<td>Dr. Marshall Deltoff</td>
<td>President</td>
<td>CCO</td>
<td>April 2011 - April 2012</td>
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<tr>
<td>Dr. Peter Amlinger</td>
<td>President</td>
<td>CCO</td>
<td>June 2009 - April 2011</td>
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<tr>
<td>Dr. Dennis Mizel</td>
<td>President</td>
<td>CCO</td>
<td>June 2008 - June 2009</td>
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<tr>
<td>Dr. Gilles Lamarche</td>
<td>President</td>
<td>CCO</td>
<td>April 2006 - June 2008</td>
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<tr>
<td>Dr. R. Andrew Potter</td>
<td>President</td>
<td>CCO</td>
<td>April 2004 - April 2006</td>
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<tr>
<td>Dr. Allan Gotlib</td>
<td>President</td>
<td>CCO</td>
<td>March 2002 - April 2004</td>
</tr>
<tr>
<td>Dr. Keith Thomson</td>
<td>President</td>
<td>CCO</td>
<td>March 2001 - March 2002</td>
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<tr>
<td>Dr. Allan Gotlib</td>
<td>President</td>
<td>CCO</td>
<td>March 1999 - March 2001</td>
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<tr>
<td>Dr. Lloyd E. MacDougall</td>
<td>President</td>
<td>CCO</td>
<td>March 1997 - March 1999</td>
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<tr>
<td>Dr. Leo K. Rosenberg</td>
<td>President</td>
<td>CCO</td>
<td>March 1995 - March 1997</td>
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<tr>
<td>Dr. Bertram L. Brandon</td>
<td>President</td>
<td>CCO</td>
<td>March 1994 - March 1995</td>
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<td>Dr. Edward R. Burge</td>
<td>Chair</td>
<td>BDC</td>
<td>February 1988 - March 1994</td>
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<td>Dr. Robert M. Wingfield</td>
<td>Chair</td>
<td>BDC</td>
<td>February 1986 - February 1988</td>
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<tr>
<td>Dr. Fred N. Barnes</td>
<td>Chair</td>
<td>BDC</td>
<td>February 1984 - February 1986</td>
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<tr>
<td>Dr. Stephen E. West</td>
<td>Chair</td>
<td>BDC</td>
<td>September 1974 - February 1984</td>
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<tr>
<td>Dr. Harold W.R. Beasley</td>
<td>Chair</td>
<td>BDC</td>
<td>September 1961 - September 1974</td>
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<tr>
<td>Dr. Harry A. Yates</td>
<td>Chair</td>
<td>BDC</td>
<td>August 1952 - September 1961</td>
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MS JO-ANN WILLSON
REGISTRAR AND GENERAL COUNSEL
BUILDING PUBLIC CONFIDENCE

I wasn’t sure I liked the front cover of this annual report when I first saw it. I was worried that the blocks, representing the various committees of CCO, looked quite precarious! On further reflection however, I realized that was the point. Public confidence in the delivery of healthcare and in the regulation of the healthcare professions is precarious, and every single committee must, at all times, keep public interest protection first and foremost in its thoughts, actions and decision-making.

Achieving self regulation under the RHPA may be a simple act of proclamation of a statute, but to actually maintain and build public confidence in the regulation of a profession, including the chiropractic profession, is a separate challenge. Witness some of the recent media reports in Ontario concerning the public announcement of a supervisor for the College of Denturists of Ontario and the review by the Honourable Patrick LeSage of the Ontario College of Teachers’ Intake, Investigation and Discipline Procedures and Outcomes, and the Dispute Resolution Program. These events, and others, are a wake-up call.

Witness too the jurisdictions in which certain professions (including the legal profession) have faced restrictions on the privilege of being self governing. In some jurisdictions, a loss of public confidence has convinced those with decision-making authority to determine that self regulation is an experiment that is failing and an alternative would provide better public accountability.

CCO COMMITTEE EXPERIENCE IN 2011

I am confident that, on reading the various committee reports outlining the activities of CCO committees for the year ending 2011, you too will be persuaded that CCO is continuing to earn and maintain public confidence in the self regulation of the chiropractic profession in Ontario, and is diligently advancing the College’s mission statement and strategic objectives.

Public confidence in the self regulation of the profession includes confidence by members of the profession in the implementation of the regulatory responsibilities outlined in the RHPA. I emphasize, as I have many times before, that the vast majority of members of the profession are ethical and competent, and work in their respective practices across the province providing high quality chiropractic care and improving the lives of patients. There are over 4,000 members of the profession in Ontario. Of those, very few have an inquiry, complaint or report made against them, and even fewer end up before a panel of the Discipline Committee. However, members of the public, including members of the profession, need to know that inquiries, complaints and reports to CCO about a member will be dealt with seriously, and in a full, fair and impartial manner, and that when allegations of professional misconduct or incompetence are referred to the Discipline Committee, a panel of that committee will adjudicate and, where proven, make findings of professional misconduct or incompetence and impose a suitable penalty, all of which must be reflected on CCO’s public register.

It’s important to keep in mind that CCO is not just about “complaints and discipline.” CCO has a very robust quality assurance program, in which I am pleased to report a vast majority of the profession has already participated, either through the peer and practice assessment component, through attendance at the Record Keeping Workshops, or in some instances, by agreeing to be a peer assessor. What is particularly impressive is the fact that so many members have “bought into” the quality assurance program and, despite some initial trepidation, are frequently not only relieved about their experience, but enthusiastic.

2011 SUMMARY

In 2011, we:

- Communicated more frequently with stakeholders, including members, through newsletters and information posted on the website;
- Continued to register competent, ethical chiropractors and, where appropriate, relied on the judgment, comprehensive review and thoughtful processes conducted by the Registration Committee;
- Enlisted the support of a diverse group of peer assessors, all of whom understand the value of having members comply with CCO standards of practice, policies and guidelines;
- Engaged in an ambitious government relations initiative in an effort to build and sustain collaborative relationships within government and with key stakeholders;
- Proceeded with plans to develop, in a fiscally responsible manner, a new CCO home, and
- Reached out to the public through further refinement of the Partnership of Care document by the Patient Relations Committee.

Stay tuned as CCO Council and staff head into their strategic planning session to review and refine CCO’s strategic objectives and to ensure we continue to work together to develop, maintain and build public confidence. Thank you to everyone who has contributed to the success of the year and in building the foundation for 2012 and future years.
The Federation of Health Regulatory Colleges of Ontario (the Federation) is an incorporated, not-for-profit organization comprised of 26 members, including 21 Colleges (regulating 23 professions) plus five transitional councils. The Federation provides strategic leadership to health profession regulation within the changing healthcare system and:

- Identifies priority initiatives for research and action
- Shares sector-specific issues and information
- Shares promising practices
- Provides government with an expert resource and single contact for relevant issues
- Delivers education to support College functions.

Activities that support the Federation’s Statement of Purpose include:

- Collective work on government priorities
- Communication on the role of the regulator to the public and stakeholders
- Ongoing support for existing Colleges
- Development of tools and materials to support the healthcare system in regulatory areas
- Mentoring of new Colleges
- Stakeholder collaboration and project participation
- Education sessions for College Councillors and Staff.
REPORT FROM THE PRESIDENT
2011-2012 HIGHLIGHTS

I begin this report with an expression of my sincere appreciation to the Federation’s Board of Directors for allowing me the opportunity to serve as President for the past two years. I have found it interesting, and have enjoyed the increased communication and interaction with my colleagues. I will continue to support and facilitate the work of the new President, the new Executive and the Federation in its entirety.

ACTIVITIES REVIEW
MINISTRY OF HEALTH AND LONG-TERM CARE (MOHLTC)

To start the 2011-2012 corporate year, the Federation welcomed the Hon. Deb Matthews, Minister of Health and Long-Term Care to our meeting on April 20. We continued to have open dialogue with the Ministry through interactions with Assistant Deputy Minister Suzanne McGurn, who was able to attend a Federation Board meeting in October 2011. Also this year, the Federation’s Board of Directors unanimously supported the College of Physicians and Surgeons of Ontario’s recommendations for legislative change.

OFFICE OF THE FAIRNESS COMMISSIONER (OFC)

The Federation Board continues to offer to provide its expertise to the OFC as it works to achieve a common understanding of the health regulatory Colleges’ mandate related to fair registration practices.

HEALTH PROFESSIONS’ REGULATORY ADVISORY COUNCIL (HPRAC)

An open line of communication has been initiated with HPRAC Chair, Mr. Thomas Corcoran. Mr. Corcoran will be invited to attend meetings of the Federation by the new President on an as needed basis.

ONTARIO HUMAN RIGHTS TRIBUNAL (HRT)

The Federation sought and achieved leave to intervene in a case before the Ontario Human Rights Tribunal that could have potentially led to significant ramifications for self-regulatory adjudicative processes. A positive outcome was achieved.

AUTO INSURANCE ANTI-FRAUD TASK FORCE REGULATORY PRACTICES WORKING GROUP

The President and Brian O’Riordan participated in activities related to the Auto Insurance Anti-Fraud Task Force. A presentation by the Federation was made in January 2012 to educate Task Force members about health professions’ regulation in Ontario.

COMMUNICATIONS

The President reviewed and approved a series of articles in the “We Care About Your Care” campaign for the Communications Committee.

DISCIPLINE ORIENTATION WORKSHOP

The President brought greetings from the Federation to the Fall 2011 Advanced Session.

ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT (AODA) TASK FORCE

This Task Force, which includes 14 Colleges, was struck to share information, provide support for health regulatory Colleges, and meet with representatives of the Accessibility Directorate of Ontario (ADO) to share information and work toward the development of compliance guides for Federation members. Excellence Canada material was provided to Colleges during the 2011-2012 year.

INTERPROFESSIONAL COLLABORATION (IPC) PROJECT

The Federation has moved forward with the development of the tool, based on a regulatory framework and building on the MOHLTC’s interprofessional care initiatives and the Federation’s Interprofessional Guide on Orders, Directives and Delegation (January 2007). The toolkit is founded in fundamental expectations for professional practice and interprofessional care - competence, authority, evolution, collaboration and accountability - and will be able to be used by teams across the full range of practice settings.

PROVISION OF REGULATORY SUPPORT AND ADVICE FOR NEW COLLEGES AND FEDERATION MEMBERS

The Federation continues to provide strategic leadership to health profession regulators within the changing healthcare system through a variety of regular activities, including the following:

- Supporting Registrars of newly formed Colleges that are in the Transitional Council stage of development
- Identifying priority initiatives for research and action
- Sharing of sector-specific issues and information
- Sharing of promising practices, tools and resources
- Delivering education to support College functions, including a semi-annual Discipline Orientation Workshop.

PRESENTERS TO FEDERATION BOARD OF DIRECTORS

- Hon. Deb Matthews, Minister of Health and Long-Term Care
- Ms Suzanne McGurn, Assistant Deputy Minister of Health and Long-Term Care
- Mr. Thomas Corcoran, Chair, Health Professions Regulatory Advisory Council
2011 YEAR IN REVIEW

Strategic Planning Follow-Up – January 2011

CCO Council and staff met and worked together in January 2011 to develop an action plan to further the strategic objectives agreed to in October 2010.

CFCREAB Meetings in St. John’s, Newfoundland – March 25, 2011

CCO continues to support the work of the CFCREAB. The CFCREAB serves the public interest by promoting national excellence in regulatory practice.

L – R, Dr. Roly Bryans of Newfoundland and Labrador, recipient of the Dr. Norman Danis Award from CFCREAB, and Dr. Robert Kitchen, President, CFCREAB
In an effort to facilitate the timely registration of individuals applying for registration in Ontario, CCO conducted a Record Keeping Workshop and Legislation and Ethics Examination in Calgary, Alberta, in February 2011 to coincide with the timing of the national clinical competency examinations.

Ms Jo-Ann Willson (left) thanks Dr. Reginald Gates, Department Head/Instructor of Pathology, Trillium College, Burlington Campus, for the respectful, informative tour.

Over 4,000 members have attended CCO’s record keeping workshops since they began in 2005. Above: Mr. Joel Friedman, Director, Policy and Research, addressing attendees.

Record Keeping Workshop and Legislation and Ethics Examination, Calgary, Alberta – February 12, 2011

CMCC’s Anatomy Lab – May 2011

Record Keeping Workshop – October 18, 2011

CPR Training for CCO Staff – November 15, 2011
2011 YEAR IN REVIEW

FHRCO Discipline Committee Training - November 2011

McLaughlin College, York University - November 7, 2011

CCO’s Discipline Committee Members with faculty
L - R, back row, Mr. Brian Gover, Stockwoods (faculty), Mr. Robert MacKay, Dr. Heather Jones, Mr. Richard Steinecke, Steinecke Maciura and LeBlanc (faculty) L - R, front row, Dr. Bryan Wolfe, Discipline Committee Chair, Ms Cristina De Caprio

L - R, Dr. James Laws and Mme Lise Marin attend a presentation by Mr. André Marin, Ontario Ombudsman

CFCREAB Board of Directors’ Meeting – Montreal, Quebec
November 25, 2011

CCO would like to thank Mr. Peter Waite, former Executive Director, CFCREAB (centre), for his many years of service to CFCREAB.
CCO’S STRATEGIC OBJECTIVE 1:

Improve communication of the role, mandate and mechanism of CCO to key internal and external stakeholders.

CEOs of Chiropractic Organizations –
December 13, 2011

Discipline Hearing at CCO –
December 19, 2011

Ms. Jo-Ann Willson and Mr. Chris Paliare, Paliare Roland, address CMCC students who are required to attend a discipline hearing to meet the requirements for their Jurisprudence course.

Acknowledgements

L - R, Dr. Heather Jones, non-Council committee member on the Quality Assurance and Discipline Committees, Mr. Paulo Toscano, Mrs. Potter, and Dr. Drew Potter, Pre-hearing Conference Chair for the Discipline Committee

Ms. Ellie Moaveni was thanked for her contributions as a public member to CCO up to and including December 31, 2011

L - R, Dr. Larry McCarthy, non-Council committee member, Advertising Committee and Mrs. McCarthy

L - R, Mr. Bob Haig, Executive Director, OCA; Mr. Jim Duncan, Executive Director, CCA; Dr. Greg Dunn, Chief Operating Officer, CCPA; Ms Jo-Ann Willson, Registrar and General Counsel, CCO; Mr. Peter Waite, Executive Director, CF CREAB; and Mr. David Chapman-Smith, Secretary-General, World Federation of Chiropractic
COMMITTEE MANDATE

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

COMMITTEE ACTIVITIES IN 2011

Throughout 2011, the Executive Committee supported Council in advancing CCO’s strategic objectives on several fronts: strengthening collaborative relationships with key external stakeholders; participating in initiatives with other healthcare regulators and ensuring that the CCO’s day-to-day operations continued to protect the public interest. In 2011, the Executive Committee:

- Convened six meetings
- Explored opportunities to collaborate with the OCA in furthering the unique goals of the two organizations
- Recommended to Council the selection of an architect to begin work on the CCO building project (approved by Council in June 2011)
- Continued to support all opportunities for CCO to be fiscally responsible, including a review of cost-saving measures in the distribution of election information to members (by mail to members in the district holding the election and electronically to members outside of the district)
- Acknowledged a well-received presentation to HPRAC about CCO’s Quality Assurance Program by Ms Jo-Ann Willson, Dr. Bruce Walton and Mr. Joel Friedman
Congratulated Ms Jo-Ann Willson on her appointment to the Auto Insurance Task Force

Recommended to Council Standard of Practice S-020: Cooperation and Communication with CCO (approved by Council for circulation and feedback in June 2011).

