Protecting the Public, Guiding the Profession

2016
Commonly Used Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tr>
<td>AGM</td>
<td>Annual General Meeting</td>
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<td>Agreements</td>
<td>Resolution Agreements</td>
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<td>AODA</td>
<td>Accessibility for Ontarians with Disabilities Act</td>
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<td>BDC</td>
<td>Board of Directors Chiropractic</td>
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<tr>
<td>CCO or College</td>
<td>College of Chiropractors of Ontario</td>
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<tr>
<td>CE</td>
<td>Continuing Education</td>
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<tr>
<td>Chiropractic Act</td>
<td>Chiropractic Act, 1991</td>
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<td>CMCC</td>
<td>Canadian Memorial Chiropractic College</td>
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<td>FHRCO</td>
<td>Federation of Health Regulatory Colleges of Ontario</td>
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<td>HPARB</td>
<td>Health Professions Appeal and Review Board</td>
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<td>HPRAC</td>
<td>Health Professions Regulatory Advisory Council</td>
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<td>ICRC</td>
<td>Inquiries, Complaints and Reports Committee</td>
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<td>ODP</td>
<td>Office Development Project</td>
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<td>PPA</td>
<td>Peer and Practice Assessment</td>
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<td>QA</td>
<td>Quality Assurance</td>
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<tr>
<td>RHPA</td>
<td>Regulated Health Professions Act, 1991</td>
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<tr>
<td>SCERP</td>
<td>Specified Continuing Education or Remediation Program</td>
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“I think music in itself is healing. It’s an explosive expression of humanity. It’s something we are all touched by. No matter what culture we’re from, everyone loves music.”

Billy Joel

Photos pages 4, 8, 52 and 53 taken on location at the Royal Conservatory of Music, Toronto
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: September 2004
Approved by Council: February 8, 2005
Reviewed annually

Chiropractic Act, 1991

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

AUTHORIZED ACTS
4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
   1. Communicating a diagnosis identifying, as the cause of a person’s symptoms, 
      i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or 
      ii. a disorder arising from the structures or functions of the joints of the extremities.
   2. Moving the joints of the spine beyond a person’s usual physiological range of motion using a fast, low amplitude thrust.
   3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.
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. Clifford Hardick
President, CCO Member Since 1971
président, membre de l'OCO depuis 1971
The old adage about how quickly “time flies by” certainly rings true for me!

It continues to be a privilege to be elected by the chiropractors in District 6 to serve on CCO and to have the opportunity to work alongside the hard-working elected and public members on Council. I am continually impressed by their dedication to and focus on upholding CCO’s public interest mandate.

It is important to know that as Council fulfills its obligations, we have a diversity of members who represent the profession and a diversity of public members who bring varied skills, career experiences, and talents to all our discussions. I believe that this diversity is consistently respected as CCO regulates its members within the existing scope of practice.

We have made great strides in acknowledging our diversity. Chiropractic, as a profession, has embraced practice styles and beliefs that must both fit the chiropractic scope of practice and address the needs of our patients. Through this multi-faceted lens, we have continued to uphold CCO’s mandate and to raise the level of awareness about our role in it. It is paramount that Ontarians have access to the best patient-centred chiropractic care that meets their personal needs and goals.

In 2016, CCO took advantage of opportunities to engage in dialogue and to support collaborative initiatives with other health care regulatory colleges, the Ministry of Health and Long-Term Care, and stakeholder organizations such as the Federation of Health Regulatory Colleges of Ontario. Internally, CCO continued to operate in a fiscally responsible manner, including moving towards less dependency on paper and conducting committee meetings, where possible, by teleconference.

As President, I have good insight as to what goes on at CCO. It has been a positive learning experience and made me more acutely aware of the demands on people such as our elected members, public appointees, non-Council members, the Peer and Practice Assessors, and our dedicated and hard-working staff team under Ms Jo-Ann Willson’s leadership. All of these people are strongly focused on ensuring CCO’s public interest mandate is met at all times, and I wish to personally acknowledge the significant contributions of everyone who has stepped forward. We are all better for what they have contributed.

I have a deep respect for how our members serve the public of Ontario and strive to deliver the best chiropractic care they can. We are a profession with a proud history and we must continue to focus on our core scope of practice.

DR. CLIFFORD HARDICK,
PRESIDENT
Le vieil adage voulant que le temps file à toute vitesse trouve certes son écho en moi!

C’est toujours un privilège d’être élu par les chiropraticiens du District 6, de servir au sein de l’OCO et d’avoir l’occasion d’œuvrer aux côtés des vaillants membres élus et publics qui siégent au Conseil. Leur dévouement et leur focalisation sur le mandat de l’OCC, qui est de servir l’intérêt public, ne cessent de m’impressionner.

Il est important de savoir que, pendant que le Conseil remplit ses obligations, nous avons nombre de membres qui représentent la profession et nombre de membres publics qui apportent une variété de compétences, d’expériences professionnelles, et de talents à toutes nos discussions. Je crois que cette diversité est systématiquement respectée alors que l’OCC réglemente ses membres dans le champ de pratique existant.

Nous avons fait de grands progrès sur la voie de la reconnaissance de notre diversité. La chiropraxie, comme profession, a accueilli des styles et des principes de pratique qui doivent tous les deux s’inscrire dans le champ de pratique chiropratique et répondre aux besoins de nos patients. Grâce à cette vision à multiples facettes, nous avons continué à soutenir le mandat de l’OCC et à accroître le niveau de sensibilisation sur notre rôle en son sein. Il est impératif que les Ontariens aient accès aux meilleurs soins chiropratiques axés sur le patient qui répondent à leurs besoins et objectifs personnels.

En 2016, l’OCC a profité des occasions qui se présentaient pour engager un dialogue et soutenir des initiatives de collaboration avec d’autres Ordres de réglementation, le Ministère de la santé et des soins de longue durée, et les organismes qui ont partie prenante comme la Federation of Health Regulatory Colleges of Ontario. À l’interne, l’OCC a continué d’opérer de manière financièrement responsable, notamment en s’éloignant de sa dépendance au papier et en tenant ses réunions, lorsque possible, par téléconférence.

À titre de Président, j’ai une bonne connaissance de ce qui se passe à l’OCC. Ce fut une expérience positive d’apprentissage qui m’a rendu plus conscient des exigences qui s’imposent sur les gens tels que nos membres élus, les représentants nommés pour représenter le public, les membres qui ne font pas partie du Conseil, les pairs évaluateurs et les évaluateurs de pratique, et notre personnel dévoué qui travaille sous la gouverne de Madame Jo-Ann Willson. Tous ces gens sont résolus à faire en sorte que le mandat d’intérêt public de l’OCC soit rempli en tout temps, et je tiens à reconnaître personnellement les contributions significatives de chacun de ceux qui se sont manifestés. Leur contribution nous a tous grandis.

J’ai le plus grand respect pour les services que nos membres offrent au public de l’Ontario et pour leurs efforts qui visent à livrer les meilleurs soins chiropratiques possibles. Notre profession s’enorgueillit d’une fière tradition et nous devons continuer à focaliser sur notre champ de pratique de base.

« Le temps file au-dessus de nos têtes, mais laisse son ombre en partage.»

Nathaniel Hawthorne (romancier américain)

DR. CLIFFORD HARDICK,
PRÉSIDENT
# CCO Presidents and BDC Chairs

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<tr>
<th>Name</th>
<th>Position</th>
<th>Organization</th>
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<td>Dr. Clifford Hardick</td>
<td>President</td>
<td>CCO</td>
<td>April 2016</td>
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<td>Dr. Clifford Hardick</td>
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<td>CCO</td>
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<td>Dr. Dennis Mizel</td>
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<td>CCO</td>
<td>April 2014</td>
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<td>President</td>
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<td>April 2013</td>
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<td>CCO</td>
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<td>Dr. Marshall Deltoff</td>
<td>President</td>
<td>CCO</td>
<td>April 2011</td>
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<td>Dr. Peter Amlinger</td>
<td>President</td>
<td>CCO</td>
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<td>Dr. Dennis Mizel</td>
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<td>Dr. Gilles Lamarche</td>
<td>President</td>
<td>CCO</td>
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<td>Dr. R. Andrew Potter</td>
<td>President</td>
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<td>Dr. Allan Gotlib</td>
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<td>Dr. Keith Thomson</td>
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<tr>
<td>Dr. Allan Gotlib</td>
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<td>Dr. Lloyd E. MacDougall</td>
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<td>Dr. Leo K. Rosenberg</td>
<td>President</td>
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<tr>
<td>Dr. Bertram L. Brandon</td>
<td>President</td>
<td>CCO</td>
<td>March 1994</td>
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<tr>
<td>Dr. Edward R. Burge</td>
<td>Chair</td>
<td>BDC</td>
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<td>Dr. Robert M. Wingfield</td>
<td>Chair</td>
<td>BDC</td>
<td>February 1986</td>
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<td>Dr. Fred N. Barnes</td>
<td>Chair</td>
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<td>Dr. Stephen E. West</td>
<td>Chair</td>
<td>BDC</td>
<td>September 1974</td>
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<td>Dr. Harold W.R. Beasley</td>
<td>Chair</td>
<td>BDC</td>
<td>September 1961</td>
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<tr>
<td>Dr. Harry A. Yates</td>
<td>Chair</td>
<td>BDC</td>
<td>August 1952</td>
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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.

Ms Jo-Ann Willson
Joined CCO in 1993,
Registrar and General Counsel,
Since 1998
Registrar’s Report

"Music has an extraordinary power to awaken, stimulate and heal."
(Inspired by the Institute for Music and Neurologic Function’s website)

I am thrilled CCO is hosting the 2016 Annual General Meeting at the Royal Conservatory of Music, just down the street from the CCO office. We’ve included quotes with various musical analogies throughout the 2016 report to stimulate thought and to encourage reflection on the power of chiropractic to heal and to benefit patients’ health and quality of life. We are ever mindful of CCO’s accountability to members of the public who benefit from chiropractic care and are dependent on every part of CCO knowing and safeguarding public trust and confidence. Organizations, like orchestras, are only as good as their weakest players.

As I reflect on 2016, I am particularly impressed with CCO’s record in furthering and facilitating strategic objective 4, namely: to continue to regulate in a fiscally responsible manner: statutory mandate met and priorities set and appropriately resourced (human and financial). It is a reasonable expectation that organizations operate in a fiscally responsible manner, but it is important to recognize when fiscal responsibility is identified as a key objective agreed to by Council and staff. CCO has one of the lowest dues of any chiropractic regulator in Canada (if not the lowest), has lower dues than many other chiropractic organizations, has a lower staff/member ratio than other regulators with the same statutory mandate, has not raised dues in many years, has consistently met its budget, has a small, cross-trained and efficient staff with minimal turnover, and in 2016 had a year-end surplus. This does not happen without a dedicated commitment by Council and staff who recognize that CCO is funded entirely by members’ dues.

Every committee has made an effort to work efficiently and effectively. A number of discipline matters are resolved without the need for a contested hearing, wherever possible meetings are held via teleconference, the Registration Committee meets via teleconference monthly to promptly deal with registration issues, the Quality Assurance Committee is moving towards more electronic communication, the Patient Relations Committee can and has approved funding for therapy and counselling without the need for face-to-face meetings, and Council meets in a location outside Toronto in September every year to avoid the high costs of being in Toronto during the Toronto International Film Festival. My philosophy with respect to staff is to recruit, train and retain people who are competent, loyal and easy to get along with. Having fiscal responsibility at the forefront of all considerations has allowed CCO to embark on some very important initiatives, including a comprehensive technology upgrade project which will have significant implications for members and the public as various initiatives are rolled out over the next several years.

In 2016, as in prior years, I express appreciation in particular to the Council members and staff who help to ensure CCO’s statutory mandate is met, that we are mindful of the trust placed in the organization by members, and that we continue to earn and maintain the confidence of the public we serve.

JoAnn Willson, Registrar and General Counsel

MS JO-ANN WILLSON,
REGISTRAR AND GENERAL COUNSEL
COMMITTEE REPORTS

Executive Committee

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.

By-Law 7: Elections (within Council) Extract

7.11 The president of the Council shall be the chair of the Executive Committee.

7.20 The duties and powers of the president of the Council include:

(a) directing the activities of CCO;
(b) chairing meetings of Council;
(c) chairing meetings of the Executive Committee;
(d) approving agendas of the meetings of Council and meetings of the Executive Committee;
(e) supervising the arrangement for the annual meeting;
(f) taking all reasonable steps to ensure that orders and resolutions of the Council and the Executive Committee are implemented;
(g) ensuring CCO is represented at all relevant meetings;
(h) presenting an Executive report each Council meeting;
(i) acting as a liaison between CCO and other professional organizations as appropriate; and
(j) performing all acts and deeds pertaining to his/her office and such other acts and deeds as may be decided by Council.

January 28, 2016
Dr. Cliff Hardick, President, welcoming peer assessors to the Peer and Practice Assessor Training Day.
Committee Activities in 2016

Throughout 2016, the Executive Committee supported Council’s initiatives in advancing CCO’s strategic objectives. Activities included maintaining and building relationships with key external stakeholders, seeking opportunities for inter-professional collaboration, and engaging with other health care regulators to support the public interest. The Committee also oversaw CCO’s day-to-day operations in a fiscally responsible manner and ensured that CCO’s public interest mandate was forefront in all decisions and actions.

