

Annual Report Rapport annuel

2020

Building, Reflecting, and Reporting on the
College Performance Measurement Framework

Élaboration, réflexion et rapport
sur le cadre de mesure
du rendement de l'Ordre



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

Commonly Used Acronyms

Acronym	Full Name
ACE	Accessing Centre for Expertise, Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto
ART	Active Release Technique
ASNFP	Accounting Standards for Not-For-Profit Organizations
BDC	Board of Directors of Chiropractic
CCEB	Canadian Chiropractic Examining Board
CCO, College	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CE	Continuing Education
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CNO	College of Nurses of Ontario
COVID-19	SARS- CoV-2
CPMF	College Performance Measurement Framework
HPARB	Health Professions Appeal and Review Board
HPRO	Health Profession Regulators of Ontario
ICRC	Inquiries, Complaints and Reports Committee
ODP	Office Development Project
PPA	Peer and Practice Assessment
QA	Quality Assurance
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i>
SA	Self-Assessment



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CCO Council as of December 31, 2020

COUNCIL MEMBERS

Elected Members

Dr. Dennis Mizel, *President*
Dr. Gerard Arbour
Dr. Colin Goudreau
Dr. Sarah Green
Dr. Paul Groulx
Dr. Steven Lester
Dr. Janit Porter
Dr. Michael Staffen

Appointed Members

Mr. Robert MacKay, *Vice President*
Ms Robyn Gravelle, *Treasurer*
Ms Anuli Ausbeth-Ajagu
Mr. Mark de Domenico
Mr. Gagandeep Dhanda
Mr. John Papadakis
Mr. Shawn Southern



CCO Committee Composition as of December 31, 2020

Executive

Dr. Dennis Mizel, *Chair*
Mr. Robert MacKay, *Vice Chair*
Ms Robyn Gravelle, *Treasurer*
Dr. Sarah Green
Dr. Paul Groulx
Mr. John Papadakis
Dr. Janit Porter
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Inquiries, Complaints & Reports

Dr. Sarah Green, *Chair*
Mr. John Papadakis
Mr. Gagandeep Dhanda
Dr. Michael Staffen
Dr. Steve Gillis, *non-Council*
Ms Christine McKeown, *staff support*
Ms Tina Perryman, *staff support*

Discipline¹

Mr. Robert MacKay, *Chair*
Dr. Colin Goudreau
Ms Robyn Gravelle
Dr. Steven Lester
Dr. Daniela Arciero, *non-Council*
Dr. Liz Gabison, *non-Council*
Dr. Colleen Patrick, *non-Council*
Dr. Janine Taylor, *non-Council, alternate*
Dr. G. Murray Townsend, *non-Council, alternate*
Dr. Matt Tribe, *non-Council, alternate*
Ms Jo-Ann Willson, *staff support*

Fitness to Practise

Ms Robyn Gravelle, *Chair*
Dr. Gerard Arbour
Dr. Janit Porter
Ms Jo-Ann Willson, *staff support*

Patient Relations

Mr. John Papadakis, *Chair*
Dr. Janit Porter
Dr. Michelle Campbell, *non-Council*
Dr. Carolyn Wood, *non-Council*
Public Member – Vacant
Mr. Joel Friedman, *staff support*
Ms Jo-Ann Willson, *staff support*

Quality Assurance

Ms Robyn Gravelle, *Chair*
Dr. Gerard Arbour
Dr. Paul Groulx
Mr. Robert MacKay
Dr. Liz Anderson-Peacock, *non-Council*
Mr. Joel Friedman, *staff support*
Dr. Bruce Walton, *staff support*
Ms Jo-Ann Willson, *staff support*

Registration

Dr. Paul Groulx, *Chair*
Mr. Gagandeep Dhanda
Mr. John Papadakis
Dr. Michael Staffen
Ms Madeline Cheng, *staff support*
Ms Jo-Ann Willson, *staff support*
Mr. Joel Friedman, *staff support*

Advertising

Dr. Gerard Arbour, *Chair*
Mr. Gagandeep Dhanda
Dr. Janit Porter
Dr. Ian Quist, *non-Council*
Mr. Robert MacKay, *alternate*
Mr. Joel Friedman, *staff support*

¹ All members of Council are potentially members of a Discipline and Fitness to Practise panel.



Mission

The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

Vision

Committed to regulatory excellence in the public interest in a diverse environment.

Values

- Integrity
- Respect
- Collaborative
- Innovative
- Transparent
- Responsive

Strategic Objectives

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.
2. Ensure the practice of members is safe, ethical, and patient-centered.
3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.
4. Optimize the use of technology to facilitate regulatory functions and communications.
5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

(To be reviewed in person at a Strategic Planning Session when able to do so in 2021 or 2022)

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.



A Retrospective on the Year Through President's Messages

Dr. Dennis Mizel,
President

In 2020, the CCO, Council and Executive Committee exemplified their commitment to transparency and accountability through a timely, comprehensive and frequent series of messages from the CCO President to 5,000+ members, stakeholders and the public. While the cadence of the communications was highest in March and April—as befitted the rapid developments in the provincial pandemic response—the common denominator throughout was measures taken to deliver on the CCO's mandate of regulating chiropractic in the public interest.

Early in the year, the President's Message foreshadowed changes on the regulatory horizon towards smaller and more nimble boards to reflect best practices in governance, and a new system of eligibility requiring that all appointments (both professional and public) to health regulatory councils be based on specific competencies and a commitment to public interest rather than professional or self-interest. A subsequent Message noted that CCO had made many improvements to its electoral process, designed to ensure fair Council elections and to encourage professional, respectful communication from all candidates and those supporting them.

In mid-March, however, the focus of the President's Messages changed dramatically as the seriousness of the COVID-19 pandemic began to take shape. The first Message acknowledged and provided support for the Ontario Ministry of Health's early efforts relating to COVID-19, by linking to the various public health initiatives being undertaken. It also noted that all in-person CCO meetings and activities were now suspended, and staff were transitioning to work from home. Members were also advised that the time period to complete their continuing education (CE) requirements had been extended as a result of the changes. As well, the Quality Assurance Committee suspended all in-person peer and practice assessments.

Twenty-four hours later, a new President's Message was distributed in response to the provincial declaration of a state of emergency, explaining how to operationalize in the clinical setting recommendations from both the CCO and the Ministry of Health intended to mitigate the impact of COVID-19 on the most vulnerable populations. Specifically, CCO directed that all non-essential chiropractic services be suspended immediately; exceptions were only for emergency/acute care.

CCO shared further guidance that members could only treat patients who had suffered a musculoskeletal trauma, or those dealing with incapacitating neuromusculoskeletal problems or pain, in order to offer an effective therapeutic option for these patients. Members were advised on active COVID-19 screening, the need for physical distancing, enhanced sanitation and personal protective equipment protocols and other required measures for in-person care.

A few days later, another President's Message was sent highlighting ministerial directive #2 reinforcing the suspension of non-essential services and informing members of the Ministry's call for the recruitment of additional COVID-19 health care providers.

At the same time, CCO reminded members of their obligations to adhere to Standard of Practice S-016: Advertising; Guideline G-016: Advertising, and Guideline G-012: Use of Social Media with respect to claims made on their websites, advertising material and social media accounts. The message advised that CCO would take appropriate regulatory action to protect the public, when evidence was provided of comments, claims or behaviour that fall outside a chiropractor's scope of practice.

An additional President's Message soon followed in support of the provincial order shuttering all non-essential workplaces, clarifying that Ontario chiropractors were included in the unnamed, but exempted, health professionals referred to in Section 58 of the list of workplaces deemed essential— but only to provide emergency care. The message further clarified for members and the public the precise meaning of the "emergency care" directive in the context of chiropractic.

In early April, the President wrote to inform stakeholders of the results of the District 1, 5 and 6 elections and to thank all who offered their candidatures. The Message also thanked the more than 150 Ontario chiropractors who had indicated to the Ministry of Health their willingness to assist in whatever capacity they may be called upon, as it prepared for an expected COVID-19 related surge in demand on Ontario's health care system.

The next President's Message provided CCO members detailed protocols for the provision of remote services, or telecare, as permitted through the updated provincial emergency orders. Chiropractors were directed that they could do the following by way of telecare: offer consultations, obtain informed consent, conduct modified assessment/examination, and provide diagnosis/clinical impression or plan of care recommendations within the chiropractic scope of practice as appropriate to virtual remote care.

At the same time, members were cautioned about the limitations of telecare, including limitations to the performance of certain orthopedic, neurological and chiropractic assessments; limitations to providing a definitive diagnosis and the recognition that no hands-on assessment or care could be provided through telecare.

In late April, the President's Message highlighted CCO's proactive efforts to safeguard the public interest in delivering 74 cease and desist letters in response to inquiries relating to inappropriate advertising and social media posts. This action resulted in the subsequent removal of all the identified website content, advertisements and social media posts.

The message also provided a detailed analysis of the work of the Inquiries, Complaints and Reports Committee (ICRC) in processing 158 inquiries, the majority pertaining to claims made for chiropractic's benefits for the immune system, and by extension, chiropractic as a deterrent to contracting COVID-19. Members were again explicitly advised they must not make any unsubstantiated claims concerning chiropractic care and COVID-19, nor provide any advice or treatment related to conditions outside the chiropractic scope of practice.