A MESSAGE FROM THE CHAIR

The CCO family truly defines teamwork. Each Councillor brings unique and valuable input to the Council meetings and the various committees on which they serve. Each staff member works so very hard in offering the appropriate support to those committees to ensure the smooth, effective, fair and fiscally-responsible execution of our legislated mandate for every meeting and project that we undertake. Each staff member works so very hard in offering the appropriate support to those committees to ensure the smooth, effective, fair and fiscally-responsible execution of our legislated mandate for every meeting and project that we undertake. I owe a great debt of appreciation to each person who contributed to that effort during my year as President.

Most particularly, for this report, I thank Peter, Martin, Judith, Lise, Robbie and Brian as my executive for the superlative job each one provided for Ontario chiropractors and their patients. Discussion was plentiful, debate was healthy, and consensus and camaraderie were achieved. We accomplished a lot this year, and you were a very enjoyable group to work with. I truly appreciated your cooperation and I value the support you showed me. Additionally, having had the pleasure of working with all staff, I must report to you, the reader, that our profession simply could not ask for a better group of efficient, skilled, friendly and excellent people - thank you all.

Several advances that I am particularly pleased with merit special mention. Our government relations initiatives have put us on the radar screen to an extent never before achieved at CCO. We have had the opportunity to meet with the Premier, the Minister of Health and Long-Term Care, and her most influential and important aides. Discussing chiropractic with them in intimate small group settings has gradually led to their recognition and acceptance of what we can offer Ontarians with respect to cost-effective primary healthcare. They understand that we are 21st century doctors, and our patients, their constituents, deserve access to 21st century diagnostics. They are on side, and the necessary bureaucratic machinations appear to have been activated.

The first continuing education cycle is approaching its conclusion this summer. We have made every effort to ensure that every chiropractor in the province, regardless of where he or she lives, is able to obtain the required CE hours easily and economically, a wide variety of in-person and online educational opportunities being accepted.

Enhancing and developing our relationship with other stakeholders is of great importance. I know that I have had the pleasure of speaking with so many of you on an individual basis this year, and I hope that CCO and I have presented a face of improved transparency and approachability. Of note to me personally is a very positive growing relationship and appropriate dialogue with the Ontario Chiropractic Association, ever-mindful of the inherent differences in our mandates, yet appreciating the frequent intersection of our goals. We held the first joint meeting of the full CCO Council and the full OCA Board a few short months ago, as a tangible step towards better mutual understanding. We all love chiropractic and want what is best for its patients throughout Ontario.

We continue to explore the options with respect to our property at Yonge and St. Clair. Floor plans, models, architectural advice and, most importantly, costing analysis are all being examined on an ongoing regular basis. It is exciting that CCO will have a new home in 2014. This will achieve two major goals. First, optimum financial stability through the increasing equity, rather than costly monthly rent; and second, a beautiful, user-friendly chiropractic landmark, a tangible declaration of chiropractic permanence in this city.

These are a few highlights of the growth here at CCO over the past year. It has been a pleasure and privilege to work with the Executive this year and, in fact, all of Council and CCO staff, to reach these new heights and set the foundation for even greater future growth.
ADVERTISING COMMITTEE

COMMITEE MANDATE
- To review proposed advertisements by members to ensure compliance with CCO’s Standard of Practice S-016: Advertising and Guideline G-003: Advertising.

COMMITTEE ACTIVITIES IN 2011

The Advertising Committee continued to review and provide input to members who submitted their advertisements for review prior to publication or to respond to complainants about members’ advertisements. With the rapid advancements of the Internet, increased use of social media and more complex websites, the Advertising Committee has increased its focus in these areas, particularly in guiding members and ensuring the protection of the public interest. In 2011, the Committee:

- Convened three meetings
- Via email, reviewed and responded to proposed advertisements submitted by members for review prior to publication
- Provided feedback to the appropriate stakeholders on advertisements submitted for review as a result of a complaint from the public or from another member because of potentially questionable content
- Explored potential amendments to the advertising standard of practice to reflect the evolving changes in current and emerging social media, the impact of Internet discount programs and to guide members in how they promote their practices
Revised the Advertising Committee Terms of Reference with a minor amendment

Approved amendments to Standard of Practice S-016: Advertising, Regulation R-016 and Guideline G-016 to Council for distribution and feedback (approved in December 2011)

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

The Advertising Committee had an exciting year as the impact of the technology boom on the profession trickled down to our committee. Our meetings have been characterized by stimulating discussions about the impact of social networking and other media, and electronic advertising. We also continue to provide timely feedback to members who have submitted their advertisements to CCO for pre-approval.

Since Council charged the Advertising Committee with reviewing Standard of Practice S-016: Advertising and other relevant CCO standards and guidelines, we have been looking at the broad implications of today’s “24/7” instant connectivity and what guidelines (existing or new) might be appropriate for members. The Committee has also received independent legal counsel, researched what other healthcare regulatory colleges are advising their members and considered a myriad of related issues.

Our work on this is not yet done. In due course, the Committee will be reporting to Council, followed by communication to members. In the interim, I encourage all CCO members to uphold CCO’s mandate in protecting the public of Ontario through maintaining a professional image at all times and respecting patients’ rights to privacy and confidentiality.

At the end of my year as Chair of the Advertising Committee, I would like to thank Dr. Cliff Hardick, Dr. Larry McCarthy and Mr. Robert MacKay (public member) for their hard work and attention to detail. Mr. Joel Friedman provided continued valuable administrative support.

A MESSAGE FROM THE CHAIR

The Committee met on October 6, 2011 for an orientation and educational presentation on how other healthcare regulatory colleges address fitness to practise issues, the role of the regulator in assisting members with physical or mental health issues in the complaints and discipline process, and other related matters. The Committee continues to ensure that it is appropriately prepared.

Dr. Dennis Mizel      CHAIR

COMMITTEE MEMBERS
Mr. Shokil Akhter
Dr. Peter Amlinger

STAFF SUPPORT
Ms Jo-Ann Willson,
Registrar and General Counsel
INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Dr. Brian Gleberzon  CHAIR

COMMITTEE MEMBERS
Mr. Shakil Akhter,
Alternate
Dr. Lezlee Detzler,
Non-Council Member
Dr. Gauri Shankar
Mr. Martin Ward

STAFF SUPPORT
Ms Christine McKeown,
Inquiries, Complaints and
Reports Officer
Ms Tina Perryman,
Manager, Inquiries, Complaints and
Reports

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

DECISIONS REVIEWED BY THE HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)

HPARB is an independent adjudicative agency that, on request, reviews decisions made by the Inquiries, Complaints and Reports Committees of the self-regulating health professions colleges in Ontario. Requests for review can be made by either the complainant or the member. HPARB considers whether the investigation by the ICRC has been adequate and whether the decision is reasonable.

HPARB may do one or more of the following:
- Confirm all or part of the ICRC decision
- Make recommendations to the ICRC
- Require the ICRC to exercise any of its powers other than to request a Registrar’s investigation.

In 2011, HPARB issued decisions on 15 reviews of decisions of the Inquiries, Complaints and Reports Committee. After considering all information before it and hearing submissions from the parties, in 11 cases HPARB upheld the Committee decisions, deeming the investigations to be adequate and the decisions reasonable. In four of the cases, HPARB returned the decision
A MESSAGE FROM THE CHAIR

The ICRC was very busy this year. Changes to the RHPA in 2009 expanded the responsibilities of the ICRC such that it not only dealt with complaints alleging professional misconduct against members but it also was required to deal with reports and investigations as well. Nevertheless, I am pleased to report the ICRC continued to operate in a very efficient manner and we were able to meet our statutory mandate while continuing to reach unanimous decisions in all the cases that came before us. Changes in technologies and increased complexities of inter-personal and inter-professional relationships required the committee to deliberate issues not encountered before.

As I complete my second term as Chair of the ICRC, I would like to thank public members, Martin Ward and Shakil Akhter, Dr. Gauri Shankar and Dr. Lezlee Detzler, as well as the tireless efforts of CCO staff, Tina Perryman and Christine McKeown for their collective wisdom, work ethic, cooperative spirit and attention to detail. It has allowed the Committee to continue to function in the highly efficient manner that it has for the past several years.

On a sad note, however, it is with a heavy heart we must say goodbye to Dr. Detzler who has now served nine years on the Committee, the maximum permitted. Her fierce intelligence and sense of fairness, mingled with her sunny temperament, will be hard to replace. I know I speak on behalf of the Committee, Council and CCO when I thank her for her nine years of service to the profession and the people of Ontario.

COMMITTEE ACTIVITIES IN 2011

The Inquiries, Complaints and Reports Committee (ICRC) ably fulfilled its mandate during 2011:
- Convened 13 meetings
- Completed 67 decisions

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**TABLE 1:** MAIN AREAS OF CONCERN IDENTIFIED BY COMPLAINANTS IN 2011 - TOTAL 126

<table>
<thead>
<tr>
<th>AREAS OF CONCERN</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>PATIENT HARM</td>
<td>21</td>
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<tr>
<td>ADVERTISING</td>
<td>19</td>
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<tr>
<td>BILLING PRACTICES</td>
<td>17</td>
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<tr>
<td>INDEPENDENT CHIROPRACTIC EVALUATION</td>
<td>15</td>
</tr>
<tr>
<td>FAILURE TO PROVIDE INFORMATION</td>
<td>13</td>
</tr>
<tr>
<td>INSURANCE FRAUD</td>
<td>11</td>
</tr>
<tr>
<td>MISINFORMATION OR LACK OF INFORMATION RE: TREATMENT</td>
<td>7</td>
</tr>
<tr>
<td>BUSINESS DISPUTE</td>
<td>4</td>
</tr>
<tr>
<td>SEXUAL ABUSE</td>
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<td>ORTHOTICS</td>
<td>3</td>
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<tr>
<td>PRESSURE TACTICS</td>
<td>3</td>
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<tr>
<td>DISSEMINATING INFORMATION ON VACCINATION</td>
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</tr>
<tr>
<td>SCOPE OF PRACTICE</td>
<td>2</td>
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<tr>
<td>IMPROPER TERMINATION OF CARE</td>
<td>2</td>
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<tr>
<td>HARASSMENT</td>
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<tr>
<td>CONSENT TO TREATMENT</td>
<td>1</td>
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**GRAPH 1:** ORIGIN OF COMPLAINTS IN 2011 - TOTAL 125

- Patients: 81
- Insurance Companies: 7
- Non-Patients Member of the Public: 8
- Others Professionals, including CCO Members: 29

**GRAPH 2:** DISPOSITIONS IN 2011 - TOTAL 126

- No Further Action: 27
- Caution/Advice: 14
- Reminder: 13
- Personal Attendance Caution: 12
- No Authorization to Proceed: 24
- Complaint Withdrawn: 21
- Professional Attendance Caution: 1

Note: not all dispositions relate to complaints received in 2011.

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For further investigation as the Board found the Committee’s investigations of the complaints were not adequate.

For full information about the procedures for the processing of inquiries, complaints or reports, members of CCO and members of the public should refer to the CCO website: [www.cco.on.ca](http://www.cco.on.ca).
COMMITTEE 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.

Dr. Bryan Wolfe  CHAIR

COMMITTEE MEMBERS

Dr. Michaela Cadeau,
Non-Council Member
Dr. Heather Jones,
Non-Council Member
Dr. Clifford Hardick
Mme Lise Marin
Ms Judith McCutcheon

STAFF SUPPORT

Ms Jo-Ann Willson,
Registrar and General Counsel

COMMITTEE ACTIVITIES IN 2011

The role and function of the Discipline Committee are essential to CCO’s mandate to regulate the practice of the chiropractic profession, to govern its members, and to serve and protect the public interest.

The Discipline Committee met formally once in 2011. The Committee chair convened several discipline panels to hear thirteen disciplinary matters referred to the Committee.

As all Council members are potentially members of a discipline panel, they are encouraged to participate in the discipline training workshops conducted by FHRCO. In 2011, FHRCO conducted three discipline training sessions which were attended by several CCO Council members.

All discipline hearings are open to the public.
A MESSAGE FROM THE CHAIR

The work of the Discipline Committee over the past year has been made up of a fairly regular schedule of hearings, the vast majority being uncontested hearings with joint submissions on penalty.

All matters that were convened in 2011 were completed and written decisions were released to the parties with little delay.

As in years past, the composition of the Discipline Committee was a key component to adjudicating fairly and effectively in the public interest. We have been fortunate in having a very experienced and dedicated team of public and professional members willing to commit time to meeting the Committee’s mandate. To this end, all committee members have now attended the Federation of Health Regulatory Colleges of Ontario’s basic and advanced workshops on conducting disciplinary hearings. This will allow CCO to build capacity around chairing panels. Additionally, the Committee has also been involved with the discipline committees of other health regulatory colleges to look at ways to streamline the discipline process and control costs.

I would like to thank all those who have been an essential part of this committee’s efforts to adjudicate fairly, efficiently and always in the public interest. Many thanks to Ms. Jo-Ann Willson for her characteristic good humour and professionalism at all times as our staff support. Thank you to Mr. Rob MacKay, Past Chair, for agreeing to continue to chair panels and write decisions, both tasks that demand expertise, time and good sense. Thank you to our team of independent legal counsel, Brian Gover, Paul LeVay and Richard Macklin. Finally, a special thank you to the committee members and those members of Council who served on panels over the past year and contributed to ensuring an essential part of CCO’s mandate was delivered successfully.

JOINT SUBMISSIONS AND RESOLUTION AGREEMENTS

CCO makes every effort to resolve discipline referrals by way of a joint submission by the parties, the details of which are set out in Resolution Agreements (Agreements) that the Committee has the discretion, but not the obligation, to accept. In general, Agreements:

- Require any dispute with respect to the interpretation and implementation of the Agreement to be referred to a panel of the Committee, which has the power to resolve the dispute;
- Require that the member not appeal or request a review of the decision, with the exception of any interpretation/implementation disputes; and
- Provide that the results of the proceedings be recorded in the public portion of the register and published in the annual report or other publications at the discretion of CCO.

In circumstances in which a panel accepts an Agreement, it generally:

- Concludes that the proposed resolution is reasonable and in the public interest; and
- Notes that the member has cooperated with CCO and, by agreeing to the facts and the proposed resolution, has accepted responsibility for his/her actions and has avoided unnecessary time and expense.

DISCIPLINE DECISIONS IN 2011

CCO publishes summaries of discipline decisions for several reasons:

- CCO is required to do so under the RHPA
- Publication of decisions helps members and stakeholders understand what does and does not constitute professional misconduct or incompetence and the consequences
- The decisions provide important direction to members about practice standards and professional behaviour.

Under the RHPA, the name of the member who is the subject of hearing is published if there has been a finding of professional misconduct or incompetence. Discipline decisions are posted on the CCO website. The decisions govern to the extent of any inconsistency with the decision summaries.
SUMMARY OF 2011 DISCIPLINE COMMITTEE DECISIONS

1. OVERVIEW

In 2011, panels of the Discipline Committee adjudicated thirteen cases. Eleven of the cases proceeded on the basis of Agreed Statement of Facts and Joint Submissions on Penalty (Resolution Agreements). Two discipline hearings concerned a member who did not attend the hearings, so the CCO was required to call evidence. The Discipline Committee panel made findings of professional misconduct regarding the two matters and has scheduled penalty hearings for 2012. A panel of the Discipline Committee heard one motion to adjourn a hearing.