In 2016, the Executive Committee:

• Convened five meetings
• Continued to receive reports on the progress of and oversee activities related to the Office Development Project (ODP), including continued due diligence in researching all viable options for a future home for CCO and in a fiscally responsible manner
• Oversaw the planning and execution of a strategic planning refresher for CCO Council and staff on September 16, 2016
• Continued to review options and strategies for implementing systems and initiatives to move CCO further towards electronic communications and processes to facilitate communication with members, stakeholders and the public
• Received reports about the attendance of Ms Jo-Ann Willson and various Executive Committee members at stakeholder meetings (such as the Ministry of Health and Long-Term Care and the Federation of Canadian Chiropractic) as a way to foster dialogue and uphold the public interest
• Recognized the appointment of Mr. Douglas (Doug) Cressman as a new public member on Council, effective June 30, 2016
• Approved amendments to By-laws 1, 6 and 17, following circulation

“Music has healing power. It has the ability to take people out of themselves for a few hours.” Sir Elton John
Elizabeth Anderson-Peacock
School/year of graduation: Canadian Memorial Chiropractic College – 1986
Practice: Midhurst (Greater Barrie) since 2010; Barrie (1988 – 2010); and Scarborough (1986 – 1988)
Council member since April 2013
“Ask questions, listen, and look for the gem. The best answer is usually going to present itself. There is an inordinate amount of ‘behind the scenes’ work done to advance CCO’s mandate and what is best for the public is usually also in the best interests of chiropractors. They are not mutually exclusive.”

Reginald (Reg) Gates
School/year of graduation: Canadian Memorial Chiropractic College – 1990
Practice: Burlington
Council member since April 2015
“One of the mandates of the CCO is to optimize chiropractic services in the public interest. Professionals are defined by their knowledge and the application of that knowledge to meet the needs of the public. Some of the defining traits and characteristics that a chiropractor will display when responding to the daily operation of their practice include courtesy, honesty, responsibility, and trustworthiness. Trustworthiness is paramount for health care with the public’s interest in mind. Trust is the basis of the doctor-patient relationship.”

Cliff Hardick
School/year of graduation: Logan University – 1969
Practice: London
Council member since April 2011
“CCO is rewarding in that, as a practising chiropractor, you look at chiropractic from a public perspective and in the public interest.”

Bruce Lambert
School/year of graduation: Parker College of Chiropractic – 2000
Practice: Mississauga
Council member since April 2014
“Serving on Council is an honour. As I have worked on Council and various committees over the past three years, I have learned a great deal more about the profession. There is no question in my mind that this experience has made me a better chiropractor.”

Brian Schut
School/year of graduation: Canadian Memorial Chiropractic College – 1969
Practice: In Scarborough since graduation; also worked at the Canadian Memorial Chiropractic College in various capacities such as Clinician, Clinic Director, Chair of Clinical Diagnosis, and Director of Clinical Education, and as a course instructor in several diagnostic and technique courses
Council member since April 2016; previously served for nine years
“My position on Council is to protect, educate, and serve the public, and aid my profession.”

Gauri Shankar
School/year of graduation: Canadian Memorial Chiropractic College – 1992
Practice: Prescott
Council member since April 2010
“My commitment to serving the public interest in Ontario includes supporting Council’s efforts in striving for unity while also respecting the diversity within the chiropractic profession.”
Sharing A Strong Commitment To Serving The Public Interest

David (Dave) Starmer

**School/year of graduation:** Canadian Memorial Chiropractic College – 2007

**Practice:** Primary role is with chiropractic education and research at the Canadian Memorial Chiropractic College; secondary role is as a chiropractor with patient care with Humber Family Chiropractic, Rehabilitation – Wellness Centre in Etobicoke.

**Council member since April 2014**

“From my time on Council, I appreciate more now than ever that self-regulation is a privilege and not a right. There is an absolute need for regulating in the public interest. CCO issues affect all of us and I couldn’t be more motivated to serve on Council. I am fully committed to the public’s right to safe, effective, and ethical chiropractic care.”

Patricia (Pat) Tavares

**School/year of graduation:** Canadian Memorial Chiropractic College – 1995

**Specialty designation:** Fellow of the College of Chiropractic Orthopaedic Specialists (Canada)

**Practice:** Private practice in Etobicoke; work on the clinical faculty of the Canadian Memorial Chiropractic College’s Sherbourne Clinic; a volunteer with World Spine Care

**Council member since April 2012**

“Serving the public is the reason I joined the CCO, and sitting on Council has allowed me to be part of the process that regulates members, helping them to practise in a responsible, ethical manner in order that the public is protected and well-served. I have learned that all of our work on the Patient Relations Committee must be in the context of the ever-changing parameters set out by the provincial government.”

Bryan Wolfe

**School/year of graduation:** Palmer College of Chiropractic – 1985

**Practice:** North Bay and Temiscaming (Quebec)

**Council member since April 2008**

“I was told I would miss CCO when my nine-year term on Council was completed and that will most certainly be the case! It has been a wonderful learning experience to be part of a team dedicated to honouring the privilege and responsibilities of self-regulation. That role can be kept top-of-mind by simply remembering to govern in the public interest whenever faced by decisions throughout one’s time on Council. I am grateful for the opportunity to have served with so many wonderful professional and public members of Council over the past nine years.”
MEET CCO’S PUBLIC COUNCIL MEMBERS

Shakil Akhter
School/year of graduation: University of Karachi – Bachelor of Commerce (1975) and Masters of Commerce (1979)
Occupation: Administrator, Islamic Foundation of Toronto
Hometown: Scarborough
Council member since May 2008
“Serving on CCO Council as a public member has enabled me to see firsthand how all of Council dedicates its efforts to ensure that safe, effective, and ethical chiropractic care is available to Ontarians.”

Georgia Allan
School/year of graduation: Smiths Falls District Collegiate Institute – 1964
Occupation: Office Manager/Accounts
Hometown: Smiths Falls
Council member since September 2014
“As a public member who has served on various committees over the years, I believe that our focus on the public’s best interests is always at the forefront of what we do, and I am very committed to being part of that process.”

Patrice Burke
School/year of graduation: University of Western Ontario (Political Science) – 1975
Occupation: Retired and active as a volunteer/chair of various boards, foundations and committees
Hometown: Brantford
Council member since April 2015
“It is an honour to serve as a public member on CCO. While I participate in regulating chiropractic care in the public interest, I continue to be impressed by the dedication, professionalism, and passion of CCO’s members.”

Douglas (Doug) Cressman
School/year of graduation: University of Western Ontario (Music and Education) – 1973, 1974; D’Arcy Lane Institute (Massage Therapy) – 1989
Occupation: Retired community college professor
Hometown: Kitchener-Waterloo
Council member since July 2016
“Working with other dedicated people in upholding the CCO’s mandate of public protection is a rewarding and worthy challenge.”

Wendy Lawrence
School/year of graduation: Queen’s University (Bachelor of Arts – Economics) – 2001; University of Windsor (Bachelor of Laws) – 2004
Occupation: Director of Compliance & Privacy, The Hospital for Sick Children
Hometown: Mississauga; currently lives in Toronto
Council member since September 2015
“Regulatory colleges play an important role in helping the public access safe care and providing a framework of standards for professionals to deliver quality care.”

Judith McCutcheon
School/year of graduation: University of Toronto (Bachelor of Arts) – 1975; University of Toronto (Bachelor of Education) – 1976; Walden University (Master of Science) – 2011
Occupation: Educational Consultant
Hometown: Unionville
Council member since April 2009
“During my tenure on Council, I have been privileged to serve my fellow Ontarians by ensuring they have access to safe, ethical, and caring health care by qualified chiropractors.”
A Message from the Chair

Under the Regulated Health Professions Act, 1991, CCO is mandated through the Fitness to Practise Committee to address situations where a chiropractor’s ability to practise is impaired by a physical or mental disorder that poses a risk to the public, as their quality of care may be compromised. This type of situation can give rise to what is often referred to as “incapacity”.

The Fitness to Practise Committee is responsible for determining whether a chiropractor is incapacitated due to mental or physical health issues. The Committee hears, determines, and may impose terms, conditions, limitations, or suspend a member’s certificate of registration. In some instances, it may be necessary for CCO to restrict or suspend a chiropractor’s license until such time as they no longer pose a risk of harm to the public.

Incapacity proceedings differ significantly from disciplinary proceedings in a number of ways. First, incapacity hearings focus on whether the health professional is ill, and not whether he/she has failed to maintain the standards of practice of the profession. Secondly, a finding of incapacity usually results in rehabilitative rather than punitive measures. A chiropractor whose certificate of registration has been revoked or suspended as a result of incapacity proceedings may apply in writing to the Registrar and General Counsel to have a new certificate issued or the suspension lifted one year after the date on which the certificate or registration was revoked or suspended.

In 2016, the Fitness to Practise Committee continued to regulate in a fiscally responsible manner and ensured that it was appropriately prepared. It held two teleconference meetings to review the current practices of other health regulatory colleges.

Following the Committee’s receipt of a report from the Registrar and General Counsel regarding the capacity of a member who was reported to CCO, this matter was resolved without a hearing and with the member agreeing to resign their certificate of registration and to undertake not to re-apply. The Committee felt the public interest was served.

Over the past year, there were no referrals to the Fitness to Practise Committee.

I would like to thank the Committee members, Ms Georgia Allan and Dr. Brian Schut, and our staff support, Ms Jo-Ann Willson.

Committee Members and Staff Support

Dr. Elizabeth Anderson-Peacock, Chair
Ms Georgia Allan
Ms Jo-Ann Willson, Registrar and General Counsel
Dr. Brian Schut
A Message from the Chair

These lines were repeated in many publications to encourage advertising:

The man who has a thing to sell,
And goes and whispers it down a well,
Is not so likely to collar the dollars
As he who climbs a tree and hollers.

*Henry Taunt (1842-1922)*

One of the mandates of the CCO is to optimize chiropractic services in the public interest. Professionals are defined by the knowledge held by their practitioners and the application of that knowledge to the needs of the public. Professionalism is viewed by the public and its practitioners when dealing with individuals, other professionals and other companies in the business environment in terms of courtesy, honesty, responsibility and trustworthiness. These are some of the defining traits and characteristics that a professional will display when responding to various business situations. Trustworthiness is paramount for health care with the public’s interest in mind.

Trust is the basis of the doctor/patient relationship, and a patient depends on the ability to trust the chiropractor in personal matters, as well as that the chiropractor is knowledgeable and provides appropriate representation about their abilities.

The intent of Standard of Practice S-016: Advertising is that, as chiropractors, we educate the public on what is available for their chiropractic care. Advertising in any medium assists the public in obtaining chiropractic services, but also reflects our public image. As Chair of the Advertising Committee, I have learned that the outcome achieved through collective participation in ensuring advertising is factual and accurate will result in an enhanced professional image. Also, our most important goal is to maintain the dignity of our profession and the doctor/patient relationship of trustworthiness.

The Advertising Committee worked diligently in 2016. I am pleased to report that the Committee returned all submitted proposed advertisements to members within 10 business days, along with the Committee’s decision with respect to its compliance with the advertising regulation, standard of practice, policies and guideline. The Advertising Committee also reviewed print and radio advertisements and looks forward to more digital advertisements in the future. If the Committee determined that a submitted advertisement was not in compliance, the reasoning for this decision was provided to the member.

One of the defining characteristics of a profession is the reflection on the standards of practice. Standard of Practice S-016: Advertising can be found in the ChiroCare binder and on the CCO website at www.cco.on.ca. In 2016, the Advertising Committee reviewed and considered the comments from members who responded to the revised advertising documents circulated for review in April 2015. It is important for the Advertising Committee to receive stakeholder feedback with respect to chiropractic advertising. The Advertising Committee’s focus this year was on the relevance of the Standard of Practice S-016: Advertising, Guideline G-016: Advertising, and Policy P-016: Public Display Protocol. Recommendations were developed for review and discussion by Council.

Committee Members and Staff Support

Back L-R:
Mr. Douglas Cressman
Dr. Lawrence McCarthy, non-Council

Front L-R:
Dr. Brian Schut
Dr. Reginald Gates, Chair
Mr. Joel Friedman, Director, Policy & Research
The Advertising Committee encourages all members who are interested in launching an advertising campaign to submit their advertisements for approval prior to publishing them. The review process helps ensure compliance with Standard of Practice S-016: Advertising and applicable privacy laws when advertising through any media, and is at no cost to members. It is the Advertising Committee’s goal to provide a response within 10 business days.

Acknowledgements

I wish to acknowledge the tremendous amount of work each member of the Committee contributes and the commitment and passion that they provide for our meetings. I would like to thank Dr. Brian Schut, and our public members, Ms Patrice Burke and Mr. Doug Cressman, for their continued support, as well as to recognize Dr. Lawrence McCarthy for his valuable contributions over the last nine years as the non-Council member on the Advertising Committee. I wish to also thank Mr. Joel Friedman for his excellent work in support of the Committee. It has been a pleasure and a privilege to work with this team.

Committee Activities in 2016

CCO is unique among the health regulatory colleges in that it has a committee with the sole focus of advertising. The Advertising Committee’s mandate is to review proposed advertisements voluntarily submitted by members to ensure compliance with CCO’s Standard of Practice S-016: Advertising and Guideline G-016: Advertising.

In 2016, the Advertising Committee:

• Convened two teleconference meetings and one face-to-face meeting

• Reviewed and responded to proposed advertisements submitted by members for review prior to publication, and successfully met the goal of providing feedback within 10 business days


• Approved amendments to Standard of Practice S-016: Advertising and Guideline G-016: Advertising for circulation and feedback, and collected and reviewed the feedback

• Approved amendments to Policy P-016: Public Display Protocol for circulation and feedback.
Inquiries, Complaints and Reports Committee

A Message from the Chair

The Inquiries, Complaints and Reports Committee (ICRC) managed a busy agenda in 2016. In all of its deliberations and actions related to meeting its statutory mandate, the ICRC consistently reached a unanimous decision in all matters before it. Additionally, the ICRC operated in a fiscally responsible manner, fully embracing the opportunity to enhance efficiencies, and transitioned seamlessly and effectively to paperless meetings.