On May 14, 2020 the province of Ontario announced an additional easing of restrictions on workplaces and services as part of its phased approach outlined in the framework for re-opening. The next day, a President's Message was sent introducing CCO's previously prepared Guidance for Return to Practice for CCO Members when Authorized by Government (During COVID-19 Pandemic), to be followed when the return to full, or non-urgent, in-person chiropractic services was authorized. In the interim, members were advised to continue following the Ministry of Health Directive #2, and previous CCO messages governing the provisions for telecare and provision of urgent/emergency care only.

Later that month with the amendment of Directive #2, a President's Message was immediately distributed advising that all deferred and non-essential and elective services could be gradually restarted subject to specific requirements. CCO members were directed to review in detail the re-opening measures outlined in the documents Ministry of Health COVID-19 Operational Requirements: Health Sector Restart and Requirements for Health Care Providers and the previously shared re-opening guidelines prepared by CCO. The focus of the next President's Message in June was the CCO Registration Committee's innovative efforts to ensure the transparent, fair and impartial registration of new applicants who were unable to complete Canadian Chiropractic Examining Board (CCEB) examinations cancelled because of COVID-19. The Committee noted there were compelling public interest reasons for accommodating applicants in this situation, at the same time as it recognized that exempting applicants from having to successfully pass the examinations, even temporarily, was a major concession that required adequate alternative safeguards. Holders of provisional licenses would only be able to practise under a stringent set of terms, conditions and limitations designed to maintain the safety and well-being of the public.

Subsequently, the 11th President's message related to the pandemic response was sent detailing the impact on members and the public of the transition to Stage 2 of the government's reopening framework. The Message also updated on CCO Council activities and welcomed two new Council members.

In August, the President's Message formally introduced Policy P-058: Policy on Considering Applications for Registration During the COVID-19 Pandemic, the result of a rigorous review of governance requirements, peer organization practices (including other regulators), stakeholder consultations and an evaluation from the University of Toronto's Institute of Health Policy, Management and Evaluation's Accessing Centre for Expertise (ACE).

The message also welcomed Dr. Frazer Smith to Council (District 7). It noted that Dr. Smith was selected to join Council as per CCO governance that directs that any eligible CCO member in good standing may be selected to fill the vacancy if no candidacies are received for election in District 7. With that appointment, CCO Council became fully and properly constituted.

The August message also noted that CCO's Quality Assurance (QA) Committee was seeking feedback on a draft Standard of Practice and Guideline relating to health claims in advertising, websites and social media from members and stakeholders, and that a pilot project had been initiated by the Executive Committee to review the websites and social media sites of all elected Council members and non-Council committee members to determine if such a review could become a component of CCO's quality assurance program in future.

In the fall, the President's Message provided updates to ongoing CCO operations. It highlighted the work of CCO's Inquiries, Complaints and Reports Committee (ICRC) over the course of several virtual meetings held to address over 185 complaints relating to social media and health claims. It noted ICRC had rendered decisions on every one of the 185 complaints, and that one DC had requested a HPARB review of one decision, while a single public complainant has requested a review of 28. It was also noted that there were 12 referrals to CCO's Discipline Committee outstanding, several involving allegations of sexual abuse. Members were reminded that while it was anticipated the government would pass a spousal exemption, until such a regulation was passed there remained no exemption to the sexual abuse provisions of the *Regulated Health Professions Act, 1991 (RHPA)*.

In November, the President's Message revisited the success of the provisional licence policy for new registrants affected by the cancellation of CCEB examinations, and also highlighted the mandatory training that CCO Council members must undertake to serve on Council. This included workshops on governance, conflict of interest, confidentiality, chairing effective meetings and discipline. Building on these foundations, it noted that CCO was also developing a suite of 12 training modules for Council members to deepen their understanding of the Chiropractic Act, duties owed to the regulator, and CCO's overarching accountability to the public.

The final President's Message of 2020 noted that Health Canada had just authorized the first COVID-19 vaccine for distribution in Canada and seized the opportunity to again remind members that as per CCO Standard of Practice S-001: Chiropractic Scope of Practice and the Professional Advisory on Vaccination and Immunization, treating or advising in relation to vaccination is outside the chiropractic scope of practice. The message emphasized that this applied in equal measure to the new category of approved COVID-19 vaccines, and that members must not express views, treat or advise patients or prospective patients with respect to vaccination.

Throughout the year, the President's Messages made clear Council and Executive Committee expectations that members adhere to the highest standards of professional conduct in their practices and in their service to the public. They provided timely, accurate guidance for complying with CCO and public health orders and directives and highlighted the many ways CCO and members had demonstrated resourcefulness and adaptability in delivering on their mandate as regulator and health professionals in turbulent, unprecedented times.



Une rétrospective de l'année à travers les messages du président

Dr. Dennis Mizel,
Président

En 2020, le Conseil et le Comité exécutif de l'Ordre des Chiropraticiens de l'Ontario (OCO) ont démontré leur engagement envers la transparence et la responsabilité par une série de messages opportuns, complets et fréquents du président de l'OCO à plus de 5 000 membres, parties intéressées et au public. Alors que la cadence des communications était la plus élevée en mars et en avril – comme il convenait aux développements rapides de la réponse provinciale à la pandémie – le point commun était entièrement les mesures prises pour remplir le mandat de l'OCO de régler la chiropratique dans l'intérêt public.

Au début de l'année, le message du président annonçait des changements à l'horizon réglementaire vers des conseils plus petits et plus agiles à fin de refléter les meilleures pratiques en matière de gouvernance, et un nouveau système d'admissibilité exigeant que toutes les nominations (tant professionnelles que publiques) aux conseils de réglementation de la santé soient fondées sur des compétences spécifiques et sur un engagement à l'égard de l'intérêt public plutôt que sur des intérêts professionnels ou personnels.

Un message subséquent indiquait que l'OCO avait apporté de nombreuses améliorations à son processus électoral, afin d'assurer des élections équitables au Conseil et d'encourager une communication professionnelle et respectueuse de tous les candidats et de ceux qui les appuient.

À la mi-mars, cependant, le centre d'attention des messages du président a changé radicalement à mesure que la gravité de la pandémie de la COVID-19 commençait à se développer. Le premier message reconnaissait et appuyait les premiers efforts du ministère de la Santé de l'Ontario concernant la COVID-19, en établissant un lien avec les diverses initiatives de santé publique qui étaient entreprises. Il a également noté que toutes les réunions et activités en personne de l'OCO étaient désormais suspendues et que le personnel était en train de passer au travail à domicile. Les membres ont également été informés que le délai pour terminer leurs exigences de formation continue (FC) avait été prolongé en raison des changements. De plus, le comité d'assurance de la qualité a suspendu toutes les évaluations en personne par des pairs et des pratiques.

Vingt-quatre heures plus tard, un nouveau message du président était distribué en réponse à la déclaration provinciale d'état d'urgence, expliquant comment mettre en œuvre les recommandations cliniques de l'OCO et du ministère de la Santé visant à atténuer l'impact de la COVID-19 sur les populations les plus vulnérables. Plus précisément, l'OCO a ordonné que tous les services chiropratiques non essentiels soient immédiatement suspendus; les exceptions concernaient uniquement les soins d'urgence ou de courte durée.

L'OCO a également indiqué que les membres ne pouvaient traiter que les patients ayant subi un traumatisme musculo-squelettique, ou ceux souffrant de problèmes ou de douleurs neuromusculo-squelettiques incapacitants, afin d'offrir une option thérapeutique efficace pour ces patients. Les membres ont été informés du dépistage actif de la COVID-19, de la nécessité d'une distanciation physique, de protocoles améliorés en matière d'hygiène et d'équipement de protection individuelle et d'autres mesures requises pour les soins en personne.

Quelques jours plus tard, un autre message du président a été envoyé, soulignant la directive ministérielle n° 2 renforçant la suspension des services non essentiels et informant les membres de l'appel du ministère pour le recrutement de fournisseurs de soins de santé supplémentaires dans le cadre de la COVID-19.

En même temps, l'OCO a rappelé aux membres qu'ils doivent respecter la Norme de pratique S-016 : Publicité; la Ligne directrice G-016 : Publicité et la Ligne directrice G-012 : Utilisation des médias sociaux en ce qui concerne les allégations faites sur leurs sites Web, leur matériel publicitaire et leurs comptes de médias sociaux. Le message indiquait que l'OCO prendrait les mesures réglementaires appropriées pour protéger le public, lorsqu'on a fourni des preuves de commentaires, d'allégations ou de comportements qui ne relèvent pas du champ de pratique d'un chiropraticien.

Un message supplémentaire du président a suivi peu de temps après pour appuyer l'ordre provincial fermant tous les lieux de travail non essentiels, précisant que les chiropraticiens de l'Ontario étaient inclus dans les professionnels de la santé non nommés, mais exemptés, mentionnés à l'article 58 de la liste des lieux de travail jugés essentiels, mais uniquement pour fournir des soins d'urgence. Le message expliquait en outre aux membres et au public le sens précis de la directive « soins d'urgence » dans le contexte de la chiropratique.

Au début d'avril, le président a écrit pour informer les parties intéressées des résultats des élections des districts 1, 5 et 6 et pour remercier tous ceux qui ont proposé leurs candidatures. Le message a également remercié les plus de 150 chiropraticiens de l'Ontario qui ont indiqué au ministère de la Santé qu'ils étaient disposés à aider à quelque titre que ce soit, alors que le ministère se préparait à une augmentation prévue de la demande liée à la COVID-19 dans le système de santé de l'Ontario.