The CCO obtained court orders in two cases requiring members of the public to comply with the Regulated Health Professions Act and the Chiropractic Act.

2. CASES INVOLVING AGREED STATEMENTS OF FACTS

In each of the eleven cases that proceeded by way of an Agreed Statement of Facts and Joint Submission on Penalty, a panel of the Discipline Committee made findings of professional misconduct based on the facts and admissions set out in the Agreed Statement of Facts. Similarly, a panel accepted the proposed penalty contained in the Joint Submission on Penalty submitted by the CCO and the member. The panels found the parties' proposed penalties were fair and equitable, and balanced the issues of public protection and remediation of the member and the member’s practice. The joint submissions were considered reasonable and in the public interest. As well, the panels noted that the members had cooperated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and expense in resolving the allegations at a contested hearing.

DR. SHIRALI KIANIAN BIGDELI (#5289)
TORONTO

Agreed Statement of Facts

- Dr. Shirali Bigdeli (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in 2007.
- During the relevant time, the Member practised chiropractic in his clinic in Toronto, Ontario.

- On October 8, 2008, the Member’s clinic submitted a claim to an insurer for 64 chiropractic treatments provided over a three-month period to a plan member, her husband, and her two children (“Insureds”).
- Had the Member testified, he would have said he did not review the claim before it was submitted to the insurer. However, the Member acknowledges it is his responsibility to ensure the accuracy of all submitted claims.
- The insurer directly paid the Member $1,280.00 for the chiropractic treatments.
- When the insurer contacted the Member to request the chiropractic records for the Insureds, the Member initially indicated the insurer needed to pay him $2,500.00 to “process the request.”
- Later, the Member provided the insurer with what he described as “clinical notes” for the Insureds. The “clinical notes” consisted of a one-page, undated, handwritten assessment note for each of the Insureds.
- The Member admits the Insureds were never his patients. He never assessed or treated any of them. He never met the plan member or her two children. As well, no one from his office ever assessed the Insureds.
- After the insurer complained to the CCO, the Member repaid the insurer $1,200.00.

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 12(2) of Ontario Regulation 852/93 (Professional Misconduct), in that he contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 12(23) of Ontario Regulation 852/93 (Professional Misconduct), in that he submitted an account or charge for services that he knew was false or misleading.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals
Dr. Diane Charbonneau (#3742)
Burlington

Agreed Statement of Facts

Dr. Diane Charbonneau (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) on August 25, 1999.

At the relevant time, the Member practised chiropractic at the Heritage Chiropractic Centre in Burlington, Ontario (“Member’s Clinic”).

On October 6, 2009, a patient known as “Mr. A.” began receiving chiropractic treatment from the Member for back pain.

During the period October 6, 2009 – December 21, 2009, the Member provided 15 chiropractic treatments to Mr. A. (the “Treatment Period”).

Near the end of the Treatment Period, Mr. A. had many lengthy personal conversations with the Member, both during treatments and outside of treatments, about his personal life and his marriage. The Member also disclosed personal information to Mr. A.

During the Treatment Period, on December 15, 2009, the Member and Mr. A. went to a pub together for dinner and drinks. Prior to Christmas, they went shopping together, and Mr. A. bought a Christmas present for the Member’s son.

On December 21, 2009, the Member treated Mr. A. At that appointment, the Member terminated the chiropractor-patient relationship with Mr. A. in order to develop their personal relationship. If Mr. A. had testified, he would have said he did not require any chiropractic treatment after December 21, 2009.

In January 2010, Mr. A. gave a gift of jewellery to the Member. In January and February 2010, they went shopping together, spent time together at the Member’s home, talked extensively on the telephone, went to an art gallery and the movies, and, on one occasion, Mr. A. attended a parent-community event with the Member at her child’s school.

In January and February 2010, the Member and Mr. A. occasionally held hands, kissed and hugged.

On February 28, 2010, Mr. A. terminated his personal relationship with the Member.

The Member admits that she began a personal relationship with Mr. A. during the Treatment Period. The Member further admits that she ended the patient-chiropractor relationship in order to develop a personal relationship with Mr. A.
The Member acknowledges that she did not wait a sufficient or appropriate period of time between terminating the patient-chiropractor relationship and pursuing a personal relationship with her then former patient, Mr. A.

Findings
The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93 (Professional Misconduct), in that she engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional, in that she ended a patient-chiropractor relationship with Mr. A. in order to develop a personal relationship with Mr. A., and did so without waiting a sufficient or appropriate period of time between terminating the patient-chiropractor relationship and pursuing a personal relationship with her then former patient, Mr. A.

Penalty
The Member and the CCO jointly proposed the following penalty, which was accepted by the panel. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Ordering the Registrar to impose specified terms, conditions and limitations ("Conditions") on the Member’s Certificate of Registration, and in particular:
  - that the Member, within four (4) months of the date of this Order:
    i) successfully complete a course in gender sensitivity approved of by the CCO’s Registrar and provide evidence of successful completion to the Registrar;
    ii) successfully complete the Legislation and Ethics Examination;
    iii) successfully complete the CCO’s Record Keeping Workshop and provide evidence of successful completion to the Registrar; and
    iv) review and agree to comply with all CCO regulations, standards of practice and guidelines.

Dr. Mark Grossman (#1683)
Thornhill

Agreed Statement of Facts

Dr. Mark Grossman ("Member") has been a member of the College of Chiropractors of Ontario ("CCO") since May 29, 1981.

As a result of a complaint lodged by an insurer, the CCO conducted a review of files of 74 of the Member’s patients, and found the Member had:

- failed to maintain a daily appointment record;
- failed to obtain signed consent to treatment from 69 of the patients; and
- failed to maintain appropriate financial records for many of the patients.

In addition, in 17 cases, there were either no patient records for the dates when treatments were billed to the insurer, or the treatment dates and dates billed for treatment did not coincide.

The CCO also obtained records for 5 patients who had obtained orthotics from the Member. The records did not contain case histories, evidence of examinations or assessments, differential diagnosis, treatment plans, dates of assessment or treatment, descriptions of treatment, or consent to treatment.

On August 8, 2008, an investigator for the insurer attended at the Member’s Clinic at Suite 216, 180 Steeles Ave., Toronto, to conduct an on-site audit. There was a sign posted on the door of the clinic indicating the Member would not be at the clinic on Monday, August 4, 2008 – Friday, August 8, 2008 and that he would return on Monday, August 11, 2008. When the investigator went into the clinic and spoke to the receptionist, he was advised that the Member was not present at the clinic.

However, the insurer later received claims from 60 patients for treatments received in the period August 6 – 8, 2008 from the Member. Two patients indicated they had received treatment from the Member on August 8, 2008 at the time the investigator was at the Member’s Clinic.

Had the Member testified, he would have said he was at the Clinic, and providing chiropractic treatments on August 6 – 8, 2008.

Findings
The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of Ontario Regulation 852/93 (Professional Misconduct), in that she engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional, in that she ended a patient-chiropractor relationship with Mr. A. in order to develop a personal relationship with Mr. A., and did so without waiting a sufficient or appropriate period of time between terminating the patient-chiropractor relationship and pursuing a personal relationship with her then former patient, Mr. A.
DR. MARK GROSSMAN CONTINUED

Regulation 852/93 (Professional Misconduct), in that he contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession.

The Member committed an act of professional misconduct as provided by subsection 5(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(4) of Ontario Regulation 852/93 (Professional Misconduct), in that he provided a diagnostic or therapeutic service that was not necessary.

The Member committed an act of professional misconduct as provided by subsection 5(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(23) of Ontario Regulation 852/93 (Professional Misconduct), in that he submitted an account or charge for services that he knew was false or misleading.

The Member committed an act of professional misconduct as provided by subsection 5(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93 (Professional Misconduct), in that he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Penalty

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

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member’s certificate of registration for a period of five (5) months, starting immediately after the Member’s current suspension has lifted, with two (2) months of the suspension to be suspended if, within three (3) months of returning to practice, and with the Registrar’s review and approval, the Member writes an article or makes a presentation regarding the CCO’s Standards of Practice.
- Directing the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:
  - the Member’s practice shall be reviewed by the CCO at its discretion and at his expense up to four times in the two (2) years after the Member returns to practice;
  - the Member shall not prescribe, manufacture, sell or dispense orthotics until:
    i) he has practised chiropractic for at least two (2) years following the lifting of the suspension imposed by the Discipline Committee and all practice reviews conducted by the CCO show that he is practising in accordance with the CCO’s Standards of Practice;
    ii) he has successfully completed an education program in orthotics at his own expense, approved of by the Registrar;
    iii) he has obtained the agreement of a chiropractor with expertise in orthotics (“Mentor”), approved of by the Registrar, to conduct practice reviews of his practice in orthotics and provide reports as directed by the Registrar; and
    iv) the Registrar agrees he may prescribe, manufacture, sell or dispense orthotics.
- If the Member obtains the Registrar’s agreement that he may prescribe, manufacture, sell or dispense orthotics, the Member’s practice with respect to orthotics may be reviewed by the Mentor at the Member’s expense, and at a frequency to be determined by the Registrar. He will only be permitted to prescribe, manufacture, sell or dispense orthotics so long as:
  - the Mentor’s reports indicate he is practising in compliance with the CCO’s standards of practice; and
  - the Registrar agrees that he can prescribe, manufacture, sell or dispense orthotics.
- Requiring the Member to pay a portion of the College’s investigative and legal costs in the amount of $3,000.00, payable by December 31, 2011.

DR. DIETER HARDTKE (#1296) MANOTICK

Agreed Statement of Facts

- Dr. Dieter Hardtke (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) on May 31, 1977.
- At the relevant time, the Member practised chiropractic at the Manotick Chiropractic Centre in Manotick, Ontario (“Member’s Clinic”).
- On April 11, 2007, “Ms T.T.H.” attended at the Member’s Clinic for the first time. She was suffering from migraines as a result of neck pain.
- The Member provided a consultation and took x-rays. He then conducted a physical examination and assessment. Ms T.T.H. was in a smock. Part of the assessment involved the Member’s lifting Ms T.T.H.’s legs up and out. Ms T.T.H. was uncomfortable with the manner in which the Member assessed her.
The Member then put his hand down the front of Ms. T.T.H.’s underwear and pressed on her pubic bone. Had the Member testified, he would have denied touching her pubic area and described palpating Ms. T.T.H.’s abdomen, including her bowel area, as part of his assessment.

The Member then pulled up Ms. T.T.H.’s smock, exposing her breasts, and listened to her heart with a stethoscope. Had the Member testified, he would have denied her breasts were exposed.

After the assessment, the Member adjusted Ms. T.T.H. while she lay prone. Her smock was undone and fell to her sides as he did the adjustment. Had the Member testified, he would have explained he considered the back of her gown needed to be open to properly adjust her back.

Once the adjustment was completed, the Member asked Ms. T.T.H. further questions, including whether she smoked. When she said she did, the Member told her she was a bad girl and asked if she needed a spanking. Had the Member testified, he would have denied using the word “spanking.”

Ms. T.T.H. left the Member’s Clinic feeling upset and ashamed. She had a chiropractic treatment scheduled for the next day with the Member, which she did not attend.

Findings

The Member committed an act of professional misconduct as provided by subsection 5(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of Ontario Regulation 852/93 (Professional Misconduct), in that he contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession.

The Member committed an act of professional misconduct as provided by subsection 5(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93 (Professional Misconduct), in that he 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.

Penalty

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

Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of six months (6) months.

Ordering the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s Certificate of Registration, and in particular:

* within four (4) months of the date of this Order, the Member will have, at his own expense:
  i) successfully completed a course in gender sensitivity approved of by the CCo’s Registrar and conducted by Dr. Stuart Kinsinger and provided evidence of successful completion to the Registrar;
  ii) successfully completed the Legislation and Ethics Examination and the CCo’s Record Keeping Workshop and provided evidence of the successful completion to the Registrar; and
  iii) reviewed and agreed to comply with all CCo regulations, standards of practice and guidelines.

Ordering the Registrar to suspend two (2) months of the suspension if the Member complies with the conditions, above, within four (4) months of the date of the Order.

Ordering the Registrar to impose the specified term, condition and limitations on the Member’s Certificate of registration that he be peer assessed upon reasonable notice at his own expense within six (6) months after he returns to practice following the suspension imposed by the Discipline Committee.

Ordering the Registrar to order the Member to pay a portion of CCo’s investigative and legal costs in the amount of $5,000.00 payable by December 31, 2011.

Agreed Statement of Facts

Dr. Joanne Hartley (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in 1998.

During the relevant time, the Member was the clinical director, part owner, and a practising chiropractor at Physiomed Danforth (“Clinic”), in Toronto, Ontario.

The Member has no prior complaint or discipline history with the CCo.

Re: Allegations of Professional Misconduct in the Notice of Hearing regarding Insurer #1 (“NOH #1”)

In 2007, two physiotherapists, “V.W.” and “C.S.” indicated to an insurer (“Insurer #1”) that they had concerns about the Member’s billing practices at the Clinic.

C.S. was a registered physiotherapist who worked at the
Clinic on a part-time basis on contract from December 2005 - November 10, 2006. While working at the Clinic, C.S. would assess patients and start them on a physiotherapy program. C.S. could either treat the patients or assign physiotherapy tasks to Clinic kinesiologists or physiotherapy assistants. The Clinic staff who provided patient care were expected to document their care.

- During the period November - December 2006, another physiotherapist, "T.C.", was employed as a consultant by the Clinic.
- Insurer #1 commenced an investigation. During the course of that investigation, it obtained treatment and business records from the Member regarding 20 Clinic patients. Each of the 20 patient records contained many notes of physiotherapy treatments apparently signed by C.S., indicating C.S. had provided physiotherapy treatment to the patients.
- C.S. had assessed four of the patients and had documented his assessments.
- C.S. had not provided any physiotherapy treatment to 19 of the patients, had not documented providing physiotherapy treatments to the patients, and had not signed as having done so in the patient records.
- C.S. had provided some physiotherapy treatment to 1 of the 20 patients and had documented the treatments in his records. However, there was one physiotherapy note for a treatment in the patient's records apparently signed by C.S. although he had not provided the treatment, and had not documented and signed the note.
- C.S. recognized the names of 15 of the patients.
- Insurer #1 also interviewed two plan members who obtained treatment at the Clinic:
  - Plan member "A.I." confirmed C.S. had assessed her.
  - Plan member "M.L." confirmed she was never treated by C.S., although her clinic records indicated he had treated her on several occasions. A.I. indicated that she had been informed C.S. would oversee her file.
  - Plan member "M.L." confirmed C.S. had assessed her. She also confirmed she never received treatment from T.C. or from C.S. although both physiotherapists were named as having provided treatment in Clinic invoices used for insurance claim purposes and appeared to have signed treatment notes in her clinic records.
- Insurer #1 complained to the College on October 2, 2007.
- During the course of the College investigation, the Member admitted that she had written certain of the physiotherapy treatment notes in the 20 patient charts and signed them as C.S. The Member said she did so because original notes were "ineligible". According to the Member, the insurer had refused to pay for the treatments because the physiotherapy notes lacked detail. Once the Member "rewrote" the notes, the insurer paid many of the previously refused claims.
- Had the Member testified, she would have said that the 20 patients received all of the treatments at issue, although the treatments were provided by persons at the Clinic other than C.S. or T.C.