I am pleased to report that the 2016 release of “To Zero: Independent Report of the Minister’s Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991” was a strong message to the public of Ontario and to all health regulatory colleges. CCO was proactive in reinforcing its commitment to a zero tolerance policy on the sexual abuse of patients by all regulated health care professionals in Ontario.

Effective July 1, 2016, all ICRC matters resulting in an oral caution, Specified Continuing Education or Remediation Program (SCERP), or undertaking are posted on the public register portion of the CCO website. This is intended to enhance the College’s transparency with the public and is in line with the Ministry of Health and Long-Term Care’s broader initiatives with all health regulatory colleges. This has provided a new framework for the ICRC’s deliberations in cases of the sexual abuse of a patient by a chiropractor and fully supports our public interest mandate. I also believe it is important that access to this information enables the public to make more informed decisions in their choice of a chiropractor.

Acknowledgements

I wish to express my gratitude to the hard-working committee members and staff, particularly in their dedication and commitment to supporting CCO’s mandate. During our deliberations, Dr. Bruce Lambert ably provided his professional knowledge and insight, Dr. Steve Gillis, our non-Council member, demonstrated his commitment and energy to serving the public interest, and our public member, Ms Patrice Burke, asked pointed and thoughtful questions. In facilitating the Committee’s work, I would also like to highlight the well-orchestrated background work and preparation undertaken by the CCO staff team of Ms Tina Perryman and Ms Christine McKeown.

Committee Activities in 2016

The ICRC ably fulfilled its mandate during 2016:

- Convened 12 meetings
- Received 63 complaints, 22 inquiries and 7 reports (total 92)
- Completed 106 decisions

Committee Members and Staff Support

Back L-R:
Dr. Bruce Lambert
Dr. Gauri Shankar, Chair
Dr. Steve Gillis, non-Council

Front L-R:
Mr. Shakil Akhter, alternate
Ms Patrice Burke
Ms Tina Perryman,
Manager, Inquiries, Complaints, Reports
Ms Christine McKeown,
Inquiries, Complaints and Reports Officer
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 2016, HPARB issued decisions on eight reviews of decisions of the ICRC. After considering all information before it and hearing submissions from the parties, in six cases HPARB confirmed the Committee decisions, deeming the investigations to be adequate, and the decisions reasonable. HPARB referred two complaints back to the ICRC and required it to conduct a further investigation and render new decisions.

### Outcome of Complaints and Reports

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No further action</td>
<td>23</td>
</tr>
<tr>
<td>Referral to discipline</td>
<td>8</td>
</tr>
<tr>
<td>Oral cautions</td>
<td>7</td>
</tr>
<tr>
<td>Cautions/advice</td>
<td>6</td>
</tr>
<tr>
<td>Reminders</td>
<td>6</td>
</tr>
<tr>
<td>Specified Continuing Education or Remediation Program</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: Not all outcomes of complaints relate to complaints or reports received in 2016.

### Outcome of Inquiries

- **Withdrawn complaint**: 2
- **Did not confirm if letter was intended to be a complaint**: 7
- **No consent to investigate**: 13

Note: An inquiry is when an individual does not confirm if the letter is to be intended for a complaint and does not sign an authorization form, and the College does not implement the formal complaints process.

### Decisions Reviewed by the Health Professions Appeal and Review Board (HPARB)

- **Billing practices**: 19
- **Insurance fraud**: 10
- **Scope of practice**: 7
- **Patient harm**: 7
- **Sexual abuse – touching, communication and boundary**: 6
- **Misinformation or lack of information**: 6
- **Failure to provide information**: 5
- **Conduct unbecoming**: 4
- **Advertising**: 3
- **Breach of confidentiality**: 3
- **Business disputes**: 3
- **Independent chiropractic evaluation**: 3
- **Fear mongering**: 2
- **Practising while license is under suspension**: 2
- **Unsafe office – unsanitized or unsafe equipment**: 2
- **Block fees**: 1
- **Failure to advise a patient to consult with another health professional**: 1
- **Orthotics**: 1

Note: Not all outcomes of complaints relate to complaints or reports received in 2016.

### Main Areas of Concerns Identified by the Complainant or Inquiry in 2016

**Total: 85**

- Billing practices
- Insurance fraud
- Scope of practice
- Patient harm
- Sexual abuse
- Misinformation or lack of information
- Failure to provide information
- Conduct unbecoming
- Advertising
- Breach of confidentiality
- Business disputes
- Independent chiropractic evaluation
- Fear mongering
- Practising while license is under suspension
- Unsafe office
- Block fees
- Failure to advise a patient to consult with another health professional
- Orthotics
Committee Reports

A Message from the Chair

Throughout 2016, the Discipline Committee worked to improve transparency and openness in the adjudication of the matters brought before it. Decisions are released in a timely manner and a wide variety of information is available on the CCO website. Currently, notices of hearing, dates of hearings, agreed statements of fact, discipline decisions, appeal decisions, suspensions, and the terms, conditions and limitations resulting from a discipline decision are posted. Starting in 2016, reprimands are on the public record. The College endeavours to enhance the confidence of the public in the disciplinary processes of the College.

An extensive review of administrative policies was conducted in 2015 to determine areas for improvement and efficiency, which was invaluable in developing a plan for ongoing education. One area that was identified as a result of that review was the need for greater clarity in the writing of decisions and the ability to assess the credibility of witnesses. A program entitled “The Art of Assessing Credibility and the Art of Writing Reasons” was held on June 1, 2016. CCO had a 10-person contingent of Ms Georgia Allan, Dr. Daniela Arciero, Dr. Angela Barrow, Dr. Reginald Gates, Dr. Roberta Koch, Ms Judith McCutcheon, Dr. Drew Potter, Dr. Vikas Puri and Dr. Brian Schut and Dr. Patricia Tavares. The members attending found the program informative and directly applicable to the work of the Discipline Committee.

The work of the Discipline Committee is vital to protecting the public interest and I would like to thank the members of the Discipline Committee for their time and dedication: Dr. Daniela Arciero, Dr. Angela Barrow, Dr. Liz Gabison, Dr. Reginald Gates, Dr. Roberta Koch, Dr. Drew Potter, Dr. Vikas Puri, Mr. Scott Sawler, and Dr. David Starmer. In addition, I would also like to extend my thanks to all members of Council who are willing to serve on panels.

Committee Activities in 2016

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.

In 2016, the Discipline Committee did not convene a meeting. The Committee chair convened several discipline panels to hear disciplinary matters before CCO. As all Council members are potentially members of a discipline panel, they are encouraged to participate in the discipline training workshops conducted by the Federation of Health Regulatory Colleges of Ontario (FHRCO). In 2016, FHRCO conducted discipline training sessions, which were attended by several CCO Council members. All discipline hearings are open to the public.

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:

- Are recommended by the pre-hearing conference chair, who conducts the pre-hearing conference;
- 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.

**Summary of 2016 Discipline Committee Decisions**

**1. OVERVIEW**

In 2016, panels of the Discipline Committee held hearings regarding six Notices of Hearing. In four cases, the hearings proceeded by way of Agreed Statements of Facts and Joint Submissions on Penalty. One case involved an Agreed Statement of Facts and partial Joint Submission on Penalty, with the parties providing additional oral evidence and oral and written argument on penalty. There was one penalty hearing that proceeded by way of Joint Submission on Penalty following a contested hearing on liability.

**2. CASES INVOLVING AGREED STATEMENTS OF FACTS**

In each of the cases that proceeded by way of an Agreed Statement of Facts and Joint Submission on Penalty, a panel of the Discipline Committee (“Panel”) made findings of professional misconduct based on the facts and admissions set out in the Agreed Statement of Facts. Similarly, a Panel accepted the proposed penalty contained in the Joint Submission on Penalty submitted by the CCO and the Member. Each Panel found the parties’ proposed penalties were fair and equitable, and balanced public protection with remediation of the Member. Panels acknowledged that in the cases involving Agreed Statement of Facts, members had co-operated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and the expense of a contested hearing.
NAME OF MEMBER:  
BOB (BORRIS) GROSSMAN (#3868)

Place of Practice: Toronto

Agreed Facts

Background

- Dr. Bob (Borris) Grossman (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in July 2000. The Member is the owner of, and a chiropractor at, Restore Health Chiropractic and Physiotherapy Clinic in Toronto (“Clinic”). He has no prior complaints or discipline history at the CCO.

Treatment and Billing of N.K.

- On February 20, 2011, “N.K.”, an administrative assistant at the Clinic, was involved in a motor vehicle accident.

- N.K. was assessed at the Clinic following the accident. On February 22, 2011, four OCF-18s (Treatment and Assessment Plans) were created at the Clinic for chiropractic, massage therapy, home care, and psychological care for N.K. The OCF-18s were sent to N.K.’s insurer on March 3, 2011. The insurer refused the treatment plans as it was of the view that N.K.’s injuries were minor and fell within the Minor Injury Guideline (“MIG”).

- The Member and others at his Clinic started treating N.K. based on the treatment plans on February 22, 2011. They continued to provide chiropractic and massage therapy in accordance with the treatment plans even after they were refused, until June 2011. The Member took the position that N.K.’s injuries were extensive and did not fall within the MIG.

- As the insurer had not approved the treatment plans, it did not have to pay for the treatments administered pursuant to them. It denied every invoice for the treatments sent by the Clinic.

- The maximum amount pre-approved for treatment under the MIG was $2,200.00. The insurer could also, at its discretion, pay an additional $1,300.00 under the MIG.

- An administrator at the Clinic contacted the insurer about the denials. She was told that the Clinic would have to submit the appropriate documentation under the MIG, which was an OCF-18, an OCF-23 (Treatment Confirmation Form) and an OCF-24 (Minor Injury Treatment Discharge Report).

- On January 12, 2012, the Member wrote a letter to the insurer indicating $2,776.55 had been incurred “in relation to rehabilitation sessions provided to N.K.” and demanding that the account be paid in full.

- On December 13, 2012, the Member wrote a letter to the insurer demanding it pay him $3,471.88 immediately or “our patient has instructed us to file a formal complaint with the Ombudsman.”

- The Member then prepared an OCF-18, an OCF-23 and an OCF-24 form and submitted them to the insurer. He signed each of the three forms. There are a number of irregularities in the documents:

  - The OCF-18 and OCF-23 each contain a section to be signed by the patient indicating the patient has reviewed and agrees with the treatment. The OCFs did not contain N.K.’s signature;

  - There are indications on each document and in a cover fax page that the OCFs are “for billing purposes only, to recover available $3,500 for incurred treatment”;

  - The OCF-18 dated December 14, 2012 indicates that massage treatment will be provided by Registered Massage Therapist “B.D.”;

  - Although the OCF-18 is dated and signed on December 14, 2012, the portion of the document containing N.K.’s name is dated December 15, 2011;

  - The OCF-24 signed by the Member indicates he had discussed the patient’s condition with her and she was continuing to experience pain and had current concerns about her health;

  - The OCF-23 indicated that $2,115.00 in services had been provided to N.K.; and

  - The OCF-18 indicated that the services to be provided in the treatment plan cost $1,294.39.

- On December 14, 2012, at the direction of the Member, a Clinic administrator prepared two OCF-21s (invoices) regarding N.K.:

  - An invoice for $2,200.00 that included the Member’s assessment, 14 chiropractic treatments by the Member and six massage therapy treatments by Registered Massage Therapist B.D. The chiropractic treatments were listed as having been provided between February 22, 2011 and March 23, 2011. The massage therapy treatments were listed as being provided on March 29 and 31 and April 11, 14, 19 and 28, and

  - An invoice for $1,254.70 for 16 chiropractic and massage therapy treatments purportedly provided by the Member, including chiropractic treatments provided on March 28, 29 and 31 and April 11, 14, 19 and 28, and massage treatments on May 3, 5, 10, 12, 17, 19 and 24, 2011.

- There is incorrect information in the December 2012 OCFs and correspondence as follows:

  - N.K. was out of the country from April 2, 2011 to April 28, 2011 and did not receive the chiropractic or massage treatments listed on the OCF-21s on April 11, 14, 19 and 28, 2011;

  - N.K. moved to Alberta on July 11, 2012 and was completely
unaware that any OCFs regarding her had been sent to the insurer from the Clinic in December 2012. She never authorized either the OCF-18 or the OCF-23, and never spoke to the Member indicating she was continuing to experience pain and had current concerns about her health;

- N.K. did not provide instructions for the Member to file a formal complaint with the Ombudsman as he claimed in his December 13, 2012 letter;

- B.D. had left the employ of the Clinic in November 2012. She did not provide massage treatments to N.K., as claimed in the OCF-18 dated December 14, 2012;

- The Clinic’s records indicate that N.K. had only paid $1,974.84 for treatment and other services; and

- There are no clinical notes or any other documents in N.K.’s patient record corroborating that treatment was provided on a number of the dates included in the OCF-23s.

• Had the Member testified, he would have said that he wanted to obtain the maximum amount available under the MIG (i.e., $3,500.00) because he had provided treatment worth more than that to N.K. under the refused treatment plans. On December 14, 2012, he created OCF documents “for billing purposes” that contained treatments roughly totalling $3,500.00 and sent them to the insurer. He then had an office administrator create two OCF-21s that totalled roughly $3,500.00 to recover expenses associated with N.K.’s treatments.