Le prochain message du président a fourni aux membres de l'OCO des protocoles détaillés pour la prestation de services à distance, ou télé-soins, comme le permettent les décrets d'urgence provinciaux mis à jour. On a demandé aux chiropraticiens de faire ce qui suit par télé-soins : offrir des consultations, obtenir un consentement éclairé, effectuer une évaluation modifiée ou un examen modifié et fournir un diagnostic ou une impression clinique, ou des recommandations de plan de soins dans le champ d'exercice de la chiropratique, selon le cas, pour les soins virtuels à distance.

En même temps, les membres ont été mis en garde contre les limites des télé-soins, y compris les limites à la réalisation de certaines évaluations orthopédiques, neurologiques et chiropratiques; les limites à

l'établissement d'un diagnostic définitif et la reconnaissance du fait qu'aucune évaluation ou aucun soin pratique ne peut être fourni par télé-soins.

À la fin d'avril, le message du président a souligné les efforts proactifs de l'OCO pour protéger l'intérêt public en remettant 74 ordonnances de cessation et d'abstention en réponse aux demandes de renseignements concernant la publicité inappropriée et les publications sur les réseaux sociaux. Cette action a entraîné la suppression ultérieure de tout le contenu du site Web identifié, des publicités et des publications sur les réseaux sociaux.

Le message a également fourni une analyse détaillée du travail du Comité des enquêtes, des plaintes et des rapports (CEPR) dans le traitement de 158 enquêtes, la majorité se rapportant à des déclarations concernant les avantages de la chiropratique pour le système immunitaire, et par extension, la chiropratique comme moyen de dissuasion de contracter la COVID-19. Les membres ont de nouveau été explicitement informés qu'ils ne devaient faire aucune déclaration non fondée concernant les soins chiropratiques et la COVID-19, ni fournir d'orientations ou de traitement liés à des affections en dehors du champ d'exercice de la chiropratique.

Le 14 mai 2020, la province de l'Ontario a annoncé une réduction additionnelle des restrictions sur les lieux de travail et les services dans le cadre de son approche progressive décrite au titre de réouverture. Le lendemain, un message du président a été envoyé pour présenter les directives précédemment préparées par l'OCO pour le retour à la pratique pour les membres de l'OCO lorsqu'elles sont autorisées par le gouvernement (pendant la pandémie de la COVID-19), à suivre lorsque le retour aux services chiropratiques complets ou non urgents en personne a été autorisé. Entre-temps, on a conseillé aux membres de continuer à suivre la Directive n° 2 du ministère de la Santé et les messages antérieurs de l'OCO régissant uniquement les dispositions relatives aux télé-soins et à la prestation de soins urgents.

Plus tard ce mois-là, avec la modification de la Directive n° 2, un message du président a été immédiatement distribué, informant que tous les services différés, non essentiels et facultatifs pourraient être redémarrés graduellement, sous réserve d'exigences spécifiques. Les membres de l'OCO ont été invités à examiner en détail les mesures de réouverture décrites dans les documents Exigences opérationnelles de la COVID-19 du ministère de la Santé : redémarrage du secteur de la santé et exigences pour les fournisseurs de soins de santé, ainsi que les directives de réouverture précédemment partagées qui ont été préparées par l'OCO.

L'objet du prochain message du président en juin était axé sur les efforts novateurs du comité d'inscription de l'OCO pour assurer l'inscription transparente, juste et impartiale des nouveaux candidats qui n'ont pas été en mesure de remplir les examens du Conseil canadien des examens chiropratiques (CCEC) annulés en raison de la COVID-19. Le Comité a noté qu'il y avait des raisons impérieuses d'intérêt public d'accommoder les candidats dans cette situation, tout en reconnaissant qu'exempter les candidats de l'obligation de réussir les examens, même temporairement, était une concession majeure qui nécessitait des garanties alternatives adéquates. Les titulaires de permis provisoires ne pourraient exercer leur profession qu'en vertu d'un ensemble strict de modalités, conditions et limitations conçues pour maintenir la sécurité et le bien-être du public.

Par la suite, le 11e message du président relatif à la réponse à la pandémie a été envoyé, détaillant l'impact sur les membres et le public de la transition vers l'étape 2 du cadre de réouverture du gouvernement. Le message a également fait le point sur les activités du Conseil de l'OCO et a accueilli deux nouveaux membres du Conseil.

En août, le message du président a officiellement présenté la Politique P-058 : Politique sur l'examen des demandes d'inscription pendant la pandémie de la COVID-19, résultat d'un examen rigoureux des exigences en matière de gouvernance, des pratiques des organisations homologues (y compris d'autres organismes de réglementation), des consultations des parties intéressées et d'une évaluation du Centre d'accès à l'expertise (CAE) de l'Institut des politiques, de la gestion et de l'évaluation sur la santé de l'Université de Toronto.

Le message a également accueilli le Dr Frazer Smith au Conseil (District 7). Le message a noté que le Dr Smith a été choisi pour rejoindre le Conseil conformément à la gouvernance de l'OCO qui stipule que tout membre de l'OCO éligible en règle peut être sélectionné pour combler le poste vacant si aucune candidature n'est reçue pour l'élection dans le district 7. Avec cette nomination, le Conseil de l'OCO est devenu pleinement et correctement constitué.

Le message d'août mentionnait également que le Comité d'assurance de la qualité (AQ) de l'OCO cherchait à obtenir de la rétroaction des membres et des parties intéressées sur une ébauche de Norme de pratique et de Lignes directrices concernant les allégations relatives à la santé dans la publicité, les sites Web et les médias sociaux, et qu'un projet pilote avait été lancé par le Comité exécutif pour examiner les sites Web et les sites de médias sociaux de tous les membres élus du Conseil et des membres du comité non élus au Conseil afin de déterminer si un tel examen pourrait devenir une composante du programme d'assurance qualité de l'OCO dans l'avenir.

À l'automne, le message du président a fourni des mises à jour sur les activités en cours de l'OCO. Le message a souligné le travail du Comité des enquêtes, des plaintes et des rapports (CEPR) de l'OCO au cours de plusieurs réunions virtuelles réalisées pour aborder plus de 185 plaintes relatives aux médias sociaux et aux allégations de santé. Il a noté que le CICR avait rendu des décisions sur chacune des 185 plaintes, et qu'un docteur en chiropratique (DC) avait demandé une révision d'une décision par la Commission d'appel et de révision des professions de la santé (CARPS), tandis qu'un seul plaignant public a demandé une révision de 28 plaintes. On mentionne également qu'il y a eu 12 renvois en cours au comité de discipline de l'OCO, dont plusieurs portaient sur des allégations d'abus sexuel. On a rappelé aux membres que même s'il était prévu que le gouvernement adopterait une exemption du conjoint, jusqu'à ce qu'un tel règlement soit adopté, il ne restait aucune exemption aux dispositions relatives aux abus sexuels de la Loi de 1991 sur les professions de la santé réglementées (LPSR).

En novembre, le message du président a réexaminé le succès de la politique de licence provisoire pour les nouveaux inscrits touchés par l'annulation des examens du Conseil canadien des examens chiropratiques (CCEC), et a également souligné la formation obligatoire que les membres du Conseil de l'OCO doivent suivre pour siéger au Conseil. Cela comprenait des ateliers sur la gouvernance, les conflits d'intérêts, la confidentialité, la présidence de réunions efficaces et la discipline. En s'appuyant sur ces fondements, il a noté que l'OCO développait également une série de 12 modules de formation pour les membres du Conseil afin d'approfondir leur compréhension de la Loi sur la chiropratique, les devoirs envers l'organisme de réglementation et la responsabilité globale de l'OCO envers le public.

Le dernier message du président en 2020 soulignait que Santé Canada venait d'autoriser la distribution du premier vaccin contre la COVID-19 au Canada et saisisait l'occasion pour rappeler à nouveau aux membres que, conformément à la Norme de pratique S-001 de l'OCO : Champ d'exercice de la chiropratique et avis professionnel sur la vaccination et l'immunisation, le traitement ou les conseils en matière de

vaccination ne font pas partie du champ d'exercice de la chiropratique. Le message soulignait que cette mesure s'appliquait également à la nouvelle catégorie de vaccins approuvés contre la COVID-19, et que les membres ne doivent pas exprimer d'opinion, traiter ou conseiller les patients ou les patients potentiels en ce qui concerne la vaccination.