Re: Allegations of Professional Misconduct in the Notice of Hearing regarding Insurer #2 ("NOH #2")

On October 21, 2008, another insurer ("Insurer #2") complained to the College that during a fourteen-month period between March 2006 and May 2007, the Clinic had submitted 48 claims on 10 different occasions to it for physiotherapy services provided by "K.Q." and massage treatments provided by "D.W."

- The insurer paid for the claims. All payments for the 48 claims were made directly to the Clinic.
- Insurer #2 provided the Clinic with detailed statements for payment of the claims, including the names of the treatment providers.
- The Member admits that K.Q. and D.W. did not provide the services claimed by the Clinic in the 48 claims. Had she testified, the Member would have said that her staff made errors in submitting the 48 claims indicating K.Q. and D.W. had provided the services. She also would have testified that other massage therapists and physiotherapists provided the services claimed by the Clinic.

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of Ontario Regulation 852/93 (Professional Misconduct), in that she contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession as alleged in NOH #1 and NOH #2.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 3(33) of Ontario Regulation 852/93 (Professional Misconduct), in that she engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by
Members as disgraceful, dishonourable and unprofessional as alleged in NOH #1 and NOH #2.

Penalty

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

- Requiring the Member to appear before the panel to be reprimanded.
- Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of six (6) months.
- Ordering the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s Certificate of Registration, and in particular, that the Member:
  - within three (3) months of the date of this Order:
    i) provide evidence she has successfully completed the Legislation and Ethics Examination and attended the CCO’s Record Keeping Workshop at her own expense;
    ii) has reviewed and agreed to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of the Professional Misconduct Regulation, CCO Guideline G-008: Business Practices, and CCO Standard of Practice S-002: Record Keeping, and
    iii) if the Member complies with these Conditions within three (3) months of the date of the Order, three (3) months of the suspension will be suspended.
  - be peer assessed at her own expense within six (6) months after she returns to practice following the suspension imposed by the Discipline Committee; and
  - permit the College to monitor her practice as follows:
    i) the monitoring will be done at the discretion of the College and at the Member’s own expense;
    ii) the monitoring will be completed by a chiropractor chosen by the College (“Monitor”) and as directed by the College;
    iii) the monitoring may be done up to four times in the two-year period after the Member returns to practice following the suspension referred to above; and
    iv) the Member will co-operate fully with the Monitor.
- Requiring the Member to pay a portion of CCO’s investigative and legal costs in the amount of $7,500.00 payable by December 31, 2011.

Agreed Statement of Facts

- Dr. Stephen LaFay (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) on June 2, 1997.
- At the relevant time, the Member practised chiropractic at LaFay Family Chiropractic in Stratford, Ontario (“Member’s Clinic”).
- On May 14, 2009, Mr. D. attended at the Member’s Clinic to receive a chiropractic treatment from the Member. Mr. D. had been receiving chiropractic treatment at the Member’s Clinic for eighteen years.
- Following the chiropractic treatment, Mr. D. obtained an acupuncture treatment from “J.P.”, who was renting space at the Member’s Clinic. The Member and J.P. also referred patients to each other.
- At approximately 5:30 pm, during the course of the acupuncture treatment, Mr. D. began experiencing pain and pressure in his chest area. He became unconscious.
- J.P. went to the Member, who was providing chiropractic treatment to another patient, and asked for his assistance. The Member went into the acupuncture treatment room, and found Mr. D. unconscious. Mr. D. regained consciousness within minutes, and was cold, sweaty, and lethargic. The Member took Mr. D.’s vital signs and implemented protocols he considered to be consistent with shock.
- The Member left the room to treat other patients. Thereafter, over the next hour and forty-five minutes, the Member returned to assess Mr. D. from time to time. J.P. stayed with Mr. D.
- At 7:15 pm, at Mr. D.’s request, the Member called Mr. D.’s wife. When she arrived at the Member’s Clinic, she found her husband lying on a treatment table on his side. He was pale, and complaining of cold and pain in his chest.
- At 8:30 pm, the Member called 911.
- Mr. D. was taken by ambulance to the local hospital. He had a very low blood pressure, was ashen grey in colour, and was cyanotic. Mr. D. was still able to talk, and told the emergency room physicians that he had been receiving an acupuncture treatment which included a needle in the middle of his chest. During the treatment, just after the needle was inserted in his chest, he developed sudden, severe chest pain and became unconscious.
- Mr. D. was diagnosed as having an acute pericardial tamponade. It was suspected that the acupuncture needle had punctured his heart, causing the sac around
Dr. Stephen Lafay continued

the heart to fill with blood and compress the heart. Emergency cardiac surgery was performed, after which Mr. D. was taken to a larger hospital on an emergency basis for specialized care.

- Mr. D. survived and ultimately returned home.

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(13) of Ontario Regulation 852/93 (Professional Misconduct), in that, on May 14, 2009, he failed to advise Mr. D. to consult with another health professional when he knew or ought to have known:
  - Mr. D.’s condition was beyond his scope of practice and competence, and
  - Mr. D. required the care of another health professional.

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93 (Professional Misconduct), in that, on May 14, 2009, with respect to Mr. D., he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

Penalty

The Member and the CCO proposed the following penalty, which the panel accepted. The panel made an order:

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

- Ordering the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s Certificate of Registration, and in particular, that the Member:
  - within four (4) months of the date of this Order, the Member will have, at his own expense, successfully completed a course approved by the Registrar in First Aid and CPR; and
  - the Member will develop and present an educational program regarding the matters set out in the Notice of Hearing, to be approved by the Registrar.

- Requiring the Member to pay a portion of CCO’s investigative and legal costs in the amount of $2,500.00 payable by December 31, 2011.

Dr. Thang Le (#4352)

Toronto

Agreed Statement of Facts

- Dr. Thang Le (“Member”) has been a member of the College of Chiropractors of Ontario (“CCO”) since July 2002.

- On May 21, 2009, an insurer complained to the CCO that the Member had issued invoices for services provided by a registered physiotherapist and a registered massage therapist that had not been provided. On December 9, 2008, the registered physiotherapist referred to in the insurer’s complaint had complained to the CCO that the Member had issued invoices to insurers indicating he had provided physiotherapy treatments to patients when he had not provided the treatments.

- Specified allegations of professional misconduct regarding the physiotherapist’s complaint were referred to the Discipline Committee on March 26, 2010. Specified allegations of professional misconduct regarding the insurer’s complaint were referred to the Discipline Committee on April 9, 2010.

- On August 23, 2010, the Member was the subject of a hearing before a panel of the Discipline Committee of the CCO. The allegations of professional misconduct arising from both complaints were heard together. On November 12, 2010, the panel of the Discipline Committee issued its Decision and Reasons regarding findings of professional misconduct.

- A penalty hearing was held on January 4, 2011.

- On September 3, 2010, the insurer who lodged the May 21, 2009 letter of complaint against the Member provided an “addendum” to its complaint, because it had concerns about receipts apparently issued by the Member regarding the services of another registered massage therapist.

- The Member agrees that R.T. did not provide the massage therapy treatments listed in the two receipts and that R.T. did not issue the receipts.

- The Member admits that he was ultimately responsible for receipts issued by “Le” Health Clinic.

- Because the Member’s Discipline Committee hearing was completed before the CCO received the “addendum” complaint, the CCO and the Member were not able to address the insurer’s concerns in a comprehensive way in one proceeding, even though the receipts at issue in both the insurer’s original and “addendum” complaints arose in the same time period and raised similar issues.
■ As a result, the insurer’s “addendum” complaint was treated as a new complaint and ultimately gave rise to the specified allegations of professional misconduct set out in the Notice of Hearing dated July 13, 2011.

Findings

■ The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93 (Professional Misconduct), in that he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional regarding the patient, A.L.

Penalty

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

■ Directing the Registrar to suspend the Member’s certificate of registration for a period of one (1) month, which will be deemed to have been served during the period September 5, 2011 and October 5, 2011 following the expiration of the Member’s suspension ordered by the panel of the Discipline Committee in its Decision and Reasons dated April 28, 2011.

■ Directing the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:
  ■ the Member’s practice shall be reviewed by the CCO at its discretion and at his expense up to a maximum of four (4) times in the two (2) years following this hearing;
  ■ the Member shall advise the CCO’s Registrar in writing of all locations at which he engages in the practice of chiropractic, including the addresses of all practice locations; and
  ■ the Member shall provide a copy of the Decision and Reasons of the panel of the Discipline Committee in this matter to his addiction specialist, Dr. Frank Evans, and provide the CCO with a letter from Dr. Evans acknowledging receipt of the Decision and Reasons.

■ Requiring the Member to pay a portion of the College’s investigative and legal costs in the amount of $2,000.00, payable by June 30, 2012.

### Dr. Hedy Ranji Jifroody (#5047) Richmond Hill

**Agreed Statement of Facts**

■ Dr. Hedyeh Ranjijifroody ("Member") became a member of the College of Chiropractors of Ontario ("CCO") on August 22, 2005.

■ During the relevant period, the Member owned, operated, and practised at Cure Chiropractic and Rehab Clinic ("Clinic") in Richmond Hill, Ontario.

■ On August 29, 2008, an insurer complained to the CCO that regulated health professionals from the Member’s Clinic, including the Member had submitted false claims to it regarding 12 plan members. The allegations in the Notice of Hearing and this Resolution Agreement concern 11 of those plan members.

**Patient M. A-B.**

■ Patient “Ms A-B.” attended the Clinic frequently in 2007 for lower back and neck pain.

■ Ms A-B. received massage therapy from a number of different male and female massage therapists at the Clinic. She also received chiropractic treatment, acupuncture and orthotics at the Clinic.

■ Ms A-B. rarely received massage and chiropractic treatments on the same day.

■ Ms A-B.’s chart from the Clinic contains both massage and chiropractic records.

**Re: Chiropractic Records**

■ Ms A-B. received orthotics from the Member on May 3, 2007. The Member’s chiropractic records do not comply with CCO Standard of Practice S-012: Orthotics, and in particular, the Member did not document:
  ■ taking a case history and performing an examination, including gait and postural analysis;
  ■ obtaining written, informed consent, and
  ■ following a treatment protocol, including prescribing appropriate orthotics only when required, providing a therapeutic trial of care with orthotics, assessing the outcome of care, and performing a timely follow-up and reassessment.

■ The Member issued a claim for orthotics to the insurer dated May 3, 2007. The insurer refused to pay the claim.

■ There is a prescription in the chiropractic record dated May 14, 2007, signed by Dr. Charles Tan for orthotics.

■ There is a sign in sheet in the chiropractic record. All entries on the sign in sheet appear to have been made...
at the same time. The sheet also indicates Ms A-B signed in for treatments on March 10, 13, 17, 22, 26, and 30, although there is no record of her having received chiropractic treatment on those dates.

**Re: Massage Records**
- Although Ms A-B received massage treatments from a number of different male and female therapists, all of the treatments documented in her record were signed by massage therapist David Bu.
- Although Ms A-B infrequently received massage and chiropractic treatments on the same day, the chiropractic and massage records indicate 12 of the 18 massages she received at the Clinic were provided on the same day as chiropractic treatments.
- There is a sign in sheet in the massage therapy records that indicates Ms A-B signed into the Clinic on 17 occasions between January 5, 2007 and March 30, 2007. None of the signatures on the sign in sheet are Ms A-B’s.

**Re: Billing**
- On February 6, 2007, a receipt was issued by the Clinic for chiropractic services provided between January 3 – February 6, 2007 by the Member, which is apparently signed by the Member.
- On February 20, 2007, a receipt was issued by the Clinic for massage therapy services provided between January 5 – February 20, 2007 by Valerie Hodges, which is apparently signed by Ms Hodges.
- On March 8, 2007, a receipt was issued by the Clinic for chiropractic services provided between February 6 – March 8, 2007 by the Member, which is apparently signed by the Member.
- On March 30, 2007, a receipt was issued by the Clinic for massage therapy services provided between February 26 – March 30, 2007 by Valerie Hodges, which is apparently signed by Ms Hodges.
- On March 30, 2007, a claim was submitted to the insurer by the Clinic for massage treatments provided by Valerie Hodges between February 26 – March 30, 2007 and chiropractic treatments provided by the Member between February 6 – March 8, 2007.
- Valerie Hodges did not work at the Clinic during the period January – March 2007, and she did not sign any receipts. She never provided Ms A-B with any massage therapy.

**Patient H. R.**
- According to clinic records, “Ms H.R.” attended the Clinic in May and June 2007 for back and shoulder pain.
- There is a receipt in the file, apparently signed by massage therapist Valerie Hodges, indicating she provided 5 massage therapy treatments to Ms H.R. between May 30 – June 20, 2007.
- In a claim dated June 20, 2007, the Clinic claimed from the insurer for massage therapy treatments provided between May 30 – June 20, 2007 by Valerie Hodges.
- Valerie Hodges never provided any massage therapy treatments to Ms H.R. and never signed any documents, including receipts, indicating she provided the treatments.

**Patient P. H.**
- “P.H.” attended at the Clinic in 2007 for massages and to get orthotics.
- P.H. never received any chiropractic treatments at the Clinic.

**Re: Chiropractic Records**
- According to the Member’s chiropractic records, she provided chiropractic treatment to P.H. on 21 occasions between March 13, 2007 and June 12, 2007.
- There is a Consent to Treatment form in the file apparently signed by P.H. but it is not P.H.’s signature.
- Ms P.H received orthotics from the Member on June 28, 2007. The Member’s chiropractic records do not comply with CCO Standard of Practice S-012: Orthotics, and in particular, the Member did not document:
  - taking a case history and performing an examination, including gait and postural analysis;
  - obtaining written, informed consent; and
  - following a treatment protocol, including prescribing appropriate orthotics only when required, providing a therapeutic trial of care with orthotics, assessing the outcome of care, and performing a timely follow-up and reassessment.
- There is a sign in sheet in the massage therapy records that indicates Ms P.H. signed into the Clinic on 25 occasions between March 13, 2007 and June 20, 2007. All of the signatures were made on the same day.

**Re: Billing**
- On June 27, 2007, a receipt was issued by the Clinic for 13 massage therapy services provided between February 20, 2007 and June 27, 2007 by Valerie Hodges, which is apparently signed by Ms Hodges.
However, the Member documented and billed the insurer for 25 chiropractic treatments.

There is a sign in sheet in the chiropractic record purportedly signed by Mr. H.M. on 26 occasions. However at least 10 of the signatures on that record are not his.

There is a Consent to Treatment in the Chiropractic record, authorizing the Clinic to provide Mr. H.M. with treatment. The signature on the “Patient’s Signature” line is not Mr. H.M.’s.

There is a Patient Information Sheet in the chiropractic record in which the signature on the “Patient’s Signature” line is not Mr. H.M.’s.

On May 23, 2007, Mr. H.M. received orthotics from the Member. The Member’s chiropractic records do not comply with CCo Standard of Practice S-012: Orthotics, and in particular, the Member did not document:

- taking a case history and performing an examination, including gait and postural analysis;
- obtaining written, informed consent; and
- following a treatment protocol, including prescribing appropriate orthotics only when required, providing a therapeutic trial of care with orthotics, assessing the outcome of care, and performing a timely follow-up and reassessment.

The Clinic issued a claim to the insurer for $500.00 for the orthotics on May 23, 2007. The claim was denied.

There is a prescription in the chiropractic record dated May 24, 2007, signed by Dr. Charles Tan for orthotics.

The Clinic issued a receipt indicating Mr. H.M. had received 8 massage therapy treatments from Valerie Hodges, apparently signed by Valerie Hodges.

On May 25, 2007, the Clinic issued a claim to the insurer for massage treatments provided by Valerie Hodges between March 10, 2007 and April 30, 2007.