• The Member admits that certain of the treatment dates were made up and included in the invoices. Had he testified, the Member would have said this happened because of an issue with the Clinic software, and that N.K. did receive the number of treatments claimed, only on different dates. The Member would have testified that by indicating “for billing purposes” on the OCFs, he meant to signal to the insurer that some of the contents of the OCFs were not accurate.

• The insurer paid the invoice for $2,200.00. It did not pay the other invoice for $1,254.70 as it did not approve the additional discretionary amount under the MIG.

Findings of Professional Misconduct

• The Member admitted, and the Panel found, that the Member had committed a number of acts of professional misconduct and, in particular, he:

  - Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;

  - Submitted an account or charge for services that he knew was false or misleading; and

  - Engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

Other Relevant Circumstances

• At an early stage, the Member admitted his responsibility for the OCFs at issue and also admitted he exercised poor judgment in submitting the OCFs containing incorrect information, even if the documents were identified as being “for billing purposes.”

• On February 9, 2016, the Member successfully completed, at his own expense, the CCO’s Record Keeping Workshop. The Member was peer assessed on February 18, 2016.

Joint Submission on Penalty

• The CCO and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel:

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

  - Directing the Registrar and General Counsel to suspend the Member’s certificate of registration for a period of two (2) months (“Suspension”);

  - Directing the Registrar and General Counsel to impose the following terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:

    ➢ Prior to June 30, 2016, the Member must:

      • Successfully complete the Legislation and Ethics Examination at his own expense and provide evidence of successful completion to the Registrar and General Counsel, and

      • Review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines, including but not limited to, the business practices portion of the Misconduct Regulation, CCO Guideline G-008: Business Practices, and CCO Standard of Practice S-002: Record Keeping;

    ➢ Directing the Registrar and General Counsel to suspend one (1) month of the Suspension if the Member complies with the Conditions; and

    ➢ Requiring the Member to pay the CCO $3,500.00 in costs.
**NAME OF MEMBER:**
**MICHAEL HARDIE (#2928)**

**Place of Practice: Mississauga**

**Agreed Facts**

**Background**

- Dr. Michael Hardie (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in January 1995. The Member practises at City View Chiropractic and Sports Injury Clinic in Mississauga, Ontario (“Clinic”). He has no prior complaints or discipline history at the CCO.

**Patient “R.P.”**

- Patient R.P. first attended at the Clinic in 2006 for care from the Member in relation to upper back, neck and low back pain.

- On May 29, 2013, R.P. presented again at the Clinic with complaints of right elbow pain of one month duration. The Member obtained an updated history. The Member examined R.P. and diagnosed him with right elbow tendonitis. This diagnosis was communicated to R.P., along with a recommended treatment plan which included interferential current therapy (“IFC”), active release therapy (“ART”), laser, and exercise. R.P. received treatment as recommended.

- On June 7, 2013, R.P. complained that he continued to experience discomfort, and he requested acupuncture as he had reputed previous success using this modality. He signed a consent form for acupuncture.

- R.P. next attended the Clinic on June 12, 2013 for acupuncture treatment. R.P. was asked to review the consent to treatment for acupuncture form.

- The Member had not provided R.P. with acupuncture before June 12, 2013. Had the Member testified, he would have said R.P. told him that he had had acupuncture before with no adverse reaction. The Member acknowledges that, despite this, he should have, and failed to, take the precautions that were appropriate to ensure the safety of a patient who was receiving acupuncture from him for the first time.

- The Member had just completed an acupuncture training course at the Canadian Memorial Chiropractic College (“CMCC”) on March 24, 2013. There was specific written and oral information included in the training course on syncope (“fainting”) and it was discussed during the course. As well, written and oral information was provided on appropriate positioning to ensure patient safety.

- If Dr. Hardie had testified, he would have said almost all upper extremity protocols and procedures in the acupuncture training course were demonstrated on a mock “patient” who was seated on a treatment table. During final testing, mock “patients” were seated on treatment tables. Although Dr. Hardie now acknowledges that fainting is one of the most common side effects of acupuncture and that, as a result, practitioners must take precautions to ensure patient safety when administering acupuncture, at the time of treating R.P. he had not understood or appreciated those points.

- The Member administered an acupuncture treatment to R.P. that consisted of inserting needles in the right shoulder, right elbow and right hand. R.P. was positioned sitting on a treatment table for the insertion of the needles.

- After the needles were inserted, the Member left the room, leaving R.P. unattended sitting on the edge of the treatment table.

- Approximately eight minutes into the acupuncture treatment, R.P. lost consciousness and fell from the table to the floor. R.P. was revived without assistance after a short period of time.

- When R.P. fell, he landed, in part, on his face. When he regained consciousness, he complained of soreness in the left side of his face, mainly in the area under his left eye.

- The Member assessed R.P., including taking vital signs and assessing level of consciousness, which were within normal limits. The Member also conducted a tuning fork test, which was negative.

- R.P. returned to work and was assessed again by the Member in the afternoon. The Member advised R.P. to see his family doctor if he had any concerns.

- The next day, R.P. continued to have discomfort in his face and neck and he attended a medical centre where facial x-rays were ordered. Based on the results of those x-rays, R.P. was referred to the emergency department of Joseph Brant Hospital, presenting with complaints of tenderness in his left cheek and a mild headache. X-rays were taken, which confirmed fractures of the left cheekbone. R.P. was referred to a plastic surgeon and an ophthalmologist. A CT scan was done, which showed fractures of the left cheekbone and the left sinus. There were broken blood vessels in R.P.’s eye. Eight months later, R.P. was found to have a micro aneurysm in his left eye. An eye physician and surgeon opined that the micro aneurysm was unlikely a residual hemorrhage from the head trauma and therefore made recommendations to rule out diabetes, blood pressure or other causes of micro aneurysm.

**Fainting and Acupuncture**

- Fainting is one of the most common side effects of acupuncture. If a patient is going to faint, the patient usually does so during a first or second acupuncture treatment.
• A practitioner has to be alert to the fact that a patient may faint during an acupuncture treatment, and take precautions to ensure patient safety. The precautions include having the patient lay down for treatment or, if that is impractical due to needle placement, having the patient sit in a chair with arm rests and a head support.

• It is never acceptable to leave a patient alone during a first or early treatment.

Findings of Professional Misconduct

• The Member admitted, and the Panel found, based on the facts above, that the Member had committed acts of professional misconduct as set out in the Notice of Hearing dated March 24, 2016, and in particular, he:

  o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his assessment and treatment of R.P.; and

  o Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional with respect to his assessment and treatment of R.P.

Joint Submission on Penalty

• The CCO and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel:

  o Requiring the Member to appear before the Panel to be reprimanded;

  o Directing the Registrar and General Counsel to suspend the Member’s certificate of registration for a period of two (2) months (“Suspension”);

  o Directing the Registrar and General Counsel to impose the following terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:

    Prior to January 17, 2017, the Member must:

    ♦ Successfully complete the Legislation and Ethics Examination and CCO’s Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar and General Counsel,

    ♦ Review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines, including but not limited to CCO Standard of Practice S-017: Acupuncture, and

    ♦ Provide written evidence that he has successfully completed a course in acupuncture at his own expense approved of by the Registrar and General Counsel, and

    Requiring the Member to be peer assessed at his expense within six (6) months after he returns to practice following the lifting of the Suspension;

    o Directing the Registrar and General Counsel to suspend one (1) month of the Suspension if the Member complies with certain of the Conditions in a specified timeframe; and

    o Requiring the Member to pay the CCO $7,500.00 in costs.

NAME OF MEMBER: JASON HURD (#3446)

Place of Practice: Waterloo

Agreed Facts

Background

• Dr. Jason Hurd became a member of the College of Chiropractors of Ontario (“CCO”) on May 21, 1998. During the relevant period, Dr. Hurd practised chiropractic at the Affinity Health Clinic in New Hamburg, Ontario (“Clinic”).

• Dr. Hurd’s certificate of registration (“Certificate”) was suspended on March 2, 2015 for non-payment of annual fees and failure to complete his annual renewal form.

The Criminal Conviction

• On November 7, 2014, Dr. Hurd was convicted of one count of surreptitiously making visual recordings of a patient named “Y.M.” and other female patients and individuals in circumstances which gave rise to a reasonable expectation of privacy, and where the recordings were done for a sexual purpose to wit: photographs that specifically targeted the breasts and buttocks of female patients, contrary to Section 162(1)(c) of the Criminal Code of Canada (the “Offence”).

• The conviction arose as a result of Dr. Hurd, during the period June 5, 2013 – June 2, 2014, secretly taking photographs and videos of females without their knowledge or consent. The majority of the recordings were of female patients taken during chiropractic treatments at the Clinic and other locations. The photographs primarily focused on the patients’ buttocks. At least one of the patients was also an employee of the Clinic.

• The conviction was entered after Dr. Hurd acknowledged his wrongdoing and entered an early guilty plea.

• Dr. Hurd received a 90-day conditional sentence served in the community, and probation for two years.
Admissions

- Dr. Hurd admitted, and the Panel found, that he committed acts of professional misconduct because he:
  - Contravened a standard of practice of the profession or failed to maintain the standards of practice expected of members of the profession by secretly taking photographs and videos of patients without their consent at the Clinic for a sexual purpose, and by being found guilty of the Offence;
  - Was found guilty of an offence relevant to his suitability to practise, because he was found guilty of making visual recordings of a female patient known as “Y.M.” and other patients and/or employees, in circumstances that gave rise to a reasonable expectation of privacy, and the recordings were done for a sexual purpose, contrary to section 162(1) (c) of the Criminal Code of Canada;
  - Contravened a federal law and the contravention was relevant to his suitability to practise; and
  - Engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable and unprofessional, because he secretly took photos and videos of patients and/or employees without their consent for a sexual purpose, and because he was convicted of the Offence.

Dr. Hurd has expressed remorse for his actions and has acknowledged the harm that such actions caused to the victims.

He immediately and voluntarily discontinued his chiropractic practice on June 11, 2014 after he was criminally charged. On November 13, 2014, Dr. Hurd signed an Undertaking to the Registrar and General Counsel confirming that he ceased practising chiropractic on June 11, 2014 and would not practise chiropractic until this matter was finally disposed of by the Discipline Committee.

Dr. Hurd engaged the assistance and support of a sexual behaviour therapist, who described Dr. Hurd as “remorseful and regretful” and as someone whose “progress is genuine”. The sexual behaviour therapist assisted Dr. Hurd in identifying his offence cycle and creating a relapse prevention plan.

Dr. Hurd’s wife was fully apprised of the criminal charge. She attended therapy sessions with Dr. Hurd and the sexual behaviour therapist, and has been actively involved in Dr. Hurd’s rehabilitation. She attended all court appearances in support of Dr. Hurd. Dr. Hurd is also supported by his two children.

With the assistance and support of the sexual behaviour therapist, Dr. Hurd recalled a history of childhood abuse by his brother. Such recollection has assisted Dr. Hurd in addressing the underlying psychological issues which informed his behaviour. In an effort to further advance his rehabilitation, Dr. Hurd has engaged the assistance of a psychologist.

Dr. Hurd was deemed to be a low risk of re-offending and a suitable candidate for community supervision. Since his sentencing, Dr. Hurd has diligently performed the terms of his probation and duly maintained his rehabilitative efforts.

Joint Submission on Penalty

- The CCO and Dr. Hurd submitted the following joint submission on penalty, which was accepted and ordered by the Panel:
  - Requiring Dr. Hurd to appear before the Panel to be reprimanded;
  - Directing the Registrar and General Counsel to suspend Dr. Hurd’s Certificate for a period of at least eighteen (18) months (“Suspension”), with the Suspension to take effect immediately after the current administrative suspension is lifted or a new Certificate is issued;
  - Directing the Registrar and General Counsel to impose terms, conditions and limitations (“Conditions”) on Dr. Hurd’s certificate of registration:

Prior to the lifting of the Suspension, he must:

- Successfully complete the Legislation and Ethics Examination and CCO’s Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar and General Counsel;
- Review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines;
- Provide written evidence that he has successfully completed a course in gender sensitivity/boundary issues at his own expense and approved of by the Registrar and General Counsel, and
- Be assessed by a psychiatrist or psychologist approved of by the Registrar and General Counsel. The purpose of the assessment is to determine whether there are concerns that Dr. Hurd may engage in the conduct of surreptitiously making visual recordings of females where the recordings are done for a sexual purpose (“Conduct”). The Psychiatrist shall be provided with relevant background material. Following the assessment, the Psychiatrist shall send a report to the Registrar and General Counsel, which provides the opinion that Dr. Hurd is not likely to engage in the Conduct and does not pose a risk to the public.
Following the lifting of the Suspension:

➢ Dr. Hurd’s mental health shall not interfere with his ability to practise chiropractic.

➢ Dr. Hurd shall not engage in the independent practice of chiropractic. He shall only engage in the practice of chiropractic in a setting where another chiropractor is available to monitor his practice. The chiropractor who monitors Dr. Hurd’s practice (“Monitor”) shall:

◦ Be a CCO member who is employed at the same facility and is in the facility when Dr. Hurd is working,

◦ Have been provided with a copy of the Panel’s Decision and Reasons in this matter, and

◦ Agree that in the event the Monitor has reason to suspect that Dr. Hurd is engaging in the type of conduct that was the subject of the Notice of Hearing dated October 16, 2015, to immediately notify the Registrar and General Counsel.

➢ Prior to returning to or obtaining any employment in chiropractic, Dr. Hurd shall inform all employers of the fact that his certificate of registration is subject to terms, conditions and limitations.