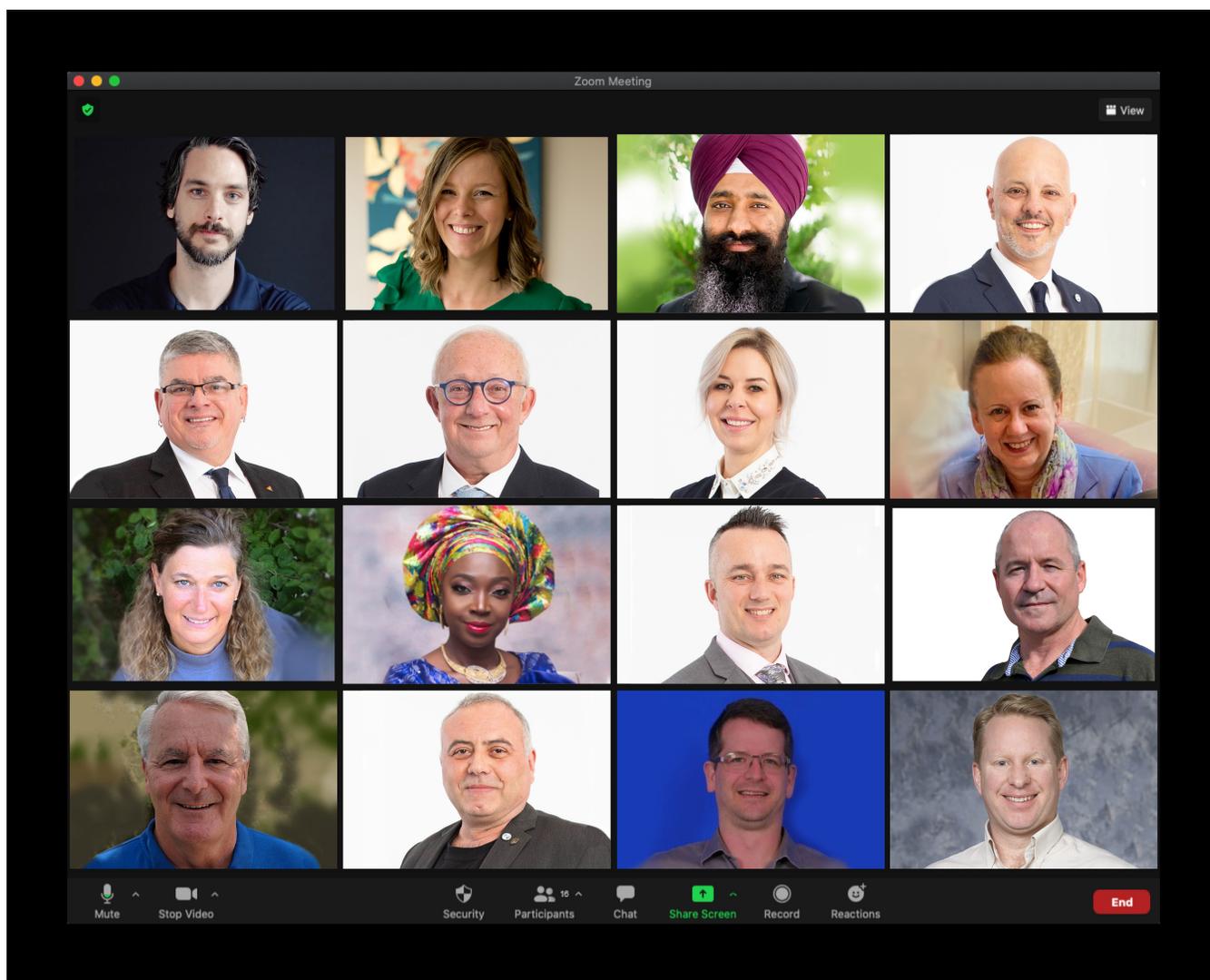
Tout au long de l'année, les messages du président ont clairement indiqué que le Conseil et le Comité exécutif s'attendaient en ce que les membres respectent les normes de conduite professionnelle les plus élevées dans leurs pratiques et dans leur service au public. Ils ont fourni des orientations précises en temps opportun pour se conformer aux ordonnances et aux directives de l'OCO et de la santé publique et ont souligné les nombreuses façons dont l'OCO et ses membres ont fait preuve d'ingéniosité et d'adaptabilité dans l'exécution de leur mandat en tant qu'organisme de réglementation et de professionnels de la santé en temps de turbulence et sans précédent.



It is with profound sadness that we recognize and honour the untimely passing of CCO public member Mr. John Papadakis. John brought enthusiasm, determination, honesty, and a sense of fun to every discussion. Our first meeting with him was at a Greek restaurant where he ordered platters of food and entertained us with stories about his political life and community involvement. He had a steadfast focus on patients and the public interest and will be missed by all. We know however, that we are better as an organization for his contributions and commitment to CCO and the public of Ontario.

Mr. John Papadakis
February 10, 1963 - June 12, 2021

CCO Council



TOP ROW (L-R) **Dr. Colin Goudreau**; **Dr. Sarah Green**; **Mr. Gagandeep Dhanda**; **Dr. Paul Groulx**.

SECOND ROW (L-R) **Mr. Robert MacKay**, *Vice-President*; **Dr. Dennis Mizel**, *President*;

Ms Robyn Gravelle, *Treasurer*; **Ms Jo-Ann Willson**, *Registrar & General Counsel*.

THIRD ROW (L-R) **Dr. Janit Porter**; **Ms Anuli Ausbeth-Ajagu**; **Dr. Steven Lester**; **Dr. Gerard Arbour**.

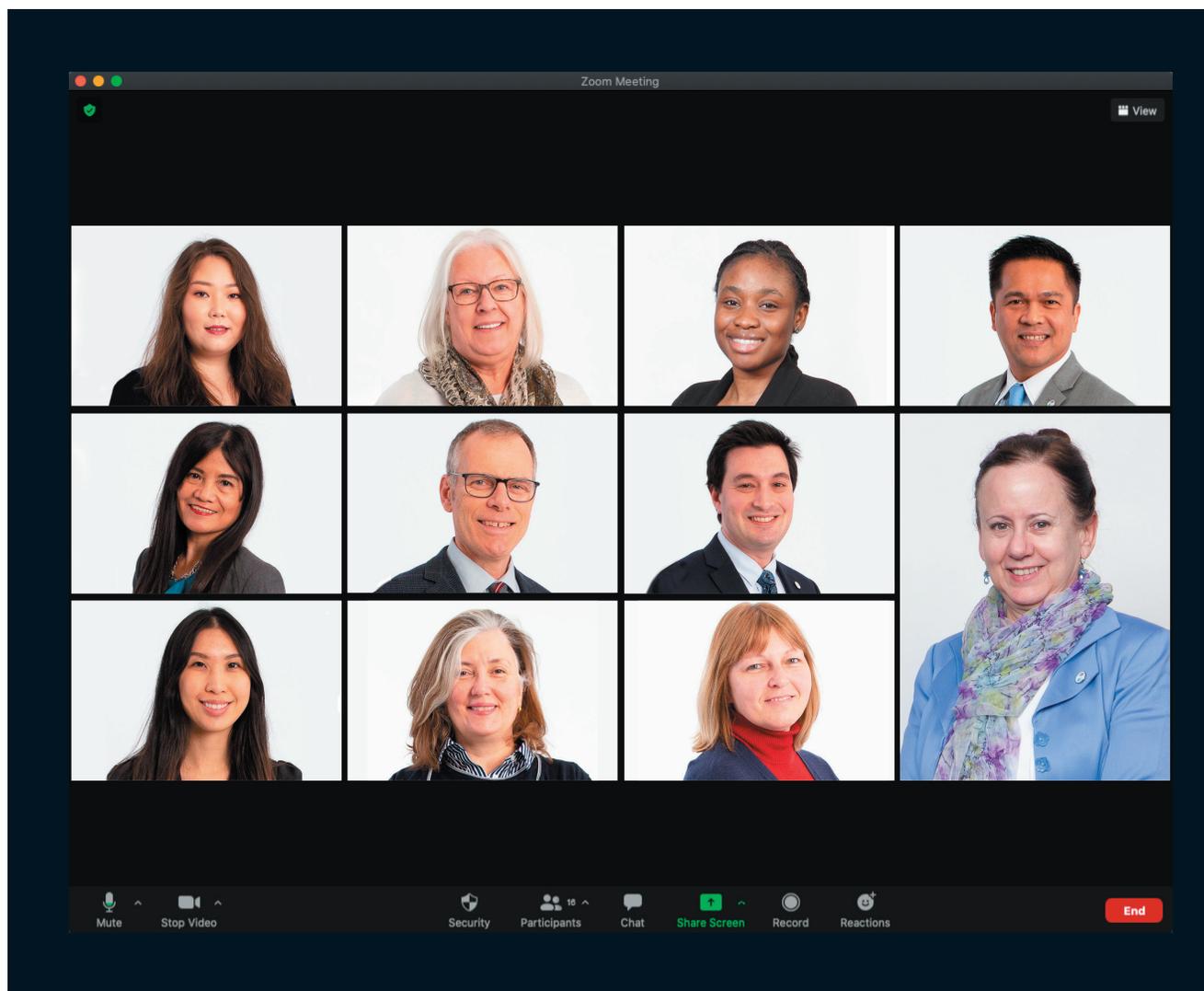
BOTTOM ROW (L-R) **Mr. Markus de Domenico**; **Mr. John Papadakis**; **Mr. Shawn Southern**; **Dr. Mike Staffen**.



CCO Presidents and BDC Chairs

Name	Position	Organization	Term	
Dr. Dennis Mizel	President	CCO	April 2020	April 2021
Dr. Dennis Mizel	President	CCO	April 2019	April 2020
Dr. David Starmer	President	CCO	April 2018	April 2019
Dr. Gauri Shankar	President	CCO	April 2017	April 2018
Dr. Clifford Hardick	President	CCO	April 2016	April 2017
Dr. Clifford Hardick	President	CCO	April 2015	April 2016
Dr. Dennis Mizel	President	CCO	April 2014	April 2015
Dr. Peter Amlinger	President	CCO	April 2013	April 2014
Dr. Peter Amlinger	President	CCO	April 2012	April 2013
Dr. Marshall Deltoff	President	CCO	April 2011	April 2012
Dr. Peter Amlinger	President	CCO	June 2009	April 2011
Dr. Dennis Mizel	President	CCO	June 2008	June 2009
Dr. Gilles Lamarche	President	CCO	April 2006	June 2008
Dr. R. Andrew Potter	President	CCO	April 2004	April 2006
Dr. Allan Gotlib	President	CCO	March 2002	April 2004
Dr. Keith Thomson	President	CCO	March 2001	March 2002
Dr. Allan Gotlib	President	CCO	March 1999	March 2001
Dr. Lloyd E. MacDougall	President	CCO	March 1997	March 1999
Dr. Leo K. Rosenberg	President	CCO	March 1995	March 1997
Dr. Bertram L. Brandon	President	CCO	March 1994	March 1995
Dr. Edward R. Burge	Chair	BDC	February 1988	March 1994
Dr. Robert M. Wingfield	Chair	BDC	February 1986	February 1988
Dr. Fred N. Barnes	Chair	BDC	February 1984	February 1986
Dr. Stephen E. West	Chair	BDC	September 1974	February 1984
Dr. Harold W.R. Beasley	Chair	BDC	September 1961	September 1974
Dr. Harry A. Yates	Chair	BDC	August 1952	September 1961

CCO Staff



Top L-R: **Ms Anouk Enkhbaatar**, *Administrative Assistant*; **Ms Anda Vopni**, *Financial Officer*;
Ms Funto Odukoya, *Administrative Assistant*; **Mr. Darwin Visperas**, *Assistant Registration Coordinator*.