Valerie Hodges never provided any massage therapy treatments to Mr. H.M. or signed any Clinic receipts.

Patient A. A.

Patient “Ms A.A.” began receiving massage and chiropractic treatments at the Clinic in September 2006 for headaches, neck, back and arm pain.

Re: Chiropractic Records

Ms A.A. received orthotics from the Member on May 17, 2007. The Member’s chiropractic records do not comply with CCo Standard of Practice S-012: Orthotics, and in particular, the Member did not document:

- taking a case history and performing an examination, including gait and postural analysis;
- obtaining written, informed consent; and
- following a treatment protocol, including prescribing appropriate orthotics only when required, providing a therapeutic trial of care with orthotics, assessing the outcome of care, and performing a timely follow-up and reassessment.

The Clinic issued a claim to the insurer for $500.00 for the orthotics and support stockings on May 24, 2007. The claim was denied.

There is a prescription in the chiropractic record dated May 24, 2007, signed by Dr. Charles Tan for orthotics and support stockings.

Billing

On May 24, 2007, the Clinic issued a claim to the insurer for massage therapy treatments provided by Valerie Hodges between February 6, 2007 and April 10, 2007.

Valerie Hodges never provided any massage therapy treatments to Ms A.A.

Patient H. M.

“Mr. H.M.” received massage therapy and chiropractic treatments at the Clinic between March 6, 2007 and April 30, 2007.

Re: Chiropractic Records

Mr. H.M. received less than 10 chiropractic treatments at the Clinic.

Patient A. T.

“Ms A.T.” received massage therapy and chiropractic treatments at the Clinic between March 1, 2007 and May 14, 2007.

Re: Chiropractic Records

Ms A.T. received less than 10 chiropractic treatments at the Clinic.
However, the Member documented and billed the insurer for 25 chiropractic treatments.

There is a sign in sheet in the chiropractic record purportedly signed by Ms A.T. on 26 occasions. However at least 9 of the signatures on that record are not hers.

There is a Consent to Treatment in the chiropractic record, authorizing the Clinic to provide Ms A.T. with treatment. The signature on the “Patient’s Signature” line is not Ms A.T.’s.

There is an Authorization for Extended Health Benefit sheet authorizing the insurer to pay the Clinic directly for Ms A.T.’s treatment, apparently signed by Ms A.T. However, Ms A.T. never signed the document.

There is a Patient Information Sheet in the chiropractic record dated May 1, 2007, apparently signed by Ms A.T. However, Ms A.T. never signed the document.

On May 23, 2007, Ms A.T. received orthotics from the Member. The Member’s chiropractic records do not comply with CCO Standard of Practice S-012: Orthotics, and in particular, the Member did not document:

- taking a case history and performing an examination, including gait and postural analysis;
- obtaining written, informed consent; and
- following a treatment protocol, including prescribing appropriate orthotics only when required, providing a therapeutic trial of care with orthotics, assessing the outcome of care, and performing a timely follow-up and reassessment.

The Clinic issued a claim to the insurer for $500.00 for the orthotics on May 23, 2007. The claim was denied.

There is a prescription in the chiropractic record dated May 28, 2007, signed by Dr. Charles Tan for orthotics.

Billing

On April 27, 2007, the Clinic issued a receipt for 5 massage therapy treatments provided by Valerie Hodges to Ms A.T. between March 12, 2007 and April 27, 2007.

On May 25, 2007, the Clinic sent a claim form to the insurer for massage therapy treatments provided by Valerie Hodges to Ms A.T. between March 12, 2007 and April 27, 2007.

On July 25, 2007, the Clinic provided a claim to the insurer for support stockings supplied by the Member to Ms A.T. Although it appears the claim form was signed by the patient/subscriber, neither Ms A.T. or her spouse, Mr. H.M., signed the claim form.

Valerie Hodges never provided any massage therapy treatments to Ms A.T. or signed any receipts.

Patient E. H.

“Ms. E.H.” attended at the Clinic on 5 occasions in 2006 and 2007 for laser hair removal. She attended at the Clinic approximately once a month, starting in October 2006. Ms E.H. paid $200.00 in cash for each laser hair removal treatment.

On her last laser hair removal treatment in March 2007, Ms E.H. was asked by Clinic staff to sign a number of forms, including insurance claim forms. There was also a form she was asked to sign which contained several dates, and she was asked to sign beside each date, which she did.

Ms E.H.’s records from the Clinic contains:

- a Patient Information form which was signed by Ms E.H. However, all of the other writing on the form is by someone else;
- clinical notes written by the Member for 48 chiropractic treatments between November 18, 2006 - May 8, 2007;
- a sign in sheet indicating Ms E.H. attended the Clinic on 48 occasions between November 18, 2006 and May 8, 2007. The signatures are all Ms E.H.’s and were all written on the same day in the same pen;
- 2 Authorizations directing the insurer to pay the Clinic directly for Ms E.H.’s treatments. The documents are signed by Ms E.H. but all of the rest of the writing on the documents, including the dates, were made by someone else;
- a receipt dated December 30, 2006, apparently signed by the Member, for 19 chiropractic treatments provided between November 18, 2006 and December 30, 2006;
- a receipt dated March 29, 2007, apparently signed by the Member, for 21 chiropractic treatments provided between February 3, 2007 and March 29, 2007;
- an insurance claim form, signed by Ms E.H., for chiropractic treatments provided by the Member between November 18, 2006 and December 30, 2006;
- massage therapy notes for 19 massage treatments provided by Frances Varelas between February 3, 2007 and May 8, 2007;
- a sign in sheet indicating Ms E.H. attended at the Clinic on 19 occasions between February 3, 2007 and May 8, 2007;
- an insurance claim form for massage therapy treatments provided by Frances Varelas to Ms E.H. between April 3, 2007 and May 8, 2007;
- a receipt dated March 29, 2007, apparently signed by Frances Varelas, for 11 massage therapy treatments provided by Frances Varelas to Ms E.H. between April 3, 2007 and May 8, 2007;
provided between February 3, 2007 and March 29, 2007; and


- On July 23, 2009, Frances Varelas was the subject of a Discipline Committee hearing at the College of Massage Therapists of Ontario. Among other things, Ms Varelas admitted that she had falsified the massage records in Ms E.H.’s Clinic record, and she therefore admitted to having committed an act of professional misconduct.

- The Member called Ms E.H.’s mother after the insurer complained to the College of Chiropractors of Ontario. The Member tried to convince Ms E.H.’s mother to make her daughter change her evidence. The Member made comments to Ms E.H.’s mother to the effect of:
  - Your daughter lied on the insurance form;
  - If I am prosecuted, I will sue your daughter;
  - We have to protect the name of the Persian community; and
  - If I am prosecuted, it will damage your daughter’s credit rating.

- Ms E.H.’s mother told the Member that her daughter had nothing to hide, and that she would not lie but would tell the truth to the insurance company and the College.

**Patient S. L.**

- “Ms S.L.” saw the Member on one occasion in March 2007 for a chiropractic treatment. At the treatment, the Member ordered orthotics for her.

- Ms S.L. was very dissatisfied with the treatment she received from the Member and never went back to the Clinic. She was never provided with any orthotics by the Member.

- The Clinic issued a receipt dated March 6, 2007, completed by the Member, for $500.00 for orthotics.

- The Clinic issued a receipt dated March 17, 2007, completed by the Member, for 10 chiropractic treatments provided between March 2, 2007 and March 17, 2007.

- The Clinic submitted claim forms to the insurer in April and May 2007 for chiropractic treatments and the orthotics.

- The Member does not have a chiropractic record for Ms S.L.

**Patient S. N.**

- The Clinic issued a receipt apparently completed by the Member, indicating the Member had provided three chiropractic treatments to “Mr. S.N.” between November 3, 2007 and November 8, 2007.

- The Clinic made a claim to the insurer in December 2007 for the chiropractic treatments.

- The Member never provided any chiropractic treatments to Mr. S.N.

**Patient P. N.**

- The Clinic issued a receipt apparently completed by the Member, indicating the Member had provided four chiropractic treatments to “Mr. P.N.” between November 3, 2007 and November 10, 2007.

- The Clinic made a claim to the insurer in December 2007 for the chiropractic treatments.

- The Member never provided any chiropractic treatments to Mr. P.N.

**Patient S. K.**

- “Ms S.K.” attended at the Clinic on January 9, 2007 to inquire about the Clinic’s services. When she attended at the Clinic, the Clinic staff asked her to sign a number of forms, which they said were needed to inquire about the level of her insurance coverage. Ms S.K. signed the forms, as requested.

- Ms S.K. never went back to the Clinic. She never received any chiropractic treatments from the Member and never received any massage treatments at the Clinic.

- The Member has a record for Ms S.K. that includes the following:
  - records of chiropractic treatments signed by the Member for 10 chiropractic treatments between June 9, 2007 and June 22, 2007;
  - a sign in sheet containing 10 dates and signatures. Ms S.K. signed this document once. The remaining 9 signatures are not hers;
  - two signed Authorizations to the insurer directing it to pay the Clinic directly for Ms S.K.’s treatments. Ms S.K. did not sign either document;
  - a Consent to Treatment form dated January 7, 2007. The signature on the “Patient’s Name” line is not Ms S.K.’s;
  - a claim to the insurer dated January 22, 2007 for chiropractic treatments provided by the Member. The signature on the “subscriber’s signature” line is not Ms S.K.’s;
  - a claim to the insurer dated January 22, 2007 for chiropractic treatments provided by the Member. The signature on the “subscriber’s signature” line is not Ms S.K.’s;
  - a receipt issued by the Clinic dated January 22, 2007, and apparently completed by the Member, for four chiropractic treatments provided to Ms S.K. between January 9, 2007 and January 22, 2007;
a receipt issued by the Clinic dated January 22, 2007, and apparently completed by the Member, for ten chiropractic treatments provided to Ms S.K. between January 9, 2007 and January 22, 2007;

- a sign in sheet containing 4 dates and signatures. None of the signatures on this sheet belong to Ms S.K.; and

- records signed by Frances Varelas for 4 massage therapy treatments provided between January 9, 2007 and January 22, 2007.

On July 23, 2009, Frances Varelas was the subject of a Discipline Committee hearing at the College of Massage Therapists of Ontario. Among other things, Ms Varelas admitted that she had falsified the massage records in Ms S.K.’s Clinic record, and she therefore admitted to having committed an act of professional misconduct.

After Ms S.K. informed the insurer that the claims submitted by the Clinic were false, the Member called her many times. The Member wanted to set up a meeting with Ms S.K., but she refused. The Member then began threatening Ms S.K., using words to the effect of, “I have lawyers, you know.” The Member also indicated there could be repercussions in the community for Ms S.K. and her mother if Ms S.K. maintained that she had not received any services from the Clinic. The Member pleaded with Ms S.K. to change her story, indicating words to the effect that, “I went to school for a long time to become a chiropractor.”

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of Ontario Regulation 852/93 (Professional Misconduct), in that she contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession.

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of Ontario Regulation 852/93 (Professional Misconduct), in that she falsified a record or records relating to her practice.

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(23) of Ontario Regulation 852/93 (Professional Misconduct), in that she submitted accounts or charges for services that she knew were false or misleading.

Penalty

The Member and the CCO proposed the following penalty, which the panel accepted. The panel made an order:

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

- Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of twelve (12) months.

- Ordering the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s Certificate of Registration, and in particular, that the Member:
  - within nine (9) months of the date of this Order:
    i) provide evidence she has successfully completed the Legislation and Ethics Examination and attended the CCO’s Record Keeping Workshop at her own expense; and
    ii) has reviewed and agreed to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of the Professional Misconduct Regulation, CCO Guideline G-008: Business Practices, CCO Standard of Practice S-002: Record Keeping, and CCO Standard of Practice S-012: Orthotics.
  - be peer assessed at her own expense within six (6) months after she returns to practice following the suspension imposed by the Discipline Committee; and
  - permit the College to monitor her practice as follows:
    i) the monitoring will be done at the discretion of the College and at the Member’s own expense;
    ii) the monitoring will be completed by a chiropractor chosen by the College (“Monitor”) and as directed by the College;
    iii) the monitoring may be done up to four (4) times in the two-year period after the Member returns to practice following the suspension; and
    iv) the Member will co-operate fully with the Monitor.
DR. HEDY RANJJIFROODY CONTINUED

- Ordering the Registrar to suspend three (3) months of the suspension if the Member provides evidence she has successfully completed the Legislation and Ethics Examination, attended the CCO’s Record Keeping Workshop at her own expense, and reviewed and agreed to comply with all CCO regulations, standards of practice and guidelines within nine (9) months of the date of the Order.

- Requiring the Member to pay a portion of CCO’s investigative and legal costs in the amount of $15,000.00 payable by December 31, 2011.

DR. GURDEEP SINGH (#5061) BRAMPTON

Agreed Statement of Facts

- Dr. Gurdeep Singh (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in 2005.

- The Member’s certificate of registration has been suspended since March 1, 2010 for failure to pay his annual renewal fees.

- In 2007, the Member practised chiropractic in Brampton, Ontario.

- During the relevant time, he also performed in-home assessments on a contract basis for a company that provided, among other things, rehabilitation assessment and programs for insurance companies.

- In 2007, the Member provided an insurance assessment to a client known as “S.P.” On September 18, 2007, the Member provided the insurer with a treatment plan for S.P. (“Treatment Plan”) which included a listing of assistive devices he recommended be provided to S.P. The Treatment Plan was approved by the insurer on September 20, 2007.

- On October 1, 2007, the Member submitted a claim form to the insurer for the assistive devices recommended in the Treatment Plan, including an ObusForme and cervical pillow, instruction on use of the assistive devices, preparation of the Treatment Plan, and travel time. The Member claimed $935.28 for the services and assistive devices.

- The insurer issued a cheque to the Member for $935.28 on October 16, 2007, and the Member cashed the cheque on October 20, 2007.

- On November 1, 2007, an occupational therapist attended at S.P.’s home to perform an in-home occupational assessment. The occupational therapist recommended that S.P. be provided with a number of assistive devices.

She noted that these same devices had been approved in the Member’s Treatment Plan but had never been provided to S.P.

- The insurer retained an investigator, who confirmed that the Member never provided the assistive devices to S.P. The investigator then made contact with the Member, who agreed to repay the insurer. Although the investigator contacted the Member on numerous occasions over a thirteen-month period of time, the Member did not repay the insurer.

- The insurer then complained to the College that the Member had invoiced it and was paid $935.28 for assistive devices and services for S.P. that were never provided to S.P.

- The College sent letters to the Member asking him to respond to the insurer’s complaint as follows:
  - May 3, 2008: An initial letter providing the complaint and information about the College process, and advising the Member it was his professional obligation to respond to the complaint within 30 days;
  - July 22, 2008: A second letter, enclosing a copy of the May 2, 2008 letter, advising the Member it was his obligation to respond to the complaint, and indicating that the failure to do so could constitute professional misconduct;
  - March 23, 2009: A third letter indicating if the Member did not respond to the complaint, specified allegations of professional misconduct could be referred to the Discipline Committee. The letter was sent by registered mail; and
  - July 30, 2009: A fourth letter indicating the issue of the Member’s non-co-operation in responding to the complaint would be considered by the Inquiries, Complaints and Reports Committee and that he could make a submission regarding the issue by August 21, 2009. This letter was also sent by registered mail.