➢ Within 30 days of returning to or obtaining employment in chiropractic, Dr. Hurd shall file with the Registrar and General Counsel a letter in which he provides the name and address of his employer and the name of his Monitor. He shall also provide a letter from the employer in which the employer:

◦ Confirms receipt of a copy of the Panel’s Decision and Reasons in this matter,

◦ Agrees to immediately notify in writing the Registrar and General Counsel if the employer has reason to suspect that Dr. Hurd has engaged in the Conduct, and

◦ Agrees to provide or to arrange to provide the required monitoring.

Dr. Hurd shall be peer assessed at his own expense within six months after he returns to practice after the lifting of the suspension.

➢ Requiring Dr. Hurd to pay a portion of the CCO’s investigative and legal costs in the amount of $7,500.00.

NAME OF MEMBER:
P AUL OAKLEY (#4741)

Place of Practice: Newmarket

Agreed Facts

Background

➢ Dr. Paul Oakley (“Member”) has been a member of the College of Chiropractors of Ontario (“CCO”) since January 2004. At the relevant time, the Member practised at his clinic, Innovative Spine & Wellness, in Newmarket, Ontario (“Clinic”).

➢ Services offered at the Clinic included chiropractic, massage, physiotherapy, and Chiropractic Biophysics Technique (“CBT”), a system involving exercise, stretching on power plates, and use of a traction machine. Patients receiving CBT usually attended the Clinic three times a week. During each visit, they would do exercises, stretch on power plates, and receive traction. Clinic staff, including registered massage therapists, acted as “chiropractic assistants” helping patients with their CBT. The Member would adjust each CBT patient.

Billing CBT as Physiotherapy

➢ Between April 2015 and June 2015, the Clinic had one registered physiotherapist (“RPT”), and she worked on Wednesdays. Usually, the RPT provided physiotherapy to her patients when she was at the Clinic. Occasionally, when she did not have any physiotherapy patients, the RPT would assist other Clinic staff “on the floor” helping CBT patients with power plates and the traction machine.

➢ Patients received CBT under the direction of the Member, and the Member directed and supervised the chiropractic assistants who supported the patients during their CBT. The Member adjusted all CBT patients. However, CBT was either billed as chiropractic or physiotherapy, depending on a patient’s insurance coverage.

➢ The Member would meet with all patients and review their insurance benefits with them. For patients who had health insurance benefits that included chiropractic, the CBT would be billed as chiropractic treatment. For patients who had health insurance benefits for physiotherapy, and who either didn’t have chiropractic coverage, or whose chiropractic coverage had been used up, the CBT would be billed as physiotherapy.

➢ In order to bill a CBT treatment as physiotherapy, the Clinic had to include the name and registration of a registered physiotherapist on the insurance claim forms. Under the Member’s direction, the Clinic used the RPT’s name and registration number to bill
CBT as physiotherapy to insurance companies, although the RPT was not generally involved with CBT patients. The Clinic also used the RPT’s name and registration number to bill for CBT provided to patients on days when the RPT was not working at the Clinic.

• Had the RPT testified, she would have said she did not know the Clinic was billing CBT as physiotherapy under her name and registration number. She also would have testified that she did not give the Member permission to use her name and registration number in this way.

• The RPT resigned her employment at the Clinic on June 17, 2015 and began practising elsewhere. The Clinic continued to bill physiotherapy for patients under the RPT’s name and registration number to insurance companies until June 25, 2015, although she was not working at the Clinic.

• According to patient records obtained by the College investigator, during the period April 2015 to June 2015, insurance claim forms or accounts were created by the Clinic for six different patients for a total of $1,870.00 for physiotherapy on dates when the RPT was not working at the Clinic.

Findings of Professional Misconduct

• Given the above facts, the Member admitted, and the Panel found, that the Member committed acts of professional misconduct, and in particular, he:
  o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to documentation and/or billing of professional services;

  o Falsified a record or records relating to his practice regarding billing for professional services for patients;

  o Signed or issued, in his professional capacity, a document or documents that he knew contained false or misleading statements regarding billing for professional services for patients;

  o Submitted an account or charge for services that he knew was false or misleading regarding billing for professional services for patients; and

  o 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 documentation and/or billing for professional services.

Joint Submission on Penalty

• The CCO and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel:
  o Requiring the Member to appear before the Panel to be reprimanded;

  o Directing the Registrar and General Counsel to suspend the Member’s certificate of registration for a period of twelve (12) months (“Suspension”);

  o Directing the Registrar and General Counsel to impose the following terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:

    Within seven (7) months of the date of the Discipline Committee decision, the Member must:

    • Successfully complete the Legislation and Ethics Examination and attend the CCO Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar and General Counsel, and

    • Review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines, including but not limited to the business practices portion of the 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 of returning to practice after the lifting of the Suspension.

    For a two-year period after the lifting of the Suspension, to have his practice reviewed by a mentor. The mentor will be chosen by the CCO and the mentor’s reasonable costs will be paid for by the Member. The mentor will review the Member’s practice at a frequency to be determined by the CCO with respect to the Member’s working with registered physiotherapists and other regulated health professionals and his billings to insurance companies. The Member will cooperate fully with the mentor and will abide by the mentor’s recommendations.

    o Requiring the Member to pay the CCO $12,500.00 in costs.
3. CONTESTED OR PARTIALLY CONTESTED HEARINGS

NAME OF MEMBER: DANIEL DUGAN (#3552)

Place of Practice: Toronto

Agreed Facts

The Discipline Committee hearing regarding Dr. Daniel Dugan (“Member”) commenced on June 20, 2016. The panel of the Discipline Committee (“Panel”) was provided with an Agreed Statement of Facts regarding liability.

Background

• Dr. Dugan has been a member of the CCO since 1998. During the relevant period, the Member worked at his clinic in Mississauga, Ontario.

The Criminal Convictions

• On March 10, 2015, the Member was convicted of two counts of indecent act pursuant to section 173(1)(b) of the Criminal Code of Canada.

• The conviction arose as a result of the Member exposing his penis and masturbating in front of three young girls, ages 11 – 13 years old, who were his neighbours. The exposing and masturbation occurred three times over an approximately one-year period with one of the girls, and approximately 20 times during a year and a half period with the other two girls.

• The Member received a suspended sentence, probation for three years, a prohibition order for five years and a SOIRA (Sexual Offender Information Registration Act) order for 10 years.

Findings of Professional Misconduct

• The Member admitted, and the Panel found, that the Member had committed acts of professional misconduct because:
  o He was found guilty of an offence relevant to his suitability to practise, in that he was found guilty of two counts of indecent act pursuant to section 173(1)(b) of the Criminal Code of Canada;
  o He contravened a federal law and the contravention was relevant to his suitability to practise; and
  o In exposing himself and/or masturbating within sight of persons under the age of 16 years, the Member engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

Agreed Facts Relevant to Penalty

The Panel was then provided with an Agreed Statement of Facts that set out the facts and included a number of documents that the parties agreed were relevant to penalty. The Member and the CCO reserved the right to call additional evidence and to make submissions regarding penalty. The agreed-upon facts included:

• The Member was the subject of a Discipline Committee hearing on December 8, 2009, which resulted in a Decision and Reasons dated February 10, 2010 (“2010 Decision”). In the 2010 Decision, the Member was found to have committed acts of professional misconduct arising from his conduct in exposing his genitals and/or masturbating while observing a female high school student and a young female child in 2006, and being found guilty of unlawfully and wilfully performing an indecent act in contravention of section 173(1)(a) of the Criminal Code of Canada on August 2, 2007.

• Pursuant to the 2010 Decision, the Member was required to obtain treatment from his psychologist. During the course of that treatment, the Member’s psychologist provided the CCO with reports regarding the Member’s treatment. Copies of those reports were made exhibits at the hearing.

• The Member did not practise chiropractic from August 2013 to July 23, 2015.

• On July 9, 2015, the Member signed an Undertaking in favour of the Registrar and General Counsel of the College in which, among other things, he agreed to restrict his practice to persons over the age of 16 years, and to only treat female patients in the presence of a third party.

The Member then proposed calling forensic psychiatrist, Dr. Julian Gojer, to provide expert evidence on the issue of the likelihood that the Member would commit further acts of exhibitionism. The Panel conducted a voir dire to determine whether Dr. Gojer should be qualified to provide evidence as an expert witness. In its Reasons for Evidentiary Ruling dated June 22, 2016, the Panel noted an expert was required to be impartial, objective and unbiased in his or her evidence. The Panel acknowledged Dr. Gojer’s expertise as a forensic psychiatrist but did not accept that he was impartial, objective or free from bias and therefore determined he was not qualified to give expert evidence in the proceeding. The Panel noted that Dr. Gojer was the Member’s treating psychiatrist, a role that he admitted included acting as an advocate for the Member, and that professional organizations such as the Canadian Academy of Psychiatry and the Law had issued ethical guidelines indicating
treat psychiatrists should not act as expert witnesses for their patients because they cannot be truly objective. In addition, based on the evidence heard in the voir dire, the Panel found Dr. Gojer had not exercised due diligence in obtaining and considering certain relevant and available information, a failure the Panel considered relevant to the issue of Dr. Gojer’s impartiality. It was also concerned by Dr. Gojer’s use of laudatory and categorial statements in his written opinion, which the Panel considered relevant to the issue of objectivity.

The Member requested, and was granted, an adjournment of the hearing to November 15, 2016 to retain a new expert witness. However, neither the Member or his counsel attended the hearing on November 15, 2016. The Panel was advised by CCO counsel that the Member’s lawyer sent a letter to the CCO on November 8, 2016 indicating the Member would not be funding the continuation of the hearing and was resigning his membership with the CCO. Counsel for the CCO had written a letter to the Member in response in which he indicated the CCO would seek to have the Discipline Committee hearing proceed, even if the Member did not attend. The Panel was satisfied the Member had notice of the continuation of the hearing and knew the hearing could proceed in his absence.

The CCO then called forensic psychiatrist, Dr. Scott Woodside, as an expert witness regarding the assessment, diagnosis, treatment and risk relating to recidivism of sexual offenders, including exhibitionists and paedophiles. The Panel accepted Dr. Woodside as an expert, and also accepted his evidence. Dr. Woodside gave general evidence regarding paraphilic disorders, paedophilia and exhibitionism, the diagnosis and treatment of paedophilia, and recidivism rates for persons with paedophilia and exhibitionism. Dr. Woodside did not testify about the Member specifically, as he had not assessed him.

Penalty

The Panel ordered the Registrar and General Counsel to revoke Dr. Dugan’s certificate of registration, because:

• The Member was a repeat sexual offender who had been convicted twice of sexual offences;

• He had undergone counselling after his first conviction;

• His first Discipline Committee hearing had resulted in a penalty that was primarily focused on rehabilitation;

• Although the Member had apparently done well in counselling and was in a stable personal situation, less than six weeks after his psychologist had indicated to the CCO that he no longer required therapy, the Member started to expose his penis and masturbate in front of two young girls who were neighbours. The behaviour had escalated and the Member started exposing himself to a third young girl. Over a period of approximately 23 months, he had exposed his penis on approximately 23 occasions to one or more of the girls. His actions were planned, deliberate, repeated, and involved young and vulnerable children who reasonably expected they could trust him;

• The Member’s behaviour was strongly suggestive of risk factors for recidivism;

• The Member had acknowledged that his conduct was dishonourable, disgraceful and unprofessional. The Panel found it was abhorrent; and

• The Member’s conduct in preying on children was incompatible with the public interest and the interest in preserving public confidence in chiropractic.

The Panel also ordered the Member to pay the CCO $40,000.00 in costs, which represented approximately 40% of the CCO’s costs and expenses of the investigation and hearings.

NAME OF MEMBER: ERNEST PERRY (#2212)

Place of Practice: Toronto

Allegations

The hearing before a panel of the Discipline Committee (“Panel”) involved a Notice of Hearing in which the CCO alleged Dr. Ernest Perry had committed acts of professional misconduct because, during the period 2009 to 2013, he:

• Sexually abused a patient known as “L.M.”;

• Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his conduct toward and/or treatment of a patient known as “L.M.”;

• Abused a patient known as “L.M.” verbally and/or physically and/or psychologically and/or emotionally; and

• 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 regarding a patient known as “L.M.”

Findings of Professional Misconduct

The Discipline Committee hearing into allegations of professional misconduct took place over a six-day period between April 27, 2015 and June 18, 2015. The Panel heard evidence from two witnesses, “L.M.” and the Member, and reviewed thirty-one exhibits, including an Agreed Statement of Facts. According to that Agreed Statement of Facts:

• Dr. Ernest Perry (“Member”) has been a member of the College
of Chiropractors of Ontario (“CCO”) since 1987. He has no history of any prior complaints.

• During the relevant time, the Member was the owner and a chiropractor at First Chiropractic Care Centre (“Clinic”) in Toronto, Ontario. In addition, the Member has a chiropractic equine practice.

• During the relevant time, the Member worked at the Clinic three days a week: Mondays, Wednesdays and Thursdays. On Mondays and Wednesdays, he saw patients from 0745 to 1830 hours, with no patients scheduled from 1300 to 1500 hours. On Thursdays, he had scheduled patients from 1500 to 1830 hours.

• In September 2005, the Member began providing chiropractic treatment to a patient known as L.M.

• During the period 2008 – 2011, L.M. lost almost 100 pounds, and the Member assisted her by recommending exercises and stretching, providing ongoing chiropractic treatments, helping her set goals, and providing advice on her exercise regime.

• As part of his encouragement of her weight loss program, the Member would provide L.M. with free chiropractic treatments.

• Beginning in 2009, the Member and L.M. occasionally had lunches together. L.M. had initiated having lunch as a way to thank the Member.