Middle L-R: **Ms Rose Bustria**, *Executive Assistant*; **Dr. J. Bruce Walton**, *Director of Professional Practice*; **Mr. Joel Friedman**, *Deputy Registrar*; **Ms Jo-Ann Willson**, *Registrar and General Counsel*.

Lower L-R: **Ms Madeline Cheng**, *Registration Coordinator*; **Ms Christine McKeown**, *Inquiries, Complaints & Reports Officer*; **Ms Tina Perryman**, *Manager, Inquiries, Complaints & Reports*.



Registrar's Report

There will be many who will describe and reflect on the overwhelming challenges of 2020. We all need to be mindful of the millions of deaths globally resulting from COVID-19, and the extraordinary efforts of many to cope with the ongoing public health crisis in 2020 and beyond. In that context, this report lists those actions that I believe were most significant in 2020 to CCO, its relationship with government and its responsibility to the public:

1. We learned that stakeholders, including members, preferred the more frequent, timely guidance and updates through President's Messages over the previous lengthier newsletters. The President's messages were effective in communicating updates related to COVID-19, including updates to Ontario Government and Ministry of Health directives
2. CCO adapted rapidly to the use of technology, which remains one of the CCO's strategic objectives, to ensure its core functions could continue during the pandemic. CCO shifted all meetings to virtual platforms, distributed information packages electronically and moved to an online format for the legislation and ethics examination and record keeping workshop. Processes were streamlined as was document preparation and distribution including this annual report (which focuses on CCO's efforts to meet the spirit and intent of the Ministry's College Performance Measurement Framework)
3. The Registration Committee developed a policy to allow candidates to register despite being unable to complete the CCEB examinations which were cancelled because of the pandemic. This policy was subsequently described as one of three best practices by regulatory colleges in ensuring open, fair, transparent and impartial registration practices by the Office of the Fairness Commissioner. By year's end, 82 applicants with Provisional Certificates of Registration were moved into the General Class after successfully completed the CCEB examinations
4. The Inquiries, Complaints and Reports Committee processed an unprecedented number of complaints (many from a single complainant) and did so while meeting legislative timelines and requirements. In the absence of a formal complaint, CCO also communicated and followed up with specific members on a more informal basis when information was brought to its attention about potential noncompliance with public health protocols
5. The Discipline Committee was the first *RHPA* college to conduct a virtual discipline hearing, and discipline panels heard and adjudicated nine matters using resources provided by the Ontario Bar Association



Ms Jo-Ann Willson, Registrar and General Counsel, Members' Lounge

6. The Patient Relations Committee initiated a literature and research review of the topic of chiropractic and immunity including key informant interviews to be conducted by the Accessing Centre for Expertise, Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto to help inform CCO's ongoing review of standards, policies, and guidelines (report pending)
7. The Quality Assurance Committee modified its peer assessment processes to include a virtual component to ensure compliance with government orders and directives during the pandemic
8. Although Council was not properly constituted for a significant portion of time by not having sufficient public members, the Executive Committee carried on the leadership role of the college and addressed all urgent, high priority matters as they arose
9. The members of the profession overwhelmingly complied with Ministry orders, directives, and CCO recommendations
10. CCO completed its core functions and responsibilities on time, and on budget, as reflected in the 2020 Financial Statements and the confirmation of a clean audit

What did I miss most in the past year of unparalleled demands, confusion, and anxiety? I missed the personal interactions, and the learning about staff, Council, and stakeholders that you can only get from meeting face-to-face. As the pandemic begins to retreat, I am confident that the CCO and members will meet new challenges and opportunities with an ongoing dedication and commitment to patient care and protection of the public interest.



Executive Committee

Dr. Dennis Mizel,
Chair

The year 2020 was unprecedented in the history of CCO as the COVID-19 pandemic changed nearly everything about how regulatory bodies, including the CCO, conducted their core business.

It required transparent, collegial and agile leadership and extensive cooperation among health system partners, in particular the Ontario Ministry of Health. It required pivoting to altered work systems and structures as CCO business, committee and Council activities were moved online and staff worked remotely. Early in the pandemic the Executive Committee recognized that it could no longer be business as usual: Zoom became the CCO's friend and curse.

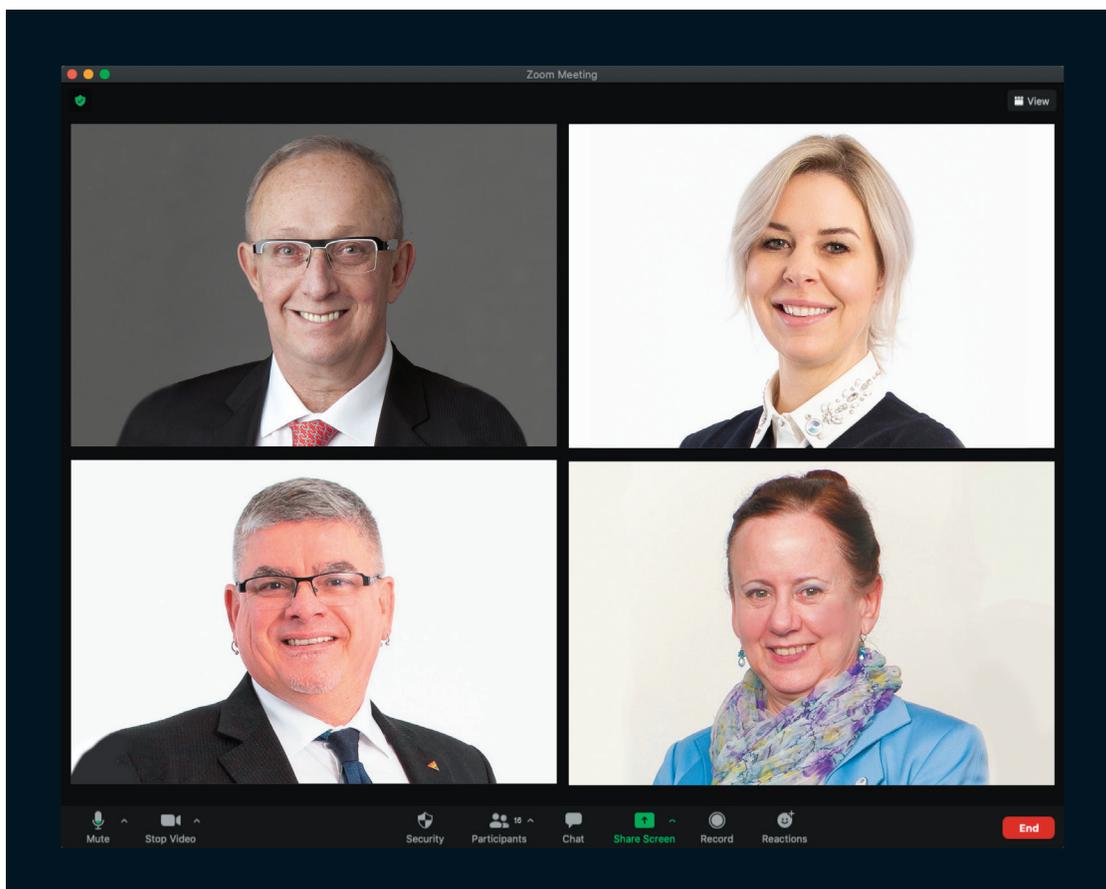
In addition, as a result of the need for additional publicly appointed Council members to meet CCO's minimum requirement for a constituted Council, the Executive Committee's decisions were made as the CCO's properly constituted authoritative body.

With this as context, the following are highlights of the Executive Committee's accomplishments during its meetings in a demanding year.

- Led the CCO in working diligently as a system partner communicating Government orders and directives and interpreting them for the profession as restrictions on the ability to practice shifted in response to the pandemic
- Encouraged assiduously all professional members and partners to adopt and maintain a spirit of respectful and professional communications

Executive 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.



Top L-R: **Dr. Dennis Mizel**, *Chair*, **Ms Robyn Gravelle**, *Treasurer*
 Lower L-R: **Mr. Robert MacKay**, *Vice Chair*, **Jo-Ann Willson**, *Registrar and General Counsel*

- Monitored and addressed inappropriate commentary from members of the profession during 2020 Council elections
- Decided on the deferral of the record keeping workshop and the legislative and ethics examination originally scheduled for June, 2020 and transitioned governance training to online formats
- Reviewed the Cayton Report and discussed need to do a more thorough assessment of its applicability to CCO practices
- Reviewed and assessed the Treasurer’s reports, CCO’s ongoing financial condition and breaches in the Council’s Code of Conduct
- Reviewed and approved revised terms of reference for the Advertising Committee
- Approved undertaking a comprehensive study on chiropractic and immunity by the University of Toronto’s Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, Accessing Centre for Expertise



Advertising Committee 2020 Focus

Dr. Gerard Arbour
Chair

Assuring the integrity of health care claims publicized by chiropractors is critical at all times, and especially so with the heightened anxiety during the COVID-19 pandemic.