- On November 11, 2009, a College investigator was appointed to investigate the Member’s failure to respond to the insurer’s complaint. The investigator made several attempts to locate the Member, including calling his telephone number and visiting the location given as his practice location on the College’s register. The address was for a residential unit. The investigator was never able to contact the Member and the Member did not respond to any of his messages.

- The Member never responded to the complaint.

- On March 26, 2009, the Member repaid the insurer.

- The Member has indicated he intends to pay his outstanding renewal fees and take any other necessary steps to become a member of the College.
Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of Ontario Regulation 852/93, in that he contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession, and in particular:
  - in September or October, 2007, he submitted an invoice to ING Insurance for payment regarding assistive devices provided to “S.P.” when he had not provided the assistive devices; and
  - during the period May 2, 2008 to July 2009, he failed to respond to requests from the College of Chiropractors of Ontario to respond to the complaint made about him by William Hawley of ING Insurance.

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(23) of Ontario Regulation 852/93, in that he submitted an account or charge for services that he knew was false or misleading, and in particular, in September or October, 2007, he submitted an account to ING Insurance for payment regarding assistive devices provided to “S.P.” when he had not provided the assistive devices.

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93, in that he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional, and in particular:
  - in September or October 2007, he submitted an invoice for “S.P.”; and
  - during the period May 2, 2008 to July 2009, he failed to respond to requests from the College of Chiropractors of Ontario to respond to the complaint made about him by William Hawley of ING Insurance.

Penalty

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

- Requiring the Member to appear before the Panel to be reprimanded.
- Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of three (3) months with the suspension to take effect immediately following the lifting of the suspension of the Member’s certificate of registration for non-payment of fees.
- Ordering the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s Certificate of Registration, and in particular, that the Member:
  - within two (2) months of the date of this Order:
    i) provide evidence he has successfully completed the Legislation and Ethics Examination and attended the CCO’s Record Keeping Workshop at his own expense; and
    ii) has reviewed and agreed to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of the Professional Misconduct Regulation, CCO Guideline G-008: Business Practices, and CCO Standard of Practice S-002: Record Keeping
  - be peer assessed at his own expense within six (6) months after he returns to practice following the suspension imposed by the Discipline Committee.
- Requiring the Member to pay a portion of CCO’s investigative and legal costs in the amount of $5,000.00 payable by December 31, 2011.

DR. BALRAJ THIND (#3843) BRAMPTON

Agreed Statement of Facts

- Dr. Balraj Thind (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in April 2000.
- During the relevant time, the Member practised chiropractic at PhysioMed-Hansen (“Clinic”) in Brampton, Ontario.
- During the period October 2008 – December 2008, the Member submitted 105 claims totalling $367,580.00 to an insurer for orthotics and/or orthopaedic shoes and/or compression stockings.
- Seventy of the claims at issue were submitted on the Member’s letterhead from Injury Assessment Specialist (“IAS”), included receipts issued by the Member on IAS letterhead, or indicated treatment was provided at IAS.
DR. BALRAJ THIND CONTINUED

IAS does not exist and there are no patient records for any of the patients involved in the 70 claims.

- Clinical records exist for 29 of the 35 patients for whom claims were made from the Clinic (“clinic records”).
- In 18 of the 29 clinic records, there are prescriptions signed by “Dr. Malhotra” for orthotics and/or orthopaedic shoes and/or compression stockings. The prescriptions are false prescriptions, in that Dr. Malhotra never saw the patients, and the prescriptions were signed by the Member and not Dr. Malhotra.
- In 24 of the 29 clinic records, although orthotics and/or orthopaedic shoes and/or compression stockings were apparently prescribed and dispensed by the Member, there is no assessment, diagnosis, treatment plan or clinical note supporting the need for orthotics and/or orthopaedic shoes and/or compression stockings.
- In the clinic records where there were assessments regarding orthotics and/or orthopaedic shoes, the Member documented completing the assessments after claims had been made to the insurer and the insurer refused to pay the claims.
- The Member dispensed orthotics and orthopaedic shoes to four children who were under the age of six years, including three pairs of orthotic shoes worth $1,500.00 to a child who was one year old.
- Under the insurance policies involved, the insurer would only reimburse subscribers for orthotics and/or orthopaedic shoes and/or compression stockings that had been dispensed and paid for. The Member issued receipts indicating the orthotics and/or orthopaedic shoes and/or compression stockings had been dispensed and paid for in full, when he had not received any payment and had not dispensed the products.

Findings

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93, in that he submitted accounts or charges for services that he knew were false or misleading regarding patients at the PhysioMed-Hansen and Injury Assessment Specialist Clinics during 2008.
- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(23) of Ontario Regulation 852/93, in that he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional with respect to his assessment, treatment, documentation and billing regarding patients at the PhysioMed-Hansen and Injury Assessment Specialist Clinics during 2008.

Penalty

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

- Requiring the Member to appear before the Panel to be reprimanded.
- Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of twelve (12) months.
- Ordering the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s Certificate of Registration, and in particular, that the Member:
  - within nine (9) months of the date of this Order:
    - provide evidence he has successfully completed the Legislation and Ethics Examination and attended the CCO’s Record Keeping Workshop at his own expense; and
    - has reviewed and agreed to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of the Professional Misconduct Regulation, CCO Guideline G-008, Business Practices, CCO Standard of Practice S-002: Record Keeping, CCO Standard of Practice
S-012: Orthotics, and CCO Standard of Practice
S-013: Consent.

be peer assessed at his own expense within six months after he returns to practice following the suspension imposed by the Discipline Committee.

Ordering the Registrar to suspend three (3) months of the suspension if the Member provides evidence he has successfully completed the Legislation and Ethics Examination and attended the CCO’s Record Keeping Workshop at his own expense, and has reviewed and agreed to comply with all CCO regulations, standards of practice and guidelines within nine (9) months of the date of the Order.

Requiring the Member to pay a portion of CCO’s investigative and legal costs in the amount of $12,500.00 payable by December 31, 2011.

DR. MICHAEL VENNERI (#3054)
ST. CATHARINES

Agreed Statement of Facts

Background

Dr. Michael Venneri (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in August 1995.

During the relevant time, the Member practised chiropractic at his clinic, Comprehensive Health Clinic (“Clinic”), in St. Catharines, Ontario.

The Member’s First Discipline Committee Hearing

On March 16, 2007, the Member was found by a panel of the Discipline Committee to have committed several acts of misconduct with respect to, among other things, his assessment, treatment and documentation of a patient. On October 19, 2007, the panel of the Discipline Committee ordered that, among other things, the Member’s certificate of registration was to be suspended for a nine-month period, with six (6) months of the suspension to be suspended in the event the Member fulfilled certain conditions.

The Member unsuccessfully appealed the Discipline Committee’s penalty order to the Divisional Court, and unsuccessfully sought leave to appeal the penalty order to the Ontario Court of Appeal.

The Member’s Conduct

After the Member had exhausted his appeal rights regarding his first Discipline Committee hearing, the CCO and the Member agreed that he would serve the suspension ordered by the panel of the Discipline Committee during the period November 18, 2008 – February 16, 2009.

In February 2009, the CCO received a report that the Member had been practising chiropractic while his certificate of registration was suspended.

In the course of the CCO’s investigation into the report, the CCO obtained a number of patient records from the Member’s Clinic. Those records were deficient. No record contained a written consent to treatment obtained by the Member. The quality of the documentation was such that, in almost every file, the diagnosis, what the diagnosis was based on, the plan of management, the treatment, and the assessment of the effect of the treatment were not possible to ascertain. In some cases, patients had been treated very frequently for extended periods of time, and there was no rationale or basis documented that supported such treatment, nor any reassessment at 24 visits.

Admissions

The Member admitted that his documentation, as set out above, contravened standards of practice of the profession and failed to maintain the standard of practice expected of members of the profession.

The Member admitted that he practised chiropractic at the Clinic during the period November 18, 2008 – February 16, 2009 while his certificate of registration was suspended, and, in doing so, he failed to comply with an order of the Discipline Committee.

The Member admitted that, as a result of his documentation and his practising chiropractic while his certificate of registration was suspended, he engaged in conduct that, having regard to all the circumstances would reasonably be regarded as disgraceful, dishonourable and unprofessional, as set out in allegation 11 of the Notice of Hearing dated August 26, 2011.

Findings

The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(2) of Ontario Regulation 852/93, in that he contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession.

The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professionals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(31) of Ontario Regulation 852/93, in that he failed to comply with an order of the Discipline Committee.
DR. MICHAEL VENNERI CONTINUED

- The Member committed an act of professional misconduct as provided by subsection 51(1)(c) of the Health Professinals Procedural Code of the Chiropractic Act, 1991, S.O. 1991, c. 21, as amended, and paragraph 1(33) of Ontario Regulation 852/93, in that he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

**Penalty**

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

- Requiring the Member to appear before the Panel to be reprimanded.
- Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of ten (10) months, with the suspension to take effect on February 1, 2012.
- Ordering the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s Certificate of Registration, and in particular, that the Member:
  - within prior to February 1, 2012, the Member will be peer assessed at his own expense;
  - during the period the Member’s certificate of registration is suspended, the CCO may, at its discretion and the Member’s expense, inspect the Member’s practice. The Member will co-operate with the inspections, including making arrangements with the CCO for the inspections. The CCO will give the Member reasonable notice of the inspections;
  - the Member will successfully complete the Legislation and Ethics Examination and attend a CCO Record Keeping Workshop at his own expense prior to returning to practice following the suspension set out above;
  - the Member will be peer assessed at his own expense within three (3) months of returning to practice following the suspension set out above;
  - prior to returning to practice following the suspension set out above, the Member will have reviewed and agreed to comply with all CCO regulations, standards of practice and guidelines including but not limited to the business practices portion of the Professional Misconduct Regulation, CCO Guideline G-008: Business Practices, CCO Standard of Practice S-012: Orthotics, CCO Standard of Practice S-013: Consent, and CCO Standard of Practice S-002: Record Keeping, and
  - during the two (2) years after the Member’s return to practice following the suspension set out above, the CCO may, at its discretion and the Member’s expense, monitor the Member’s practice up to four (4) times.
- Requiring the Member to pay a portion of CCO’s investigative and legal costs in the amount of $7,500.00 payable by December 31, 2011.

3. CONTESTED HEARINGS

In 2011, there were two discipline hearings in which the member, namely Dr. Scott Lyons, did not attend the hearings, despite having received notice of them, so the CCO was required to call evidence. The Discipline Committee panel made findings of professional misconduct regarding the two matters and has scheduled penalty hearings for 2012.

4. DECISION ON PENALTY AND COSTS

Re: Vincent Leering

In a written decision dated April 16, 2008, a panel of the Discipline Committee found Vincent Leering committed acts of professional misconduct in that he:

i) sexually abused a patient known as “Ms A.M.”;

ii) engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, in that on one or more occasions, he engaged in a sexual relationship with “Ms A.M.” when she was a patient;

iii) abused a patient known as “Ms A.M.” verbally, psychologically and/or emotionally; and

iv) contravened a standard of practice of the profession or failed to maintain a standard of practice expected of members of the profession with respect to his conduct towards a patient known as “Ms A.M.”

On July 23, 2008, the panel of the Discipline Committee heard submissions on penalty and costs.

The panel’s decision regarding findings of professional misconduct was appealed to the Divisional Court and to the Court of Appeal, as reported in the CCO’s 2009 Annual Report. The panel’s decision was upheld by the Court of Appeal.

The panel of the Discipline Committee released its Decision and Reasons with respect to penalty and costs on February 3, 2011. The panel made an order:
• Requiring Vincent Leering to appear before the Panel to be reprimanded.
• Ordering the Registrar to revoke Vincent Leering’s Certificate of Registration.
• Ordering Vincent Leering to pay the CCO $25,000.00 with payment terms to be set by the Registrar.

5. MOTIONS

On December 13, 2011, a single member of the Discipline Committee issued a decision regarding Dr. Michael Venneri’s motion for an adjournment of his Discipline Committee hearing. The motion was dismissed, on the basis that the dates in question had been set on consent by the parties more than two months prior to the motion, there was no evidence of extenuating circumstances in support of the motion, and the fairness of the hearing would not be compromised by denying the adjournment.

6. COURT PROCEEDINGS

On December 22, 2011, the CCO successfully applied to the Ontario Superior Court of Justice for orders requiring Aron Airall and Thomas Manzuk to comply with sections 27, 30 and 33 of the Regulated Health Professions Act and section 4 of the Chiropractic Act, and to refrain from:

i) holding themselves out as persons qualified to engage in chiropractic practice;

ii) using the title “doctor” in the course of providing or offering to provide, in Ontario, healthcare to individuals;

iii) performing any controlled act set out in section 4 of the Chiropractic Act, and subsection 27(2) of the Regulated Health Professions Act; and

iv) treating or advising a person with respect to his or her health circumstances in which it is reasonably foreseeable that serious physical harm may result from the treatment or advice or from an omission from them.

Both Aron Airall and Thomas Manzuk were ordered to pay the CCO $7,000.00 in costs.
CCO’S AGM – JUNE 23, 2011
“BUILDING ON A STRONG FOUNDATION”

L – R, Mrs. Yocheved Deltoff with Dr. Marshall Deltoff

L – R, Mr. Martin Ward, Treasurer with Mr. Shakil Akhter

Dr. Peter Amlinger, Vice-President, addressing Council, staff and guests
CCO’S STRATEGIC OBJECTIVE 2: Strive for unity in the public interest, while respecting the diversity within the profession.

L – R, Dr. Natalia Lishchyna, President, OCA, Mr. Robert MacKay, CCO Council Member and Ms Cathi Mietkiewicz, Fasken Martineau

L – R, Dr. Janit Porter, CAC Representative with Mme Lise Marin, CCO Council Member

L – R, Dr. Gauri Shankar with Mrs. Eithne Shankar and Mr. Dhiru Shankar.

L – R, Dr. Peter Amlinger, Ms Jo-Ann Willson, Mrs. Dianne Viggiani, Dr. Don Viggiani, and Ms Tracey Amlinger

L – R, Ms Karen Jones, Paliare Roland, Ms Gail Siskind, Consultant and Mentor, Ms Tina Perryman, Manager, Inquiries, Complaints and Reports

Dr. Keith Thomson, recipient of a Presidential Award of Excellence (acknowledgement and recognition were also provided to Dr. Robin Whale, non-Council member of the Patient Relations Committee, and a recipient of a Presidential Award of Excellence)
COMMITTEE MANDATE

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

COMMITTEE ACTIVITIES IN 2011

The Patient Relations Committee continued to uphold its regulatory mandate to protect the public interest. Considerable energy was focused on ensuring that members have tools and resources to self assess whether they are establishing and maintaining appropriate professional boundaries with their patients and doing all they can to avoid potentially hazardous situations that could lead to allegations of sexual abuse or otherwise compromise professional boundaries. Several marketing tools to help members better educate their patients and clients were also developed.

In 2011, the Committee:

- Convened four meetings
- Continued to focus on initiatives to strengthen the relationship between chiropractors and their patients, including the widespread distribution of the Partnership of Care document
- Continued to communicate the role of the regulatory college in protecting the public interest
Recommended the translation of the Partnership of Care document into eight commonly spoken languages in Ontario beyond English and French and for posting on the CCO website.

Revised Maintaining Professional Boundaries for members (approved by Council in February 2011).

Recommended revisions to CCO Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient to Council (approved by Council in September 2011).

Recommended feedback from CCO to the Health Professions Regulatory Advisory Council (HPRAC) on the mandatory revocation provisions and treatment of spouses by healthcare professionals.