• The Member also occasionally treated L.M.’s two children.

• The Member and L.M. were in frequent contact by email and text.

• In September 2010, L.M. offered to create Facebook pages for the Member’s Clinic and his equine chiropractic practice. She did so, and administered the pages until 2013.

• In the spring and summer of 2012, L.M.’s daughter performed her community service requirements for school in the Member’s office, attending the office one day a week.

• The allegations in the Notice of Hearing refer to events that are in dispute, and which occurred from December 2010 and on.

The central issue in the hearing was whether there was a concurrent sexual and professional relationship between the Member and L.M. and, if so, the nature of the sexual relationship. The Panel issued its Decisions and Reasons on November 13, 2015, after reviewing the evidence and hearing submissions from counsel. The Panel found that the Member:

• Engaged in “make out sessions” with L.M. while she was his patient, which constituted sexual abuse because it was sexual touching and behaviour or remarks of a sexual nature;

• Emotionally abused L.M. by his actions and comments, and his inability to communicate clear and proper boundaries;

• Engaged in a relationship with L.M. which was not appropriate or normal as it involved inappropriate behaviour such as repeated boundary violations, which the Panel considered violated the standard of practice;

• Failed to follow CCO Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient with respect to communicating proper boundaries for the doctor/patient relationship, and referring L.M. to another chiropractor or documenting actions on the patient’s chart; and

• Had deficient charting.

Based on its findings of facts, the Panel determined that the Member had committed acts of professional misconduct by:

• Sexually abusing a patient by touching and by behaviour of a sexual nature towards her;

• Contravening a standard of practice of the profession or failing to maintain the standards of practice expected of members of the profession in his conduct towards and treatment of the patient;

• Emotionally abusing the patient; and

• Engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional regarding the patient.

Joint Submission Regarding Penalty

On April 1, 2016, the Panel reconvened for the penalty hearing.

• The CCO and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel:

  o Requiring the Member to appear before the Panel to be reprimanded;

  o Directing the Registrar and General Counsel to suspend the Member’s certificate of registration for a period of twelve (12) months (“Suspension”);

  o Directing the Registrar and General Counsel to impose the following terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:

    ➢ On or before January 1, 2017, the Member must:

      u Review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines, including but not limited to CCO Standard of Practice S-002: Record Keeping, CCO Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient, CCO Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information,
and CCO Policy P-003: Principles of Zero Tolerance, and

- Provide evidence that he successfully passed, without conditions and at his own expense, the ProBe Ethics and Boundaries Program.

Requiring the Member to be peer assessed at his own expense within six (6) months of returning to practice.

- Three (3) months of the suspension were to be suspended by the Registrar and General Counsel if the Member completed certain of the Conditions as specified;
- The Conditions are to be lifted by the Registrar and General Counsel when she is satisfied they have been fulfilled; and
- Requiring the Member to pay the CCO $25,000.00 in costs.

4. COURT CASES

NAME OF MEMBER: DR. MICHAEL REID (#2639)

Place of Practice: Ottawa

• In 2014, Dr. Michael Reid (“Member”) was the subject of a Discipline Committee hearing. On November 18, 2014, a panel of the Discipline Committee (“Panel”) found he committed acts of professional misconduct in relation to his conduct towards a fellow chiropractor, which the Panel found to be threatening, bullying and attempts at intimidation, and for his failure to co-operate with the CCO and a CCO investigator in investigations regarding two complaints made about him. The Panel found that the Member:
  - Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional; and
  - Contravened the Chiropractic Act, 1991, the Regulated Health Professions Act, 1991, or the regulations under either of those Acts.
• In 2015, a hearing was held to determine the issue of penalty, and on March 18, 2015, the Panel made a Penalty Order:
  - Directing the Registrar and General Counsel to suspend the Member’s Certificate of Registration for a period of 12 months or until such later time as he reviews and agrees in writing to comply with the CCO’s regulations, standards of practice, guidelines and policies. The suspension was to take effect upon the lifting of the suspension currently in effect as a result of the Member’s failure to complete his annual renewal form and pay his annual fees;
  - Requiring the Member to appear before the Panel to be reprimanded;
  - Directing the Registrar and General Counsel to impose the following specified terms, conditions and limitations on the Member’s Certificate of Registration:
    - Prior to returning to practice after the lifting of the Suspension, the Member must have reviewed and agreed in writing to comply with all CCO regulations, standards of practice, policies and guidelines,
    - The Member must respond promptly and fully to CCO correspondence and requests for information,
    - The Member must provide CCO with current contact information, including address, telephone and email, and must update that information as soon as practicable after it changes, and
    - The Member must be peer assessed at his own expense within six (6) months after returning to practice; and
  - Requiring the Member to pay a fine of $10,000.00 to the Minister of Finance.
• The Panel then asked the parties to make written submissions regarding costs. On August 26, 2015, after receiving and reviewing the written submissions, the Panel ordered the Member to pay the CCO $166,194.50 in costs.
• The Member appealed the findings of professional misconduct, the penalty order and the cost order to the Divisional Court. The appeals were dismissed without costs on June 13, 2016, with the exception of the finding in the liability decision that the Member failed to co-operate with the CCO investigator.
• On August 25, 2016, the Member brought a motion for an extension of time to file a notice of motion seeking leave to appeal the Divisional Court decisions to the Court of Appeal for Ontario. On October 24, 2016, the Court of Appeal for Ontario dismissed the motion with costs of $5,000 to be paid to the CCO, after it found his appeals were without merit.
• The Member has not paid the costs of his Discipline Committee hearing or his motion before the Court of Appeal for Ontario. The CCO is petitioning the Henrico Circuit Court in Virginia, USA, to recognize and enforce the Discipline Committee Cost Order, which was filed with the Ontario Superior Court, and the Order of the Court of Appeal for Ontario.
STEPHEN DIES
KING CITY

- Stephen Dies (“Dies”) was a member of the CCO until his certificate of registration was suspended for non-payment of his annual fees on July 30, 1998. On July 30, 2000, the CCO revoked his certificate of registration.

- Since that time, Dies illegally used the title “chiropractor”, practised chiropractic, held himself out as a chiropractor, and performed controlled acts in his clinic at 13103 Keele Street, King City, Ontario (the “Clinic”).

- On May 19, 2006, Mr. Justice Smith of the Superior Court of Justice granted an order on consent, prohibiting Dies from: (a) using the title “doctor”, (b) using the title “chiropractor”, (c) holding himself out as a chiropractor, and (d) performing any controlled acts, including spinal adjustment/manipulation.

- Despite that order, Dies carried on with a full-time chiropractic practice. He continued using the titles “chiropractor” and “doctor”, holding himself out as a chiropractor, and performing controlled acts in his King City Clinic.

- On October 2, 2014, the CCO brought an application in the Superior Court of Justice to have Dies held in contempt of court.

- On December 30, 2014, Dies was found to be in contempt of court. On May 1, 2015, Dies was ordered to comply fully with the May 19, 2006 Order of Justice Smith. He was sentenced to house arrest for a period of six months, required to stay in the jurisdiction, ordered to comply with a number of other conditions, including completing 150 hours of community service, and required to pay the CCO $35,000.00.

- Dies was also required to comply with an Undertaking he gave on April 23, 2015 to:
  - Close his Clinic;
  - Not make any appointments with any customers or patients;
  - Not perform any treatment or see any customers or patients;
  - Ensure all signage for the Clinic is removed;
  - Not advertise the Clinic in any manner; and
  - Refer any customer or patient seeking treatment or diagnosis to a licensed chiropractor.

- Dies appealed the finding of contempt and the sentence to the Ontario Court of Appeal. His appeal was dismissed by the Ontario Court of Appeal on January 4, 2016. Dies was ordered to pay the CCO $15,000.00 in costs for the appeal.
Patient Relations Committee

A Message From The Chair

2016 was an eventful year for the Patient Relations Committee. Some of the highlights included reviewing and discussing the “Task Force Report on Medical Regulatory Bodies Kept Secret over Defamation Concerns”, the importance of being proactive on patient issues (such as patient rights and respecting culturally-directed patient needs), and providing training for Council and staff on topics such as sexual boundary violations and gender and cultural sensitivity issues. The Committee also discussed creating a guideline to educate members about social media and the way in which they communicate through it with patients to avoid overstepping patient boundaries.

Other activities included continuing to review and monitor applications for funding for therapy and discussing potential communications initiatives, including a radio campaign and posting videos to the CCO website as a way to put a face on the College. To that end, one video was produced and approved by Council for use on the CCO website, and others are expected to follow. Videos are a way to inform the public about what the College does, its various committees, and what a member of the public can expect from their chiropractor.

The Committee developed a guideline about the requirements under the Accessibility for Ontarians with Disabilities Act (AODA) and agreed there is a need to communicate this new information to members, including the member’s duty to accommodate in balancing the needs of patients with disabilities, allergies, mobility issues, environmental sensitivities, and therapy animals with the ability and duty of members to do so.

Central to discussions at the November Committee meeting was the report from the Sexual Abuse Task Force entitled “To Zero: Independent Report of the Minister’s Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991”. The Committee reviewed in detail all 34 recommendations in the report and provided feedback in a number of areas to the Ministry of Health and Long-Term Care.

Acknowledgements

Overall, it was a productive year for the Patient Relations Committee. I would like to thank the members of the Committee for their hard work and ability to focus on the issues related to prevention of sexual abuse: Dr. Matt Tribe, Dr. Janit Porter, Ms Georgia Allan, and Mr. Douglas Cressman. I would like to thank Ms Jo-Ann Willson and Mr. Joel Friedman for their continuous guidance and support of this committee.

Committee Members and Staff Support

Back L-R:
Dr. Matt Tribe, non-Council
Mr. Douglas Cressman
Dr. Janit Porter, non-Council
Mr. Joel Friedman, Director, Policy & Research

Front L-R:
Ms Georgia Allan
Dr. Patricia Tavares, Chair
Ms Jo-Ann Willson, Registrar and General Counsel

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 2016

The Patient Relations Committee continued to uphold its regulatory mandate to protect the public interest.

In 2016, the Patient Relations Committee:

- Convened two teleconference meetings and four face-to-face meetings
- Monitored the funding available for therapy for victims of sexual abuse
- Explored and reviewed potential communications initiatives and strategies to enhance engagement with and to educate the public in deepening awareness about chiropractic
- Congratulated Mr. Douglas Cressman on his appointment as a public member on Council and as a new Patient Relations Committee member
- Recognized the contributions of Ms. Patrice Burke as a public member of the Patient Relations Committee
- Recommended a new guideline on accommodation of human rights and disabilities to Council – Guideline G-011: Accommodation of Human Rights and Disabilities
- Recommended minor changes to the following guidelines and policy to Council for approval:
  - Guideline G-001: Communication with Patients
  - Guideline G-005: Guidelines for Members Concerning Office Staff
  - Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members
A Message from the Chair

For well over two decades, successive Quality Assurance (QA) Committees have worked to meet the Regulated Health Professions Act, 1991 (RHPA) duties and mandate. Typically, this has meant a considerable amount of time devoted to reviewing and revising standards of practice, policies and guidelines to reflect the ever-evolving health care environment in Ontario and to provide clarity to our members in applying them in practice and protection of the public. This year was no exception and the adjoining summary of Committee activities provides additional details in this regard.

In 2016, the QA Committee reached another milestone and completed the first round of peer and practice assessments (PPA 1.0). The next version (PPA 2.0), developed and refined over the past three years, will start in 2017, having been beta tested this past year, and has evolved beyond record keeping and knowledge of standards into a focus on other core competencies of chiropractic practice. New members will continue to be assessed using PPA 1.0.

2016 marked another rather poignant stage in the evolution of peer assessment with the “retirement” of many of the original group of peer assessors, who had reached their maximum term of service. We all owe a debt of gratitude to these very dedicated chiropractors who were the face of CCO in the field and with whom you have all had contact now. The goal of making the experience of being peer assessed an educational one rather than punitive was due in large part to the great respect and integrity with which these men and women carried out their role. Thank you to each and every one of you!

As a result of this “changing of the guard” of our original peer assessors, the past year saw a new pool of assessors being interviewed, mentored, and being part of the annual peer assessor training day. This process is continuing to assure a timely succession plan as the program continues to evolve.

2016 also marked the end of the second cycle of Continuing Education (CE) and the beginning of the July 1, 2016 – June 30, 2018 CE cycle. Of particular significance is the requirement to relate five of the 20 structured hours to the controlled acts authorized to chiropractors under the Chiropractic Act, 1991 or the Healing Arts Radiation Protection Act, and to maintain certification in emergency first aid cardiopulmonary resuscitation.

This past year was my second “go around” at QA as chair and I have had the great privilege of serving on this committee for four successive years. As in years past, it has been an honour to serve with a very dynamic and dedicated group of professionals and public members. I want to thank Drs. Elizabeth Anderson-Peacock and Joel Weisberg, and public members, Ms Georgia Allan and Ms Patrice Burke, for their energy, imagination and work ethic over this past year. To Dr. J. Bruce Walton, Director, Professional Practice, Mr. Joel Friedman, Director, Policy & Research, and
Ms Jo-Ann Willson, Registrar and General Counsel, a very deep expression of gratitude and admiration for your expertise and professionalism.

This year represented the maximum term on Council for me. What a privilege it has been and I have received far more than I have given over that time. To my fellow chiropractors in the field, I would urge you all to “connect” with CCO whether it is attending the Roadshows around the province, serving on a CCO committee, or simply providing feedback from the real world of practice on material distributed by the College. Our profession is stronger for your involvement and the public of Ontario is better served. Thank you.