To ensure that members' communications with the public about the pandemic were consistent with CCO's Standard of Practice S-016: Advertising and Guideline G-016: Advertising in 2020, the Advertising Committee undertook a number of initiatives:

- Launched a pilot project to assess members' advertising, websites and social media accounts to review compliance with advertising provisions, including Standard of Practice S-016: Advertising, Guideline G-016: Advertising and Guideline G-012: Use of Social Media beginning with a comprehensive review of websites and social media accounts of current Council members, non-Council committee members and peer assessors (approximately 50 members), and using a combination of technology and advertising checklists
- Began a comparative assessment of methods for ongoing and proactive review of member websites and social media accounts to be continued into 2021

Advertising Committee Mandate

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

Governance Training 2020

Four orientation sessions and two education sessions on meeting and internal election technology were conducted for new and current Council members during the year. All sessions were delivered online given pandemic-related restrictions on in-person gatherings.

These sessions covered the following topics:

- Technology training for virtual meetings and online voting in internal elections session one led by CCO staff (June 12, 2020)
- Technology training for virtual meetings and online voting in internal elections session two led by CCO staff (June 15, 2020)
- Governance 101 led by Registrar and General Counsel Ms Jo-Ann Willson and outside legal counsel Mr. Richard Steinecke (June 26, 2020)
- Effective Chair Training led by outside legal counsel Ms Rebecca Durcan (July 10, 2020)
- Council Performance Measurement Framework and Evaluation Training led by outside legal counsel Mr. Richard Steinecke and outside regulatory consultant Ms Deanna Williams (July 24, 2020)
- Advanced Training
 - Effective Chairing 2.0 led by outside legal counsel Mr. Richard Steinecke and outside regulatory consultant Ms Deanna Williams (November 27, 2020)

In addition, new Council members were required to complete the Discipline Training sessions conducted by the Health Profession Regulators of Ontario (HPRO). And all Council members were encouraged to participate in HPRO governance training (November 23 and 30, 2020).



Inquiries, Complaints and Reports Committee 2020 Focus

Dr. Sarah Green
Chair

In its deliberations, the ICRC prioritizes complaints that have a high level of public risk, such as allegations of sexual abuse, patient harm and financial/insurance fraud.

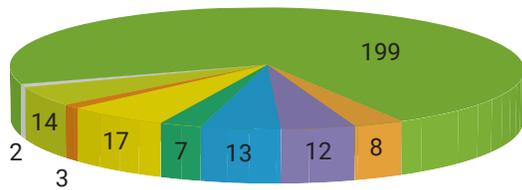
Given public need for clarity about the approved conduct and actions of health care professionals during the pandemic, in 2020 the committee:

- Prioritized complaints related to allegations of failure to comply with COVID-19 protocols and with respect to advertising or posts for claims related to COVID-19 that fall outside of the chiropractic scope of practice claims
- Communicated approved conduct and actions in treating patients during the pandemic to members and stakeholders as part of the April 27, 2020 and October 15, 2020 'President's Messages' regarding COVID-19

Committee Mandate

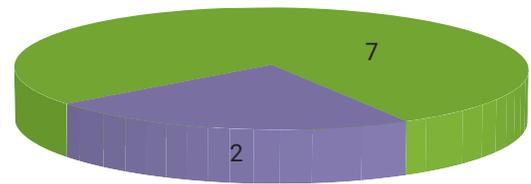
- To respond to inquiries, complaints and reports in a manner consistent with CCO's legislative mandate under the *RHPA*
- To review investigation reports carried out pursuant to s. 75 of the *RHPA*, and to make decisions concerning any further action, including the referral of specified allegations of professional misconduct or incompetence to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member's certificate of registration.

Distribution of Formal Complaints by Theme in 2020



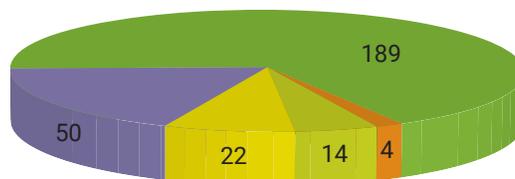
- Advertising 199
- Billing and Fees 8
- Communication 12
- Competence/Patient Care 13
- Fraud 7
- Professional Conduct & Behaviour 17
- Record Keeping 3
- Sexual Abuse/Harassment/Boundary Violations 14
- Unauthorized Practice 0
- Other (acting outside of scope of practice) 2

Distribution of Registrar's Investigations by Theme in 2020



- Professional Conduct & Behaviour 2
- Sexual Abuse/Harassment/Boundary Violations 7

ICRC Dispositions in 2020



- Advice and/Reminder 189
- No Further Action 50
- Oral Caution 22
- Referral to Discipline 14
- Specified Continuing Education or Remediation Program 4



Discipline Committee 2020 Focus

Mr. Robert MacKay
Chair

The Discipline Committee adjudicates specified allegations of professional misconduct referred to the committee by the Inquiries, Complaints and Reports Committee.

During 2020, the focus of its activities included:

- Convening panels to hold hearings with respect to 'Notices of Hearing' involving nine (9) CCO members. In all cases, the hearings proceeded by way of agreed statements of facts and joint submissions on penalty, thus avoiding unnecessary delay and the expense of a contested hearing, while still protecting the public interest
- In each case, a panel of the Discipline Committee ("Panel") made findings of professional misconduct based on the facts and admissions set out in the Agreed Statement of Facts and accepted the proposed penalty contained in the Joint Submission on Penalty and Costs 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 and general deterrence to all members of the profession. They acknowledged that the members had cooperated with the CCO and accepted responsibility for their actions
- There were no contested discipline hearings in 2020

Discipline Committee Mandate

- To adjudicate specified allegations of professional misconduct or incompetence referred to the committee by the Inquiries, Complaints and Reports Committee.
- To review applications for reinstatement following a discipline hearing.

Summary of 2020 Discipline Committee Decisions

Name of Member: James Emmett (#2867)

Place of Practice: Orleans

Summary of Agreed Statement of Facts

Background

- During the relevant period, the Member practiced chiropractic at the Centrum Chiropractic Clinic in Orleans, Ontario.

Concurrent Professional and Sexual Relationship with a Patient

- The Member treated "Patient A." during the period 2011 – 2018. Starting in 2011, the Member and Patient A. developed a personal and romantic relationship that included kissing, hugging, holding hands, touching, and spending time at the Member's home. The personal and romantic relationship continued until 2013, when the Member advised Patient A that he wanted to end the personal and romantic relationship. This was very painful to Patient A.
- They resumed their personal and romantic relationship in 2016, and it lasted until 2017, when the Member advised Patient A. that he wanted their personal relationship to end.
- In October 2018, Patient A. terminated the doctor-patient relationship with the Member.
- According to the Member, although the personal and romantic relationship with Patient A. included touching of a sexual nature, and behaviour and remarks of a sexual nature, it did not include sexual intercourse or other forms of physical sexual relations listed in subsection 51(5)3 of the Health Professions Procedural Code.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that the Member had a concurrent sexual and doctor-patient relationship with Patient A. during the period 2011 – 2017 and that he committed acts

of professional misconduct because he:

- sexually abused Patient A.
- contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession
- abused Patient A. verbally and/or psychologically and/or emotionally
- engaged in conduct or performed an act or acts, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel which was accepted and provided for:
 - a reprimand
 - a suspension of the Member's certificate of registration for 12 months, with two months of the suspension to be suspended if the Member completed certain remedial measures
 - the imposition of terms, conditions and limitations on his certificate of registration:
 - ◇ within 10 months of the start of the suspension, the Member must:
 - at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop
 - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies
 - provide evidence that he has successfully completed, at his own expense, a course or courses in professional boundaries and ethical patient care approved of by the Registrar.
 - ◇ requiring that the Member be peer assessed at his own expense within six months after returning to practice.

Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO \$12,000.00 in costs. The Panel made the order as requested.

Name of Member: Jonathan Forbes (#4544)

Place of Practice: Brampton

Summary of Agreed Statement of Facts**Background**

- During the relevant period, the Member practiced chiropractic at his chiropractic clinic in Brampton, Ontario.

Failure to have Professional Liability Insurance

- In 2003, when the Member became a member of the CCO, there was no requirement for CCO members to have practice insurance. CCO members were only required to indicate on annual renewal forms whether they had malpractice insurance.
- In 2009, due to changes in the Regulated Health Professions Act and CCO By-law 16, every practicing chiropractor in Ontario was required to be personally insured against professional liability.
- In 2005 and 2006, the Member indicated on his annual renewal forms that he was insured through the CCPA. Thereafter, from 2007 – 2017, he indicated on every annual renewal form that he had malpractice insurance or professional liability insurance with Walter Roberts.
- The Member admitted he did not have any professional liability insurance during the period 2005 – 2017, and that he provided false information to the CCO on his annual renewal forms.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:
 - engaged in the practice of chiropractic when he was not personally insured against professional liability and he did not comply

with the requirements respecting professional liability insurance or protection against professional liability specified by the College of Chiropractors of Ontario and prescribed in CCO By-Law 16: Professional Liability Insurance and/or paragraph 17 of O. Reg. 137/11- Registration

- 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 failure to carry professional liability insurance
- engaged in conduct or performed acts, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel that it should:
 - reprimand the Member
 - suspend the Member's certificate of registration for 12 months, with two months of the suspension to be suspended if the Member completed certain remedial measures
 - impose the following terms, conditions and limitations on his certificate of registration:
 - ◇ within 10 months of the start of the suspension, the Member must:
 - at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop
 - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies
 - provide evidence that he has successfully completed, at his own expense, a course or courses in professional boundaries and ethical patient care approved of by the Registrar
 - provide evidence that he has obtained professional liability insurance in accordance with the by-laws and Ontario Regulation R-003.