In 2011, the Patient Relations Committee continued work on initiatives reflecting its regulatory mandate. Committee activities reflected the changing nature of professional practice, particularly with regards to our mandate to develop programs and guidelines to enhance the doctor/patient relationship and to develop and implement measures for preventing and dealing with sexual abuse of patients.

The Committee also completed work on revising Standard S-014: Prohibition of a Sexual Relationship with a Patient. Based on feedback from members, the standard includes more clarity about the ending of the patient relationship. This document should provide doctors with more direction in their personal interactions with patients or former patients. The intent is to help identify and avoid situations that could lead to boundary crossing or violations, the most serious of which could result in allegations of sexual abuse.

The Minister of Health and Long-Term Care requested input on the issue of the mandatory revocation of the licence of a regulated health practitioner who treats his/her spouse. The College gave a written submission to the Minister for her consideration. The treatment of family members, including spouses, has been common in the history of chiropractic. The College remains committed to a zero tolerance of sexual abuse of patients.

This year, the very popular Partnership of Care/Partenariat de soins de Santé document was printed in several new formats including a tent card, bookmark and poster format and distributed to registrants. Member feedback notes that this document is a valuable tool in enhancing the doctor/patient relationship and is appreciated by their patients. Additional translations of Partnership of Care will be available in 2012 in the following languages: Chinese, Punjabi, Spanish, Italian, Arabic, German, Tagalog and Vietnamese.

In 2012, the Committee will continue to work on public education awareness, social media as it relates to the relationship between chiropractor and patient, and expanded translation of Partnership of Care into additional languages as required. In addition, we support patients through funding of counselling as a result of sexual abuse.

This is my first year as Chair of Patient Relations and I want to express my gratitude to a very dedicated committee team of professional and public members and an extremely hard-working staff. Dr. Lisa Cadotte and Dr. Cal Neely generously give of their time and expertise as non-Council members, and were joined by Dr. Dennis Mizel in representing the profession while Mr. Shakil Akhter was my fellow public member.

A MESSAGE FROM THE CHAIR

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QUALITY ASSURANCE COMMITTEE

COMMITTEE MANDATE

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

COMMITEE MEMBERS

Dr. Heather Jones,
Non-Council Member
Dr. Jamie Laws
Mme Lise Marin
Mr. Robert MacKay

STAFF SUPPORT

Mr. Joel Friedman,
Director, Policy & Research
Dr. Bruce Walton,
Director, Professional Practice
Ms Jo-Ann Willson,
Registrar and General Counsel

Dr. Peter Amlinger  CHAIR

COMMITEE ACTIVITIES IN 2011

In fulfilling its mandate in helping to continuously improve the quality of the healthcare provided to the public of Ontario by chiropractors, the Quality Assurance Committee ably managed a significant workload in 2011, including recommending numerous standards of practice, guidelines and policies to Council for approval. The Committee also oversaw the introduction of mandatory continuing education (CE) and the administration of the peer and practice assessment program. In 2011, the Committee:

- Convened eight meetings
- Hosted a well-received off-site peer and practice assessment workshop on January 29, 2011 to update the peer assessors on changes in CCO’s standards of practice and the peer and practice assessment process, including the rollout of the CE program and succession planning for peer assessors
- Oversaw the distribution of 439 peer assessment packages to members, with a high rate of return
- Initiated the rollout of self assessment and the CE program for members
- Commenced planning and development for the proposed 2012 CCO workshop for members
Recommended the following standards of practice, policies and guidelines to Council:

- S-002: Record Keeping
- S-005: Chiropractic Adjustment or Manipulation (formerly "Spinal Adjustment/Manipulation")
- S-018: Third Party Independent Chiropractic Evaluations
- S-019: Conflict of Interest in Commercial Ventures
- S-001: Chiropractic Scope of Practice (including revocation of S-010: Techniques, Technologies, Devices and Procedures, and S-015: Immunization/Vaccination)
- G-017: Ownership, Storage, Security and Destruction of Patient Health Records
- G-004: Documentation of a Chiropractic Visit, including retraction of G-004: Definition of a Chiropractic Visit
- P-051: Procedures for Appointing, Re-appointing, Discharging and Thanking Peer Assessors
- Referred 10 members to discipline for non-compliance with the CCO peer assessment program.

A MESSAGE FROM THE CHAIR

The Quality Assurance Committee enjoyed a busy and productive year in 2011. The committee met eight times, held three record keeping workshops, a Peer Assessor training day and organized the “Opportunity to Connect Workshop”, which will be held on May 12, 2012.

The committee also developed, refined (following stakeholder feedback) and had the following standards of practice and guidelines adopted by Council in 2011:

- Standard of Practice S-001: Chiropractic Scope of Practice
- Minor amendments to Standard of Practice S-018: Third Party Independent Chiropractic Evaluations
- Guideline G-004: Documentation of a Chiropractic Visit
- Guideline G-017: Ownership, Storage, Security and Destruction of Patient Health Records
- Policy P-051: Procedures for Appointing, Re-appointing, Discharging and Thanking Peer Assessors
- Minor amendments to Standard of Practice S-005: Chiropractic Adjustment or Manipulation
- Minor amendments to Standard of Practice S-002: Record Keeping
- Minor amendments to Guideline G-009: Code of Ethics

I would like to extend my congratulations and gratitude to the members of this committee for a job well done. Our public members, Mme Lise Marin and Mr. Rob MacKay brought outstanding insight and wisdom to this committee based upon their experience. They also kept us diligently focused on our mandate of regulating in the public interest as we pursue our committee work. Our elected member, Dr. Jamie Laws, brought a wealth of experience and institutional memory to the committee due to his longstanding service on this committee. Our non-Council committee member, Dr. Heather Jones, brought a fresh perspective, a wealth of clinical experience and quiet calm to our committee. Both Dr. Bruce Walton and Mr. Joel Friedman contributed greatly to the committee with their tremendous work ethic and meticulous attention to detail. Ms Jo-Ann Willson kept us focused on Council’s strategic objectives and on our governing legislation as we went about our business. Thank you all for your contribution to this committee, to the work of Council and to the regulation of chiropractic in Ontario. It has been a pleasure to serve as Chair of this committee.
THANK YOU, CCO PEER ASSESSORS!

PETER AMLINGER, MISSISSAUGA
ELIZABETH ANDERSON-PEACOCK, BARRE
GERARD ARBOUR, SCARBOROUGH
GARY AWEHUS, DOWNSVIEW
TIMOTHY BARNES, WOODSTOCK
RICHARD BORNSTEIN, RICHMOND HILL

WILLIAM CHARLTON, BRACEBRIDGE
KEVIN DINSMORE, BELLEVILLE
LIZ GABISON, TORONTO
REGINALD GATES, BURLINGTON
ARNON GLATTER, BRAMPTON
RUTH HITCHCOCK, COLLINGWOOD

ROBERTA KOCH, HAMILTON
PETER LE MASURIER, SHARON
DENNIS MIZEL, ST. CATHARINES
PAUL NEWTON, OTTAWA
KRISTINA PETERSON, THUNDER BAY
HILARY PETRUS, THUNDER BAY

PETER PICARD, COCHRANE
HEATHER ROBSON-MCINNIS, NIAGARA FALLS
ANTONINO RUSSO, LASALLE
GAURI SHANKAR, PRESCOTT
STEVEN SILK, WIARTON
FRAZER SMITH, SMITHS FALLS

MICHAEL STAFFEN, SUDBURY
RICHARD STOVER, LONDON
BOB SZCZURKO, THOROLD
KEITH THOMSON, PETERBOROUGH
SAL VISCOMI, RICHMOND HILL
JOEL WEISBERG, TORONTO

CAROLYN WOOD, CLINTON
DENNIS YURKIN, OWEN SOUND
DAVID ZURWELL, PORT HOPE
CCO expresses its ongoing appreciation to and recognition of the peer assessors from across the province who have helped make the peer and practice assessment component of the quality assurance program such a success.

CCO peer assessors and Council members were invited to view and experience CMCC’s new simulation lab, which includes life-like models manifesting different conditions.
REGISTRATION COMMITTEE

Dr. Robbie Berman  CHAIR

COMMITTEE MEMBERS
Dr. Jamie Laws
Ms Cristina De Caprio
Ms Judith McCutcheon

STAFF SUPPORT
Mr. Joel Friedman,
Director, Policy & Research
Ms Maria Simas,
Registration Coordinator
Ms Jo-Ann Willson,
Registrar and General Counsel

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

COMMITTEE ACTIVITIES IN 2011
The Registration Committee executed its role in ensuring that each candidate seeking registration in Ontario is treated with the right blend of fairness, transparency, compassion and flexibility within CCO’s legislative framework. Continuing the work of previous committees, the year was characterized by the Committee’s extensive efforts in updating registration forms to ensure compliance with relevant regulations and legislation. In the public interest and in ensuring that all potential registrants are treated fairly and transparently, the Committee continued to oversee the College’s registration practices. In 2011, the Committee:

- Convened eight meetings
- Approved registration applications from chiropractors practising in other jurisdictions and who wished to be licensed in Ontario, or requested a change in their registration status
- Oversaw three examination sittings in February, June and October and, where possible, facilitated opportunities for unsuccessful candidates to re-write the examination
- Completed updating and re-writing of the CCO Legislation & Ethics Examination
- Competed a full review and updating of all registration renewal forms in preparation for 2012 registrations
- Supported the Federation’s offer to work with the Office of the Fairness Commissioner towards the common goal of ensuring colleges provide transparent, objective, impartial and fair registration practices.

- Recommended to Council, the revocation of Policy P-052: Categories of Registration and Policy P-038: Temporary Academic Certificate of Registration for Participation in a Faculty Exchange Program to Council (approved by Council in September).

- Recommended Policy P-053: Returning to the General Class of Certificate of Registration to Council (approved by Council in December).

- Received approval by the Ontario government of Regulation 137/11 – Registration – in May 2011, which simultaneously replaced Ontario Regulation 852/93 – Registration – and Ontario Regulation 885/93 – Examination.

A MESSAGE FROM THE CHAIR

First, I would like to thank the past Chair of the Registration Committee, Dr. Marshall Deltoff, for his foresight and initiative in starting the registration revamping process. Second, I would like to sincerely thank the Registration Committee members for their enormous dedication and tremendous efforts that resulted in a large amount of work being completed in 2011. The Registration Committee was once again very active in 2011 mainly due to the fact that a new registration regulation was passed by government in May 2011, namely, Ontario Regulation 137/11.

The members who composed this Committee had an instinctual view and felt it was time to review all registration initiatives, especially with a new regulation being enacted. In June 2011, the Committee, as a whole, sat in as observers to watch the writing of the Legislation & Ethics Examination (L&E exam) to get a true appreciation and appraise the outcome of the newly revised, now open book L&E exam. The Committee followed this by reviewing and updating the legendary “Blue Book” and “mail-out package”, which are sent out to all applicants to study for CCO’s Legislation & Ethics exam.

Next, the Committee focused continuously throughout the year on reviewing every registration form at CCO in order to update each document to accurately reflect the requirements as set out in the Regulated Health Professions Act (RHPA) and Ontario Regulation 137/11. This was an onerous task but one that was accomplished in time for the 2012 registration renewal.

With such a massive review, it became obvious to the Committee that consistency, transparency and fairness must remain the focus within all documents and procedures. The Committee is mandated with the task of evaluating applicant registration materials and, in order to be fair, must use rational evaluation processes that are consistent for all applicants. Based on the need for this transparency, the Registration Committee began developing a flow chart to codify the thought process used in determining the outcomes of applications.

The Committee further developed and Council approved Policy P-053: Returning to the General Class of Certificate of Registration. This is an important document that would be of benefit for every chiropractor to read. It explains what the Inactive and Retired Classes of Registration actually are and the resulting implications if you choose to move in to or out of one of these classes. To be brief – if you regularly engage in chiropractic, then you are to register in the “General Class of Certificate of Registration” and meet all the necessary requirements.

In conclusion, it was a pleasure to be the chair of the Registration Committee in 2011 as it was a committee truly focused on the work and, although each of us came with a different perspective, we all agreed to find the common ground. The synergy was palpable and the output is evident. It is with gratitude that I say thank you to Committee members, Dr. Jamie Laws, Ms. Judith McCutcheon and Ms. Cristina De Caprio for their thoughts, insight, and dedication to seeing a fair and transparent registration process at the College of Chiropractors of Ontario. I further thank all CCO Council members for supporting the work of the Registration Committee.

The staff at CCO works very hard to make sure the “internal engine” of CCO functions well. I would like to thank Registration Coordinator, Ms. Maria Simas, for her ongoing commitment to overseeing all registration at CCO, for it is Maria that has kept the registration process on track for many years. Thanks to Director, Policy & Research, Mr. Joel Friedman, and Registrar and General Counsel, Ms. Jo-Ann Willson, for providing direction, information, background research and past precedence to give the Committee the capability to evaluate all relevant materials before making decisions on any matter.
REGISTRATION STATISTICS 2011

TABLE 1: COLLEGES OF GRADUATION FOR MEMBERS REGISTERED IN THE ACTIVE CATEGORY IN 2011

<table>
<thead>
<tr>
<th>COLLEGE</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMCC</td>
<td>82</td>
<td>84</td>
<td>166</td>
</tr>
<tr>
<td>ANGLO-EUROPEAN</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>D’YOULVE</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>LIFE</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>LIFE WEST</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>LOGAN</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>NATIONAL UNIVERSITY OF HEALTH SCIENCES</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>NEW YORK CHIROPRACTIC COLLEGE</td>
<td>17</td>
<td>15</td>
<td>32</td>
</tr>
<tr>
<td>NEW ZEALAND COLLEGE OF CHIROPRACTIC</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>PALMER</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>PARKER</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>ROYAL MELBOURNE INSTITUTE OF TECHNOLOGY</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>SOUTHERN CALIFORNIA UNIVERSITY HEALTH SCIENCES</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>TEXAS CHIROPRACTIC COLLEGE</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>L’UNIVERSITÉ DU QUÉBEC À TROIS-RIVIÈRES</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>UNIVERSITY OF BRIDGEPORT COLLEGE OF CHIROPRACTIC</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>WESTERN STATES CHIROPRACTIC COLLEGE</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

TABLE 2: CLASSES OF CERTIFICATE FOR CCO MEMBERS (AS AT DECEMBER 31, 2011) TOTAL: 4,316

<table>
<thead>
<tr>
<th>CLASS OF CERTIFICATE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVE</td>
<td>4,018</td>
</tr>
<tr>
<td>ACTIVE NON-RESIDENT</td>
<td>49</td>
</tr>
<tr>
<td>INACTIVE RESIDENT</td>
<td>103</td>
</tr>
<tr>
<td>INACTIVE NON-RESIDENT</td>
<td>55</td>
</tr>
<tr>
<td>RETIRED</td>
<td>91</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4,316</td>
</tr>
</tbody>
</table>
CCO’S STRATEGIC OBJECTIVE 4:

Continue to regulate in a fiscally responsible manner: Statutory mandate met and priorities set and appropriately resourced (human and financial).
INDEPENDENT AUDITOR’S REPORT

TO THE MEMBERS OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO

Report on the Financial Statements

We have audited the accompanying financial statements of the College of Chiropractors of Ontario, which comprise the statement of financial position as at December 31, 2011, and the statements of changes in net assets, operations and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management’s Responsibility for the Financial Statements

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

Auditor’s Responsibility

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

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

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

Opinion

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College of Chiropractors of Ontario as at December 31, 2011 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Respectfully submitted,