Committee Activities in 2016

In fulfilling its mandate in helping to continuously improve the quality of the health care provided to the public of Ontario by chiropractors, the QA Committee ably managed a significant workload in 2016, including recommending numerous standards of practice, guidelines and policies to Council for approval, and refining the second round of peer and practice assessments (PPA 2.0).

In 2016, the QA Committee:
• Convened six meetings
• Conducted a new peer assessor orientation on January 22, 2016
• Presented a well-attended and well-received workshop on January 23, 2016 to update the peer and practice assessors on the peer and practice assessment program, review changes in CCO’s standards of practice, policies and guidelines, and to receive feedback on proposed content for the second round of peer and practice assessments (PPA 2.0) as it is developed
• Continued to oversee content development for PPA 2.0
• Oversaw the distribution of 394 peer and practice assessment packages to members, with a high rate of return and participation
• Recommended to Council the following standards of practice, guidelines and policies for approval:
  o Minor amendments to Standard of Practice S-005: Chiropractic Adjustment or Manipulation
  o Minor amendments to Standard of Practice S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone
  o Minor amendments to Standard of Practice S-013: Consent
  o Minor amendments to Standard of Practice S-017: Acupuncture
  o Draft guideline on social media for circulation, followed by collection and review of feedback
  o Name change for Policy P-055: Non-Compliance with Continuing Education Requirements (formerly “Process for Quality Assurance Committee to Address Members who are Non-Compliant with Continuing Education Requirements”)
A Message from the Chair

Over the past year, the Registration Committee kept very busy. The Committee maintained its ability to ensure a timely response to all applicants who apply for registration but, at a higher level, we have also been planning for several potential enhancements to the registration process to recommend to Council. To help optimize chiropractic services in the public interest, the Registration Committee spent a lot of time discussing how we can continue to improve our policies and procedures to ensure our licensing processes are transparent, objective, impartial, and fair, and to comply with the requirements of Ontario’s Office of the Fairness Commissioner.

I would like to thank the members of the Registration Committee and the support staff for their time and commitment: Dr. Bruce Lambert, Mr. Shakil Akhter, Ms Wendy Lawrence, Ms Jo-Ann Willson, Mr. Joel Friedman, Ms Maria Simas (retired June 2016), and Ms Madeline Cheng.

Committee Activities in 2016

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 Committee reviewed all registration forms to ensure compliance with relevant regulations and legislation, oversaw CCO’s registration practices in the public interest, and ensured that all potential registrants were treated fairly and transparently.

In 2016, the Registration Committee:

• Convened eight teleconference meetings and two face-to-face meetings
• Approved registration applications from chiropractors who are practising in other jurisdictions and wish to be licensed in Ontario, or members requesting a change in their registration status
• Oversaw three sittings of the Legislation and Ethics Examination (February, June and October)
• Considered potential enhancements to the present registration forms in upholding the public interest and increasing transparency while at the same time enabling chiropractors to be registered expeditiously in Ontario
• Reviewed the relevant by-laws and policies to ensure compliance with legislation and regulations
**Colleges of Graduation for Members Registered in the Active Category in 2016**

<table>
<thead>
<tr>
<th>College of Graduation</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Memorial Chiropractic College</td>
<td>80</td>
<td>81</td>
<td>161</td>
</tr>
<tr>
<td>D'Youville College</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Life University</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>MacQuarie University</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>New York Chiropractic College</td>
<td>7</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Palmer College of Chiropractic (various campuses)</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>L'Université du Québec à Trois-Rivières</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Western States Chiropractic College</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92</td>
<td>101</td>
<td>193</td>
</tr>
</tbody>
</table>

**Classes of Certificate of Registration for CCO Members (as at December 31, 2016)**

- **Active**: 4,311
- **Active Non-Resident**: 31
- **Inactive**: 164
- **Inactive Non-Resident**: 65
- **Retired**: 136

**Total**: 4,707

**Ages of Active Members (as at December 31, 2016)**

- **TOTAL**: 4,342
- **UNDER 25 – (9)**
- **OVER 66 – (161)**
- **25-35**: 1,204
- **36-45**: 1,501
- **46-55**: 920
- **56-65**: 547

**Locations of Chiropractic College Education of Active Members (as at December 31, 2016)**

- **United States**: 1,156
- **Ontario**: 3,140
- **New Zealand**: 3
- **Quebec**: 10
- **England**: 16
- **Australia**: 17
COLLEGE OF CHIROPRACTORS OF ONTARIO
FINANCIAL STATEMENTS
FOR THE YEAR ENDED
DECEMBER 31, 2016
(WITH 2015 COMPARISONS)
INDEPENDENT AUDITOR’S REPORT

TO THE MEMBERS OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO

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, 2016, and the statements of change 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 the Canadian accounting standards for not-for-profit organizations, 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 a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Chiropractors of Ontario, as at December 31, 2016, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Respectfully submitted,

TATOR, ROSE & LEONG,
Chartered Accountants
Licensed Public Accountants
TORONTO, CANADA
April 26, 2017
## Financial Statements

### Statement of Financial Position

**December 31, 2016**  
*(With 2015 comparisons)*

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$433,049</td>
<td>$596,250</td>
</tr>
<tr>
<td>Short-term investments, at amortized cost (Note 2)</td>
<td>2,107,167</td>
<td>1,963,675</td>
</tr>
<tr>
<td>Prepaid expenses and sundry assets</td>
<td>17,083</td>
<td>8,739</td>
</tr>
<tr>
<td></td>
<td>2,557,299</td>
<td>2,568,664</td>
</tr>
<tr>
<td>Term deposits - internally restricted for Office Development Project</td>
<td>1,979,369</td>
<td>1,552,215</td>
</tr>
<tr>
<td>Capital assets (Note 3)</td>
<td>3,127,664</td>
<td>2,918,661</td>
</tr>
<tr>
<td></td>
<td>5,107,033</td>
<td>4,470,876</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$7,664,332</td>
<td>$7,039,540</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$253,486</td>
<td>$211,611</td>
</tr>
<tr>
<td>Government remittances payable</td>
<td>3,025</td>
<td>3,970</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>469,468</td>
<td>747,475</td>
</tr>
<tr>
<td>Deferred lease inducement - current portion (Note 6)</td>
<td>6,804</td>
<td>6,804</td>
</tr>
<tr>
<td></td>
<td>732,783</td>
<td>969,860</td>
</tr>
<tr>
<td>Deferred lease inducement - non-current portion (Note 6)</td>
<td>7,374</td>
<td>14,180</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>740,157</td>
<td>984,040</td>
</tr>
<tr>
<td><strong>Net Assets (per Statement 2)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally restricted for Office Development Project (Note 5)</td>
<td>1,979,369</td>
<td>1,552,215</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>4,944,806</td>
<td>4,503,285</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$6,924,175</td>
<td>$6,055,500</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$7,664,332</td>
<td>$7,039,540</td>
</tr>
</tbody>
</table>

Approved on behalf of the College:

**Ms Judith McCutcheon,**
Treasurer

**Dr. Clifford Hardick,**
President

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

**For the Year Ended December 31, 2016**

*(With 2015 Comparisons)*

### Income

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal fees</td>
<td>$4,419,773</td>
<td>$4,331,689</td>
</tr>
<tr>
<td>Registration fees</td>
<td>64,875</td>
<td>59,500</td>
</tr>
<tr>
<td>Examination fees</td>
<td>38,892</td>
<td>38,398</td>
</tr>
<tr>
<td>Incorporation fees</td>
<td>190,500</td>
<td>167,800</td>
</tr>
<tr>
<td>Recovery of discipline costs</td>
<td>140,406</td>
<td>81,836</td>
</tr>
<tr>
<td>Interest and sundry</td>
<td>90,465</td>
<td>99,915</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>4,944,911</strong></td>
<td><strong>4,779,138</strong></td>
</tr>
</tbody>
</table>

### Expenditures

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits (Note 4)</td>
<td>1,277,745</td>
<td>1,221,235</td>
</tr>
<tr>
<td>Rent and utilities (Note 6)</td>
<td>471,216</td>
<td>490,107</td>
</tr>
<tr>
<td>Office and general</td>
<td>391,440</td>
<td>366,067</td>
</tr>
<tr>
<td>Printing and postage</td>
<td>120,138</td>
<td>192,925</td>
</tr>
<tr>
<td>Insurance</td>
<td>12,395</td>
<td>12,412</td>
</tr>
<tr>
<td>Meetings, fees and expenses (Schedule 1)</td>
<td>225,223</td>
<td>258,516</td>
</tr>
<tr>
<td>Audit</td>
<td>27,177</td>
<td>25,764</td>
</tr>
<tr>
<td>Seminars and conferences</td>
<td>36,300</td>
<td>30,619</td>
</tr>
<tr>
<td>CFCREAB</td>
<td>126,228</td>
<td>126,228</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>376,522</td>
<td>310,507</td>
</tr>
<tr>
<td>Consulting fees - peer assessors</td>
<td>173,310</td>
<td>220,216</td>
</tr>
<tr>
<td>Consulting fees - complaints</td>
<td>195,354</td>
<td>158,655</td>
</tr>
<tr>
<td>Legal fees - complaints</td>
<td>22,818</td>
<td>3,250</td>
</tr>
<tr>
<td>Legal fees - discipline</td>
<td>448,863</td>
<td>696,394</td>
</tr>
<tr>
<td>Legal fees - executive</td>
<td>51,587</td>
<td>15,688</td>
</tr>
<tr>
<td>Legal fees - general</td>
<td>68,768</td>
<td>157,552</td>
</tr>
<tr>
<td>Equipment lease</td>
<td>23,451</td>
<td>28,520</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>4,048,535</strong></td>
<td><strong>4,314,655</strong></td>
</tr>
</tbody>
</table>

**Excess of Income over Expenditures before Amortization**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>896,376</td>
<td>464,483</td>
</tr>
</tbody>
</table>

**Amortization**

|                            | 27,701     | 37,329     |

**Excess of Income over Expenditures**

|                            | $868,675   | $427,154   |

The accompanying notes form an integral part of these financial statements.
### Statement of Changes in Net Assets

**For the Year Ended December 31, 2016**

<table>
<thead>
<tr>
<th></th>
<th>Internally restricted for Office Development Project</th>
<th>Unrestricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance: January 1,</strong></td>
<td>$1,552,215</td>
<td>$4,503,285</td>
<td>$6,055,500</td>
</tr>
<tr>
<td><strong>Excess of income over expenditures (per Statement 3)</strong></td>
<td>–</td>
<td>868,675</td>
<td>868,675</td>
</tr>
<tr>
<td><strong>Interfund transfer to (from) (Note 5)</strong></td>
<td>427,154</td>
<td>(427,154)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Balance: December 31,</strong></td>
<td>$1,979,369</td>
<td>$4,994,806</td>
<td>$6,924,175</td>
</tr>
</tbody>
</table>

**For the Year Ended December 31, 2015**

<table>
<thead>
<tr>
<th></th>
<th>Internally restricted for Office Development Project</th>
<th>Unrestricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance: January 1,</strong></td>
<td>$497,565</td>
<td>$5,130,781</td>
<td>$5,628,346</td>
</tr>
<tr>
<td><strong>Excess of income over expenditures (per Statement 3)</strong></td>
<td>–</td>
<td>427,154</td>
<td>427,154</td>
</tr>
<tr>
<td><strong>Interfund transfer to (from)</strong></td>
<td>1,054,650</td>
<td>(1,054,650)</td>
<td>–</td>
</tr>
<tr>
<td><strong>Balance: December 31,</strong></td>
<td>$1,552,215</td>
<td>$4,503,285</td>
<td>$6,055,500</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, 2016  
(WITH 2015 COMPARISONS)

<table>
<thead>
<tr>
<th>OPERATING ACTIVITIES</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of income over expenditures (per Statement 3)</td>
<td>$868,675</td>
<td>$427,154</td>
</tr>
<tr>
<td>Amortization – capital assets</td>
<td>27,701</td>
<td>37,329</td>
</tr>
<tr>
<td>(Increase) Decrease in prepaid expenses and sundry assets</td>
<td>(8,344)</td>
<td>10,039</td>
</tr>
<tr>
<td>Increase (Decrease) in accounts payable and accrued liabilities</td>
<td>41,874</td>
<td>(80,172)</td>
</tr>
<tr>
<td>(Decrease) in government remittances payable</td>
<td>(945)</td>
<td>(2,956)</td>
</tr>
<tr>
<td>(Decrease) Increase in deferred revenue</td>
<td>(278,007)</td>
<td>170,154</td>
</tr>
<tr>
<td>(Decrease) in deferred lease inducement</td>
<td>(6,806)</td>
<td>(6,806)</td>
</tr>
<tr>
<td></td>
<td>644,148</td>
<td>554,742</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INVESTING ACTIVITIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Purchase) of capital assets</td>
<td>(236,703)</td>
</tr>
<tr>
<td>(Increase) in short-term investments</td>
<td>(570,646)</td>
</tr>
<tr>
<td></td>
<td>(807,349)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(163,201)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents consist of the following:</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$433,049</td>
</tr>
<tr>
<td>Term deposits</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>$433,049</td>
</tr>
</tbody>
</table>