- ◊ requiring that the Member to be peer assessed at his own expense within six months after returning to practice
- ◊ requiring the Member to reimburse the CCO for any costs it incurs for funding and therapy for a patient.
- The Panel accepted the Joint Submission. In the Panel's view, the Member had taken the matter seriously and had no prior Discipline Committee history. However, the misconduct was serious and warranted a lengthy suspension because the requirement to have professional liability insurance is fundamentally important in protecting the public interest, and the misconduct occurred over a long period of time.

Costs

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

Name of Member: Allen Guttman (#2143)

Place of Practice: Thornhill

Summary of Agreed Statement of Facts

Background

- During the relevant period, the Member practiced chiropractic at his chiropractic clinic ("Clinic") in Thornhill, Ontario.
- In February 2018, CCO received a complaint from Green Shield Canada ("GSC") regarding the Member's conduct in providing and billing orthotics and orthopaedic shoes. In 2017, GSC had conducted an audit of 793 claims submitted to GSC between January 1, 2017 – June 30, 2017 ("Period") totalling \$195,225.00 where the Member was the provider. As part of the audit, GSC sent questionnaires to 168 of the plan members, and reviewed 107 patient records obtained from the Member. GSC found that almost all of the claims were from Toronto Transit Commission ("TTC") employees, virtually all the claims were for orthotics and orthopaedic shoes that had been prescribed by the same chiropodist, "Mr. W." and that there were anomalies in the Member's documentation.

Documentation

- Each patient file reviewed by GSC and the CCO was deficient in that: a) there was insufficient information to identify the patient b) the Member's notes were brief, cursory, generally illegible, and contained codes for which there were no legends c) most assessments and all dispensing notes were the same for all patients d) consent forms only indicated that the patient consented to the Member prescribing and dispensing orthotics and/or orthopaedic shoes to the patient and/or spouse and dependants e) the receipts for chiropractic services consisted of forms where dates were circled, along with a list of fees being charged f) there was no information identifying the services that were provided and g) invoices and records were consolidated by family.
- The Member admitted: a) it would be impossible for a third party to review the patient records and understand the patients' past and current health history as well as future health goals b) his record keeping failed to maintain the standards of practice of the profession and was in breach of CCO Standard of Practice S-002 Record Keeping and CCO Standard of Practice S-012 Orthotics and c) his written consent forms did not evidence that his patients provided informed consent as required by CCO Standard of Practice S-012 Orthotics and CCO Standard of Practice S-013 Consent.

Free Shoes

- The Member provided patients with free non-orthopaedic shoes with every pair of orthotics and every pair of orthopaedic shoes.
- The Member admitted that it was unprofessional to offer an incentive, such as free shoes, for patients to use their insurance coverage for orthotics and orthopaedic shoes. Such an incentive could result in excessive and unnecessary demands and claims for medical devices. The cost of shoes that were free to patients was incorporated into the fee the Member charged to the insurer, ultimately resulting in the insurer paying for the cost of shoes that were not a plan benefit and were not itemized in any invoice or claim form.

Prescriptions for Medical Devices

- GSC required all orthotics and/or orthopaedic shoes to be prescribed by a podiatrist or a chiropodist.
- The Member would refer his patients to a chiropodist, Mr. W., to get a prescription for orthotics and/or orthopaedic shoes. The Member would pay the fee that Mr. W. charged for a prescription, which, depending on the circumstances, ranged from \$50.00 - \$100.00 per prescription. The Member had no discussions with his patients regarding Mr. W.'s fee, including who would pay for it and whether it could be claimed from the insurer. He would simply tell patients to go to Mr. W. for a prescription. Mr. W. would bill the Member for each patient he saw and the Member would pay him.
- No insurance claim forms for orthotics and/or orthopaedic shoes that the Member sent to GSC included payment of Mr. W.'s fee. However, Mr. W.'s fee was ultimately incorporated into the fee the Member charged to the insurer, resulting in the insurer paying for Mr. W.'s services, although such services were not a benefit in most of the patients' insurance plans and Mr. W.'s fee was not itemized in any invoice.
- The Member admitted that he should have, and failed to, disclose his billing practices and Mr. W.'s fee to his patients and that he was in breach of CCO Guideline G-008 Business Practices.

Variable Billing

- The amount the Member charged each patient depended on whether a patient had insurance, and, if so, the amount of insurance.
- He admitted this billing practice was in breach of CCO Guideline G-008 Business Practices, which requires members to bill third-party payors the same fees as are billed to uninsured patients for similar services, and to bill all third-party payors the same amount, regardless of insurance coverage.

Reuse of Casts

- The Member would re-use foam casts for orthotics, even if they had been on file for many years. He would only make new casts for a patient's orthotics if the patient told him they

had new complaints or conditions. He charged the same amount for orthotics, regardless of whether he re-used an old cast or made a new one.

- He admitted that he failed to conduct an assessment, including making new casts, when providing orthotics to a patient, and that his fees should have been fair and related to the services he provided to the patient.

Billing for Chiropractic Services

- The Member would frequently charge between \$15.00 and \$75.00 for "chiropractic services" on the same day that he provided and charged for orthotics and/or orthopaedic shoes, even though he did not provide any chiropractic treatment to patients, and the services covered by the "chiropractic services" fee were duplicative of the services covered by his fee for orthotics/orthopaedics. The Member also charged different amounts for "chiropractic services" depending on the rates different insurance companies would pay. He did not tell his patients he was charging their insurers for "chiropractic services."
- He admitted that charging a fee for "chiropractic services" was unreasonable and misleading and he was in breach of CCO Standard of Practice S-012 Orthotics and CCO Guideline C-008 Business Practices.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:
 - contravened a standard of practice or failed to maintain the standard of practice expected of members of the profession with respect to his assessment, treatment, documentation, and billing
 - provided treatment without informed consent
 - failed to keep records as required by the regulations
 - signed or issued, in his professional capacity, documents he knew contained false and misleading statements

- submitted accounts or charges for services that he knew were false or misleading
- failed to disclose fees for services before the service was provided
- engaged in conduct that was dishonourable, disgraceful and unprofessional with his respect to his assessment, treatment, documentation and billing.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
 - reprimand the Member
 - suspend the Member's certificate of registration for 9 months, with three months of the suspension to be suspended if the Member completed certain remedial measures
 - impose the following terms, conditions and limitations on his certificate of registration:
 - ◇ within six months of the start of the suspension, the Member must:
 - at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop
 - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies.
 - ◇ requiring that the Member be peer assessed at his own expense within six months after returning to practice.

Costs

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

Name of Member: Dirk Keenan (#1935)

Place of Practice: Orleans

Summary of Agreed Statement of Facts

Background

- During the relevant period, the Member practiced chiropractic in Ottawa, Ontario.

Inappropriate Conduct Towards a Patient

- During the period June 1988 to April 1989, the Member provided approximately 33 chiropractic treatments to Patient A., who was a 20 year-old student.
- He admitted that during that period, among other things, he kissed the patient, asked her about her sex life, took pictures of the patient in her underwear and tried to take pictures of her naked, asked the patient to remove her clothes so he could give her a massage, took off her panties when she refused to be naked for a massage, told the patient details of his sex life, sat the patient on his lap, tried to kiss her breasts, and asked her to sleep with him.

Summary of Findings of Professional Misconduct

- The Member admitted that in 1988 and 1989, his conduct towards Patient A. would be considered professional misconduct under the Drugless Practitioners Act, which was the legislation governing chiropractors at the time.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that it should:
 - reprimand the Member
 - suspend the Member's certificate of registration for 9 months, with two months of the suspension to be suspended if the Member completed certain remedial measures
 - impose the following terms, conditions and limitations on his certificate of registration, namely that within 7 months of the start of the suspension, the Member must:
 - ◇ at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop

- ◊ review and agree in writing to comply with all CCO regulations, standards, guidelines and policies.

Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO \$12,000.00 in costs, and the Panel made the order as requested.

Name of Member: Andriejus Kvedaras (#3157)

Place of Practice: Hamilton

Summary of Agreed Statement of Facts

Background

- The Member practiced chiropractic at Active Relief Centre (“Centre”) in Hamilton, Ontario.

Treatment of Patient “A.”

- Patient A. worked for the Member as a registered massage therapist from May to November 2018. The Member also treated her during that period, although he did not document the treatments.
- In September 2018, while the Member was treating Patient A.’s adductors, she told him she had received pelvic floor therapy and he made a comment to the effect of, “they cleaned out the peanut butter jar, did they?”
- In mid-October 2018, Patient A. was experiencing bilateral numbness and vascular occlusion in her upper extremities. The Member treated Patient A., starting the treatment by saying, “I’m going to be in your space.” He did not explain how he would treat her. The Member used muscle stripping and Active Release Technique (“ART”), and, during the treatment, put his hand over her breast and sternum and moved her arm back to stretch her pectoralis muscles. While his hand was on her breast, he asked her if she had had surgery in the area, and when she said she hadn’t, he told her she had a lot of pec muscle. He also told her that he touched a lot of pecs. Both the Member and Patient A. agreed that the Member’s touching of Patient A.’s breasts was not touching of a sexual nature.