TATOR, ROSE & LEONG,
Chartered Accountants
Licensed Public Accountants
TORONTO, CANADA
April 24, 2012
Statement of Financial Position  
DECEMBER 31, 2011  
(WITH 2010 COMPARISONS)

**ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$398,089</td>
<td>$610,215</td>
</tr>
<tr>
<td>Short-term investments (Note 8)</td>
<td>2,081,809</td>
<td>1,541,573</td>
</tr>
<tr>
<td>Prepaid expenses and sundry assets</td>
<td>29,243</td>
<td>37,227</td>
</tr>
<tr>
<td></td>
<td>2,509,141</td>
<td>2,189,015</td>
</tr>
<tr>
<td>Capital Assets (Note 2)</td>
<td>2,705,997</td>
<td>2,715,165</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$5,215,138</strong></td>
<td><strong>$4,904,180</strong></td>
</tr>
</tbody>
</table>

**LIABILITIES**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$337,699</td>
<td>$164,528</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>622,760</td>
<td>663,450</td>
</tr>
<tr>
<td></td>
<td>960,459</td>
<td>827,978</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>$960,459</strong></td>
<td><strong>$827,978</strong></td>
</tr>
</tbody>
</table>

**NET ASSETS** (per Statement 2)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,254,679</td>
<td>4,076,202</td>
</tr>
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**TOTAL LIABILITIES AND NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>$5,215,138</strong></td>
<td><strong>$4,904,180</strong></td>
</tr>
</tbody>
</table>

Approved on behalf of College:

**MR. MARTIN WARD,**  
TREASURER

**DR. PETER AMLINGER,**  
PRESIDENT

The accompanying notes form an integral part of these financial statements.
Statement of Operations  
FOR THE YEAR ENDED DECEMBER 31, 2011  
(WITH 2010 COMPARISONS)

<table>
<thead>
<tr>
<th>INCOME</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal fees</td>
<td>$3,634,664</td>
<td>$3,194,061</td>
</tr>
<tr>
<td>Registration fees</td>
<td>60,075</td>
<td>60,200</td>
</tr>
<tr>
<td>Examination fees</td>
<td>36,900</td>
<td>31,965</td>
</tr>
<tr>
<td>Incorporation fees</td>
<td>109,300</td>
<td>105,150</td>
</tr>
<tr>
<td>Record keeping seminars</td>
<td>2,450</td>
<td>2,000</td>
</tr>
<tr>
<td>Recovery of discipline costs</td>
<td>108,800</td>
<td>91,000</td>
</tr>
<tr>
<td>Interest and sundry</td>
<td>81,481</td>
<td>85,145</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td><strong>4,033,670</strong></td>
<td><strong>3,569,521</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits (Note 3)</td>
<td>948,705</td>
<td>952,160</td>
</tr>
<tr>
<td>Pension - past service (Note 4)</td>
<td>9,600</td>
<td>9,600</td>
</tr>
<tr>
<td>Rent and utilities (Note 5)</td>
<td>470,519</td>
<td>449,419</td>
</tr>
<tr>
<td>Office and general (Note 6)</td>
<td>397,782</td>
<td>445,650</td>
</tr>
<tr>
<td>Printing and postage</td>
<td>210,244</td>
<td>243,742</td>
</tr>
<tr>
<td>Insurance</td>
<td>14,211</td>
<td>17,390</td>
</tr>
<tr>
<td>Meetings, fees and expenses (Schedule 1)</td>
<td>291,941</td>
<td>259,946</td>
</tr>
<tr>
<td>Audit</td>
<td>28,618</td>
<td>22,097</td>
</tr>
<tr>
<td>Audit - Office of the Fairness Commissioner</td>
<td>-</td>
<td>18,375</td>
</tr>
<tr>
<td>Seminars and conferences</td>
<td>59,477</td>
<td>39,407</td>
</tr>
<tr>
<td>CF CREAB dues</td>
<td>90,000</td>
<td>90,000</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>154,725</td>
<td>131,121</td>
</tr>
<tr>
<td>Consulting fees - peer assessors</td>
<td>74,906</td>
<td>162,748</td>
</tr>
<tr>
<td>Consulting fees - complaints</td>
<td>124,064</td>
<td>77,318</td>
</tr>
<tr>
<td>Legal fees - complaints</td>
<td>2,974</td>
<td>20,368</td>
</tr>
<tr>
<td>Legal fees - executive</td>
<td>713</td>
<td>8,133</td>
</tr>
<tr>
<td>Legal fees - discipline</td>
<td>521,440</td>
<td>337,070</td>
</tr>
<tr>
<td>Legal fees - general</td>
<td>323,833</td>
<td>324,328</td>
</tr>
<tr>
<td>Sub-contractors</td>
<td>-</td>
<td>90,654</td>
</tr>
<tr>
<td>Equipment lease</td>
<td>33,440</td>
<td>33,574</td>
</tr>
<tr>
<td>Media advertising</td>
<td>9,578</td>
<td>8,191</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>3,766,770</strong></td>
<td><strong>3,741,291</strong></td>
</tr>
</tbody>
</table>

Excess of income over expenditures (expenditures over income) before amortization  
Excess of income over expenditures (expenditures over income) after amortization  
Amortization                       | 88,423     | 113,336    |

**EXCESS OF INCOME OVER EXPENDITURES (EXPENDITURES OVER INCOME)**  
$178,477 $ (285,106)

The accompanying notes form an integral part of these financial statements.
Statement of Changes in Net Assets  
FOR THE YEAR ENDED DECEMBER 31, 2011  
(WITH 2010 COMPARISONS)

<table>
<thead>
<tr>
<th>UNRESTRICTED FUND</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALANCE: January 1,</td>
<td>$ 4,076,202</td>
<td>$ 4,361,308</td>
</tr>
<tr>
<td>Add: Excess of income over expenditures (expenditures over income) (per Statement 3)</td>
<td>178,477</td>
<td>(285,106)</td>
</tr>
<tr>
<td>BALANCE: December 31,</td>
<td>$ 4,254,679</td>
<td>$ 4,076,202</td>
</tr>
</tbody>
</table>

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

Statement of Cash Flows  
FOR THE YEAR ENDED DECEMBER 31, 2011 (WITH 2010 COMPARISONS)

<table>
<thead>
<tr>
<th>OPERATING ACTIVITIES</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of income over expenditures (expenditures over income) (per Statement 3)</td>
<td>$ 178,477</td>
<td>$ (285,106)</td>
</tr>
<tr>
<td>Amortization – capital assets</td>
<td>88,423</td>
<td>113,336</td>
</tr>
<tr>
<td>Decrease in prepaid expenses and sundry assets</td>
<td>7,984</td>
<td>16,224</td>
</tr>
<tr>
<td>Increase (decrease) in accounts payable and accrued liabilities</td>
<td>173,171</td>
<td>(310,698)</td>
</tr>
<tr>
<td>(Decrease) increase in deferred revenue</td>
<td>(40,690)</td>
<td>202,130</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>407,365</td>
<td>(264,114)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INVESTING ACTIVITIES</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of capital assets (Net)</td>
<td>(79,255)</td>
<td>(57,060)</td>
</tr>
<tr>
<td>(Increase) decrease in short-term investments (Net)</td>
<td>(540,236)</td>
<td>642,490</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>(619,491)</td>
<td>585,430</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHANGE IN CASH AND EQUIVALENTS DURING THE YEAR</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>(212,126)</td>
<td>321,316</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH AND EQUIVALENTS AT BEGINNING OF THE YEAR</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>610,215</td>
<td>288,899</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH AND EQUIVALENTS AT THE END OF THE YEAR</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td>$ 398,089</td>
<td>$ 610,215</td>
</tr>
</tbody>
</table>

The accompanying notes form an integral part of these financial statements.
## Schedule of Meetings Fees and Expenses

**FOR THE YEAR ENDED DECEMBER 31, 2011**

(WITH 2010 COMPARISONS)

<table>
<thead>
<tr>
<th>Name</th>
<th>FEES</th>
<th>EXPENSES</th>
<th>TOTAL 2011</th>
<th>TOTAL 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Peter Amlinger</td>
<td>$50,600</td>
<td>$9,114</td>
<td>$59,714</td>
<td>$54,404</td>
</tr>
<tr>
<td>Dr. Robbie Berman</td>
<td>17,850</td>
<td>2,878</td>
<td>20,728</td>
<td>22,083</td>
</tr>
<tr>
<td>Dr. Marshall Deltoff</td>
<td>40,525</td>
<td>1,921</td>
<td>42,446</td>
<td>27,787</td>
</tr>
<tr>
<td>Dr. Brian Gleberzon</td>
<td>25,100</td>
<td>478</td>
<td>25,578</td>
<td>32,599</td>
</tr>
<tr>
<td>Dr. Clifford Hardick</td>
<td>12,600</td>
<td>7,445</td>
<td>20,045</td>
<td>-</td>
</tr>
<tr>
<td>Dr. James Laws</td>
<td>20,950</td>
<td>5,463</td>
<td>26,413</td>
<td>14,118</td>
</tr>
<tr>
<td>Dr. Dennis Miezl</td>
<td>15,450</td>
<td>7,648</td>
<td>23,098</td>
<td>28,375</td>
</tr>
<tr>
<td>Dr. Douglas Pooley</td>
<td>4,200</td>
<td>2,288</td>
<td>6,488</td>
<td>21,117</td>
</tr>
<tr>
<td>Dr. Gauri Shankar</td>
<td>19,900</td>
<td>16,823</td>
<td>36,793</td>
<td>17,959</td>
</tr>
<tr>
<td>Dr. Frazer Smith</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>18,458</td>
</tr>
<tr>
<td>Ms. Jo-Ann Willson</td>
<td>-</td>
<td>1,246</td>
<td>1,246</td>
<td>2,468</td>
</tr>
<tr>
<td>Dr. Bryan Wolfe</td>
<td>17,900</td>
<td>11,492</td>
<td>29,392</td>
<td>20,578</td>
</tr>
</tbody>
</table>

**$225,075** | **$66,866** | **$291,941** | **$259,946**

**Note:** Committee membership changed in June

Numbers refer to committee/project membership (April - December 2011)

<table>
<thead>
<tr>
<th>Committee/Project</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive</td>
<td>1</td>
</tr>
<tr>
<td>Inquiries, Complaints &amp; Reports</td>
<td>2</td>
</tr>
<tr>
<td>Discipline</td>
<td>3</td>
</tr>
<tr>
<td>Fitness to Practise</td>
<td>4</td>
</tr>
<tr>
<td>Patient Relations</td>
<td>5</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>6</td>
</tr>
<tr>
<td>Registration</td>
<td>7</td>
</tr>
<tr>
<td>Advertising</td>
<td>8</td>
</tr>
</tbody>
</table>

**SCHEDULE 1**
Notes to the Financial Statements
DECEMBER 31, 2011

1(a) PURPOSE AND STRUCTURE OF THE ORGANIZATION

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

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

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

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

1(b) SUMMARY OF ACCOUNTING POLICIES

The financial statements have been prepared in accordance with generally accepted accounting principles applied within the framework of the significant Canadian accounting policies summarized below:

(i) Capital Assets

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

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

(ii) Revenue Recognition

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

(iii) Use of Estimates

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

(iv) Cash and Cash Equivalents

Cash and cash equivalents consist of cash on deposit, cheques issued and outstanding, and short term investments with original maturities of three months or less.

(v) Short-term Investments

Short-term investments consist entirely of Guaranteed Investment Certificates (GICs).
(vi) **Financial Instruments**

The College initially measures its financial assets and liabilities at fair value. The College subsequently measures all its financial assets and financial liabilities as follows:

Cash and cash equivalents are classified as held-for-trading and stated at fair value.

Short-term GICs maturing within a year are classified as held-to-maturity and stated at cost, which together with accrued interest income approximates fair value given the short-term nature of these investments.

Accounts payable and accrued liabilities and deferred revenue are classified as other financial liabilities, which are measured at amortized cost.

2 **CAPITAL ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Accumulated Amortization</th>
<th>2011 Net</th>
<th>2010 Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture &amp; Office Equipment</td>
<td>$307,495</td>
<td>$281,298</td>
<td>$26,197</td>
<td>$32,745</td>
</tr>
<tr>
<td>Computer &amp; Software</td>
<td>791,029</td>
<td>610,808</td>
<td>180,221</td>
<td>234,530</td>
</tr>
<tr>
<td>Leasehold Improvements</td>
<td>54,281</td>
<td>53,014</td>
<td>1,267</td>
<td>5,904</td>
</tr>
<tr>
<td>Land</td>
<td>2,498,312</td>
<td>--</td>
<td>2,498,312</td>
<td>2,441,986</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$3,651,117</td>
<td>$945,120</td>
<td>$2,705,997</td>
<td>$2,715,165</td>
</tr>
</tbody>
</table>

3 **SALARIES AND BENEFITS**

This expense includes payments for current service pension plans.

4 **PENSION PLAN - PAST SERVICE**

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

5 **LEASE COMMITMENTS**

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

- 2012: $178,543
- 2013: 179,331
- 2014: 149,444

6 **OFFICE SUPPLIES AND GENERAL**

Included in this expense for 2010 was a payment of $25,000 for Clinical Practice Guidelines.
7  FINANCIAL INSTRUMENTS
   Risks and Concentrations

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.

(a)  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.

(b)  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.

(c)  Interest Rate Risk
Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College has minimal exposure to interest rate risk due to fixed interest rates on the GICs.

(d)  Liquidity Risk
 Liquidity risk is the risk that the College will encounter difficulty in meeting obligations associated with financial liabilities. The College is exposed to liquidity risk if it were ever unable to meet its payment obligations.

(e)  Market Risk
Marketed 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. The College is not exposed to any of these risks.

(f)  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 2011.

8  SHORT-TERM INVESTMENTS

<table>
<thead>
<tr>
<th></th>
<th>Interest Rate</th>
<th>2011</th>
<th>2010</th>
<th>MATURED</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>1.50%</td>
<td>1,564,697</td>
<td>1,541,573</td>
<td>January 14, 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2,081,809</td>
<td>$1,541,573</td>
<td></td>
</tr>
</tbody>
</table>

9  COMPARATIVE FIGURES

Some comparative figures have been reclassified to conform with the current year’s presentation.
CCO COUNCIL

FRONT ROW (L-R) Dr. Robbie Berman, Dr. Peter Amlinger (Vice-President), Dr. Marshall Deltoff (President), Ms Jo-Ann Willson (Registrar and General Counsel), Mme Lise Marin, Dr. Bryan Wolfe

BACK ROW (L-R) Dr. Brian Gleberzon, Mr. Martin Ward (Treasurer), Dr. James Laws, Ms Cristina De Caprio, Dr. Clifford Hardick, Ms Judith McCutcheon, Dr. Gauri Shankar, Dr. Dennis Mizel, Mr. Robert MacKay, Mr. Shakil Akhter
CCO STAFF

FROM LEFT TO RIGHT: Ms Jo-Ann Willson (Registrar and General Counsel), Ms Dayna Goodfellow (Administrative Assistant), Ms Anda Vopni (Financial Officer), Ms Tina Perryman (Manager, Inquiries, Complaints and Reports), Ms Christine McKeown (Inquiries, Complaints and Reports Officer), Dr. J. Bruce Walton (Director, Professional Practice), Mr. Joel Friedman (Director, Policy & Research), Ms Maria Simas (Registration Coordinator), Ms Sarah Oostrom (Receptionist), Ms Rose Bustria (Administrative Assistant)