The accompanying notes form an integral part of these financial statements.
### SCHEDULE OF MEETING FEES AND EXPENSES
**FOR THE YEAR ENDED DECEMBER 31, 2016**
*(WITH 2015 COMPARISONS)*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Elizabeth Anderson-Peacock</td>
<td>$13,750</td>
<td>$6,584</td>
<td>$20,334</td>
<td>$18,259</td>
<td>$6,584</td>
<td>$24,843</td>
</tr>
<tr>
<td>Dr. Reginald Gates</td>
<td>$11,125</td>
<td>$863</td>
<td>$11,988</td>
<td>$7,443</td>
<td></td>
<td>$7,443</td>
</tr>
<tr>
<td>Dr. Brian Gleberzon</td>
<td>$6,450</td>
<td>$215</td>
<td>$6,665</td>
<td>$23,059</td>
<td>$2,028</td>
<td>$25,087</td>
</tr>
<tr>
<td>Dr. Clifford Hardick</td>
<td>$55,800</td>
<td>$10,193</td>
<td>$65,993</td>
<td>$42,508</td>
<td></td>
<td>$42,508</td>
</tr>
<tr>
<td>Dr. Bruce Lambert</td>
<td>$11,050</td>
<td>$1,460</td>
<td>$12,510</td>
<td>$7,500</td>
<td></td>
<td>$7,500</td>
</tr>
<tr>
<td>Dr. Dennis Mizel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Brian Schut</td>
<td>$4,950</td>
<td>$419</td>
<td>$5,369</td>
<td>$43,076</td>
<td></td>
<td>$43,076</td>
</tr>
<tr>
<td>Dr. Gauri Shankar</td>
<td>$24,750</td>
<td>$24,481</td>
<td>$49,231</td>
<td>$54,053</td>
<td></td>
<td>$54,053</td>
</tr>
<tr>
<td>Dr. David Starmer</td>
<td>$9,950</td>
<td>$543</td>
<td>$10,493</td>
<td>$10,425</td>
<td></td>
<td>$10,425</td>
</tr>
<tr>
<td>Dr. Patricia Tavares</td>
<td>$10,300</td>
<td>$428</td>
<td>$10,728</td>
<td>$13,883</td>
<td></td>
<td>$13,883</td>
</tr>
<tr>
<td>Dr. Bryan Wolfe</td>
<td>$19,325</td>
<td>$12,587</td>
<td>$31,912</td>
<td>$38,310</td>
<td></td>
<td>$38,310</td>
</tr>
<tr>
<td>Ms. Jo-Ann Willson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:** $167,450 $57,773 $225,223 $258,516

**Note:** Committee membership changed in April

Numbers refer to committee/project membership (April – December 2016)

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

SCHEDULE 1
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2016

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Amortization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computers and Software</td>
<td>30% declining balance</td>
</tr>
<tr>
<td>Furniture and Equipment</td>
<td>20% declining balance</td>
</tr>
</tbody>
</table>

(c) Financial Instruments

(i) Measurement of Financial Instruments
The College initially measures its financial assets and liabilities at fair value and subsequently at amortized cost.

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

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

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

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

(d) Cash and Cash Equivalents
Cash and cash equivalents consist of cash on deposit, cheques issued and outstanding, and term deposits with a maturity period of three months or less from the date of acquisition.

(e) Impairment of Long-lived Assets
A long-lived asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value. As at December 31, 2016, there were no known circumstances that would indicate the carrying value of the capital assets may not be recoverable.
(f) Use of Estimates
The preparation of financial statements in accordance with Canadian generally accepted accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenditures during the reporting period. Actual results could differ from these estimates as additional information becomes available in the future.

2 SHORT-TERM INVESTMENTS

<table>
<thead>
<tr>
<th>Interest rate</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>$1.30%</td>
<td>$</td>
</tr>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>1.00%</td>
<td>—</td>
</tr>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>1.10%</td>
<td>—</td>
</tr>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>0.78%</td>
<td>1,014,815</td>
</tr>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>0.78%</td>
<td>2,921,566</td>
</tr>
<tr>
<td>The Toronto-Dominion Bank, GIC</td>
<td>0.40%</td>
<td>100,000</td>
</tr>
<tr>
<td>The Toronto-Dominion Bank, GIC</td>
<td>0.40%</td>
<td>50,155</td>
</tr>
</tbody>
</table>

$ 4,086,536 $ 3,515,890

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

These investments have been presented on the financial statements as follows:

<table>
<thead>
<tr>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments</td>
<td>$2,107,167</td>
</tr>
<tr>
<td>Term deposits – internally restricted for Office Development Project</td>
<td>1,979,369</td>
</tr>
</tbody>
</table>

$ 4,086,536 $ 3,515,890

3 CAPITAL ASSETS

<table>
<thead>
<tr>
<th>Cost</th>
<th>Accumulated Amortization</th>
<th>2016 Net</th>
<th>2015 Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture &amp; Office Equipment</td>
<td>$321,011</td>
<td>$306,020</td>
<td>$14,991</td>
</tr>
<tr>
<td>Computer &amp; Software</td>
<td>529,541</td>
<td>473,649</td>
<td>55,892</td>
</tr>
<tr>
<td>Land</td>
<td>3,056,781</td>
<td>—</td>
<td>3,056,781</td>
</tr>
</tbody>
</table>

$ 3,907,333 $ 779,669 $ 3,127,664 $ 2,918,661

4 SALARIES AND BENEFITS
This expense includes payments for current service pension plans.

5 INTERNALLY RESTRICTED FOR OFFICE DEVELOPMENT PROJECT (ODP)
On April 19, 2016, the Council of the College passed a motion to internally restrict the use of $427,154 in order to fund future disbursements for the Office Development Project (ODP). The $427,154 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2015.

The mandate of the Office Development Project is to find a future home for the College’s head office.
The internally restricted amount is not available for any other purpose without approval of Council.
6 LEASE COMMITMENTS
On July 15, 2013, the College and the landlord agreed to amend the office lease extension agreement for a period of five years commencing February 1, 2014 to January 31, 2019. The basic minimum annual payments over the next three years are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$185,197</td>
</tr>
<tr>
<td>2018</td>
<td>$189,338</td>
</tr>
<tr>
<td>2019</td>
<td>$15,810</td>
</tr>
</tbody>
</table>

Under this lease extension, the landlord provided lease inducement in the form of a waiver of minimum rent payments for the period from February 1, 2014 to March 31, 2014. This lease inducement is recognized as reduction of monthly rent expense over the duration of the lease extension.

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

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

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

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

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

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

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

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

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

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

Other Price Risk
Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market.

The College is not exposed to other price risk.

The extent of the College’s exposure to the above risks did not change during 2016.

8 SUBSEQUENT EVENT
On April 26, 2017, the Council of the College passed a motion to internally restrict the use of $868,675 in order to fund future disbursements for the Office Development Project. The $868,675 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2016. The mandate of the Office Development Project is to find a future home for the College’s head office.

The internally restricted amount is not available for any other purpose without approval of Council.
Extracts from Highlights of the Last Year at the Federation of Health Regulatory Colleges of Ontario

Members:
- College of Audiologists and Speech-Language Pathologists of Ontario
- College of Chiropodists of Ontario
- College of Chiropractors of Ontario
- College of Dental Hygienists of Ontario
- College of Dental Technologists of
- College of Denturists of Ontario
- College of Dietitians of Ontario
- College of Homeopaths of Ontario
- College of Kinesiologists of Ontario
- College of Massage Therapists of Ontario
- College of Medical Laboratory Technologists of Ontario
- College of Medical Radiation Technologists of Ontario
- College of Midwives of Ontario
- College of Naturopaths of Ontario
- College of Nurses of Ontario
- College of Occupational Therapists of Ontario
- College of Opticians of Ontario
- College of Optometrists of Ontario
- College of Physicians and Surgeons of Ontario
- College of Physiotherapists of Ontario
- College of Psychologists of Ontario
- College of Registered Psychotherapists Therapists of Ontario
- College of Respiratory Therapists of Ontario
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
- Ontario College of Pharmacists
- Royal College of Dental Surgeons of Ontario

The Federation of Health Regulatory Colleges of Ontario (FHRCO) is an incorporated, not-for-profit organization comprised of 26 members who regulate over 300,000 health care practitioners, supported by an Executive Coordinator and administrative team and the regulatory expertise of its members. The Federation has a strategic focus on regulatory matters, promoting effective communication and cooperation among its members. The Federation serves to promote effective communication and cooperation on matters and opportunities relating to regulation, administration, education and health care in a manner that enhances the work of the Colleges collectively and individually in regulating health professions in the public interest, and influencing decision-makers on policy and legislative matters related to the creation and maintenance of an effective health professions regulatory system in Ontario.

The Federation of Health Regulatory Colleges of Ontario provides strategic leadership to health profession regulation within the changing health care system. The Federation’s activities include:

- Collective work on many government priorities and regulatory issues
- Provision of expertise on relevant issues for government and stakeholders
- Stakeholder collaboration and project participation
- Identification of priority initiatives for research and action and the sharing of promising practices
- Repository of sector-specific issues and information
- Communication on the role of the regulator to the public and stakeholders
- Ongoing support for regulatory Colleges and mentoring of new Colleges
- Development of tools/materials for support and training
- Education sessions for College council members, committees, and staff
Excerpts from The Federation’s “2016-2017 Highlights”:

Bill 87, Protecting Patients Act, 2017

A key area of focus for the Federation in the 2016-2017 year was the anticipation of and response to legislative amendments to the RHPA—Bill 87. While supporting the intent of the Bill as it relates to public protection, there are issues related to the number of new ministerial regulation-making powers, and a number of drafting issues that could lead to unintended negative consequences. Federation President Shenda Tanchak appeared before the Standing Committee on the Legislative Assembly on April 12, 2017, and she reinforced the Federation’s commitment to transparency, to reducing and eliminating sexual abuse of patients and improving supports for patients who suffer abuse, and to share Federation members’ regulatory, operational expertise to ensure that the policy intentions of the Bill can be achieved without imposing new barriers for patients.

Public Engagement Project—Public Portal

The Federation’s 2016-2017 year celebrated the launch of a highly anticipated and valued venture — the Public Engagement Project. The Communications Committee, led by Committee Chair Monique Poirier of the College of Dietitians of Ontario, shared its members’ invaluable expertise over the year, culminating with the creation of the Ontario Health Regulators’ website (ontariohealthregulators.ca).

This multi-year, multi-phased project focuses exclusively on the public, reaching out to patients and their caregivers to provide a resource for those who want to know more about regulatory aspects of health care providers in the province. Current information on the multi-lingual website includes:

• Registration — providing information on who is practising and who is able to practise, with links to all Colleges’ public registers
• Complaints and Discipline — identifying the rights of patients and how to get help, with links to all Colleges’ information on how to make a complaint
• General Regulatory Information — helping to explain what a College is and what it does

Educational Opportunities for FHRCO Members, Their Councils, Committees, and Staff

Resources to help with Colleges’ individual orientation, ongoing education, and training needs:

• Education for Health Professional Regulators of Ontario (EHPRO) - five modules with 22 video segments about all aspects of the RHPA
• Semi-Annual Training for Regulatory Council Members - two-day, live sessions focusing on regulation, featuring Deanna Williams (past Registrar of the Ontario College of Pharmacists and first government-appointed Supervisor of a regulatory College) and Richard Steinecke (Steinecke Maciura LeBlanc)
• Semi-Annual Discipline Orientation Workshops - Basic and Advanced live training sessions that provide comprehensive orientation for regulatory adjudicators
• Investigations and Hearings Symposia - regular event that, last year, highlighted discipline processes, transparency, and the Report of the Ministry’s Task Force on the Prevention of Sexual Abuse of Patients
• Communications Conferences - annual event for College communications staff that focused on “Pillars of Public Engagement” on November 18, 2016
• (In development) Training for the Prevention of Sexual Abuse of Patients - learning module videos are being developed for Councils, Committees, and Staff, focusing on the dynamics of abuse, legislation, beliefs/attitudes/personal responses to sexual abuse, setting up appropriate intake and investigation processes (staff focus), and making findings and fashioning appropriate dispositions and remedial programs
The Year in Review

January 28, 2016
CCO welcomes new peer assessors to participate in the peer and practice assessment component of the Quality Assurance Program.

April 8, 2016
CCO representatives attend the Federation of Canadian Chiropractic meetings which include regulators, specialty colleges and educational institutions.

April 20, 2016
Ms Deanna Williams, consultant, addresses CCO Council on the unique role of health regulators in a challenging environment.

June 15, 2016
CCO continues the tradition of inviting former Chairs of the BDC and Presidents of CCO to attend a luncheon and, later that day, CCO’s AGM.

September 15, 2016 Council Meeting
L-R Mr. Kaveh Katebian, Mr. Gilbert Sharpe and Mr. Joel Friedman.
CCO COUNCIL

Back L-R: Mr. Shakil Akhter, Ms Wendy Lawrence, Mr. Douglas Cressman, Ms Patrice Burke, Dr. Brian Schut, Ms Georgia Allan, Dr. Reginald Gates, Dr. Patricia Tavares, Dr. Bruce Lambert, Dr. David Starmer
Front L-R: Ms Judith McCutcheon, Treasurer, Dr. Elizabeth Anderson-Peacock, Dr. Clifford Hardick, President, Ms Jo-Ann Willson, Dr. Gauri Shankar, Vice-President, Dr. Bryan Wolfe

CCO STAFF

Dr. J. Bruce Walton, Director, Professional Practice, Ms Sarah Oostrom, Receptionist, Ms Tina Perryman, Manager, Inquiries, Complaints and Reports, Ms Christine McKeown, Inquiries, Complaints and Reports Officer, Ms Anda Vopni, Financial Officer, Ms Jo-Ann Willson, Registrar and General Counsel, Ms Madeline Cheng, Registration Coordinator, Ms Rose Bustria, Administrative Assistant, Mr. Joel Friedman, Director, Policy & Research, Ms Funto Odukoya, Administrative Assistant