Summary of Findings of Professional Misconduct

- The Member admitted, and the Panel found, that the Member had committed acts of professional misconduct with respect to his treatment, documentation and conduct towards Patient A because he:
 - 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 acts that, having regard to all the circumstances would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, and which provided for:
 - a reprimand
 - a suspension the Member’s certificate of registration for 6 months, with two months of the suspension to be suspended if the Member completed certain remedial measures
 - the imposition of the following terms, conditions and limitations on his certificate of registration:
 - ◊ within 4 months of the start of the suspension, the Member must:
 - at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop
 - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies.
 - ◊ requiring that the Member be peer assessed at his own expense within six months after returning to practice.

Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO \$12,500.00 in costs. The Panel made the order as requested.

Name of Member: Matthew Posa (#6241)

Place of Practice: Milton

Summary of Agreed Statement of Facts

Background

- The Member practised chiropractic at the Healthy Family Chiropractic and Wellness Centre in Milton, Ontario.

Social Media Posts

- On July 6, 2017, the Member re-posted a post from another social media site that consisted of the image of an x-ray of a head, cervical, and thoracic spines, accompanied by the following text:

We often get asked “why kids?” or “why x-ray children?” This 5 year old came in WITHOUT SYMPTOMS. Mom and dad simply wanted their son’s spine checked since his MD wouldn’t check because HE HAD NO SYMPTOMS. All children should be checked by a chiropractor regardless of symptoms. THANK GOD we caught this now.

- The post attracted a number of comments from chiropractors and others, who were concerned about quality and view of the x-ray in the post, the rationale for taking the x-ray, and the child’s diagnosis, prognosis and treatment. The Member responded to a number of the comments, providing information that was inconsistent and contradictory. Eventually, the Member admitted that he had obtained the x-ray image from another social media site, and he never assessed, diagnosed, or treated the child. He also admitted he posted the image to encourage people to get their spines checked by chiropractors.
- In 2017, the Member posted additional content on his clinic’s Facebook site, including: a) a comment that parents should cry, “Too many, too soon”, after reposting a quote that intimated vaccination causes cancer, auto-immune disease and brain injury b) a post that included a “testimonial” and before and after pictures of a woman who had cystic acne, stating “read this testimonial and look at the difference in [her] beautiful face after chiropractic care... specific chiropractic adjustments help balance hormones and helps the body detoxify” and claiming chiropractic had cured the cystic

acne c) a post claiming that chiropractic had miraculously cured a patient’s infertility d) a post claiming medicine should only be used in emergencies and that medical mistakes and errors were the third leading cause of death in North America e) a post claiming spinal misalignments lead to organ dysfunction and f) a post containing before and after x-rays titled, “Life Saved”, indicating a neck curve had been restored and migraines resolved through chiropractic, and claiming drugs and surgery did not heal.

- The Member admitted that his social media posts were in breach of CCO Standard S-001: Chiropractic Scope of Practice, CCO Standard S-016: Advertising, CCO Guideline G-016: Advertising, and CCO Guideline G-012: Use of Social Media.

Summary of Findings of Professional Misconduct

- Based on the facts and the Member’s admissions, the Panel found that the Member had committed acts of professional misconduct because he:
 - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession
 - engaged in conduct or performed acts that, having regard to all the circumstances would reasonably be regarded by members as dishonourable and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted and which provided for:
 - a reprimand
 - a suspension the Member’s certificate of registration for 3 months, with one month of the suspension to be suspended if the Member completed certain remedial measures
 - the imposition of the following terms, conditions and limitations on the Member’s certificate of registration:
 - ◊ within two months of the start of the suspension, the Member must:

- at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop
 - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies
 - provide evidence to the Registrar that he has successfully completed, at his own expense, a course in professional standards and guidelines for social media.
- o a requirement that the Member be peer assessed at his own expense within six months after returning to practice.

Costs

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

Name of Member: **Randell Ricohermoso (#6735)**

Place of Practice: **Aurora**

Summary of Agreed Statement of Facts

Background

- The Member practiced chiropractic at the Wellness Group in Aurora, Ontario.

Sexual Abuse of Patient A.

- Patient A. started receiving chiropractic treatments from the Member in September 12, 2017 for her hips and hamstring tendonitis.
- During a chiropractic treatment, the Member lightly slid his hands up and down Patient A.'s body, including over her glutes, made a comment to the effect that "the girls aren't getting in the way are they?" as he began to treat her pectoral muscles, put his hand under Patient A's shirt and sports bra, and repeatedly touched and stroked her breasts and nipples.
- Patient A reported the Member's conduct to the police. He was charged and ultimately pled guilty to having committed sexual assault.

Summary of Findings of Professional Misconduct

- Based on the facts and the Member's admissions, the Panel found that the Member had committed acts of professional misconduct because he:
 - o sexually abused Patient A.
 - o contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession
 - o abused Patient A. psychologically and emotionally
 - o engaged in conduct or performed acts that, having regard to all the circumstances would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted, that provided for:
 - o a reprimand
 - o the revocation of the Member's certificate of registration
 - o a requirement that the Member reimburse the CCO for funding provided for Patient A. under the program required under section 85.7 of the Health Professions Procedural Code.

Costs

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO \$8,500.00 in costs. The Panel made the order as requested.

Name of Member: Kelly Robazza (#2388)

Place of Practice: Toronto

Summary of Agreed Statement of Facts

Background

- The Member practised chiropractic at the Beaches Health Group in Toronto, Ontario.

Sexual Abuse of Patient A.

- Patient A. started receiving chiropractic treatments from the Member in October 2016 for injuries she suffered in a car accident.
- Shortly after Patient A. started receiving chiropractic treatment from the Member, they began having a sexual relationship that included one or more of the frank sexual acts described in subsection 51.(5)3. of the Health Professions Procedural Code. They continued having a concurrent professional and sexual relationship until October 2018.
- The relationship between the Member and Patient A. was frequently volatile and tumultuous. For example, in or about February 2018, the Member took a candid photograph of Patient A. while she was naked. Later, he threatened to make the picture public unless Patient A. complied with certain demands he was making.

Summary of Findings of Professional Misconduct

- Based on the facts and the Member's admissions, the Panel found that the Member had committed acts of professional misconduct because he:
 - sexually abused Patient A.
 - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession
 - abused Patient A. verbally, psychologically and emotionally
 - engaged in conduct or performed acts that, having regard to all the circumstances would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted by the Panel, and which provided for:
 - a reprimand
 - the revocation of the Member's certificate of registration
 - a requirement to reimburse the CCO for funding provided for Patient A. under the program required under section 85.7 of the Health Professions Procedural Code.

Costs

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

Name of Member: Priya Sharma (#6616)

Place of Practice: Markham

Summary of Agreed Statement of Facts

Background

- The Member practiced chiropractic at the Seva Chiropractic and Health Centre in Markham, Ontario.
- She resigned her membership with the CCO on January 1, 2019.

Sexual Abuse of Patient A. and Treatment of Patient B and Their Children

- In 2014, Patient B., her husband, Patient A., and their two children began receiving chiropractic treatment from the Member.
- In 2015, the Member began having a personal and romantic relationship with Patient A. The relationship included the Member calling Patient A. at home, texting him and sending him messages and emails, and engaging in conduct with Patient A. that included touching, behaviour, and remarks of a sexual nature. The Member and Patient A. did not engage in sexual intercourse or other forms of physical sexual

relations described in subsection 51.(5)3. of the Health Professions Procedural Code.

- The Member encouraged Patient A. to leave his wife and complained when he paid attention to Patient B. The Member made derogatory and disparaging comments about Patient B., including about her appearance, and gave Patient A. preferential chiropractic treatment at the expense of Patient B.
- In 2017, Patient B. discovered communications between the Member and Patient A. and confronted the Member, who admitted she loved Patient A. Although the Member promised to leave Patient A. alone, their relationship continued. In 2018, there was at least one confrontation between the Member and Patient A. Both complained to the local police about each other's conduct, although they ultimately withdrew the complaints.
- In January 2018, Patient B. and her family stopped receiving chiropractic treatment from the Member. Later in 2018, Patient B. asked the Member for a copy of her and her family's chiropractic records as she had concerns about how the Member had treated her and billed for her family's chiropractic treatments. The Member told her that she did not have any records for Patient B. or her family.

Summary of Findings of Professional Misconduct

- Based on the facts and the Member's admissions, the Panel found that the Member had committed acts of professional misconduct because she:
 - sexually abused Patient A. by engaging in touching, behaviour and remarks of a sexual nature
 - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession
 - abused Patient B. verbally, psychologically and emotionally
 - failed to keep records as required

- engaged in conduct or performed acts that, having regard to all the circumstances would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Summary of Penalty

- The CCO and the Member made a joint submission to the Panel, which was accepted by the Panel, and which provided for:
 - a reprimand;
 - the suspension of the Member's certificate of registration for 12 months
 - a requirement that, prior to applying for registration in the future, the Member must:
 - ◇ review, and undertake in writing to comply with, all CCO regulations, standards of practice, policies and guidelines
 - ◇ provide evidence that she has successfully completed, at her own expense, the Legislation and Ethics Examination and the Record Keeping Workshop
 - ◇ provide evidence that she has successfully completed, at her own expense, a course or courses in professional boundaries and ethical patient care approved of by the Registrar
 - ◇ provide evidence that she has participated, at her own expense, in an assessment conducted by a regulated health professional to determine whether she is suffering from any condition or disorder that would make it desirable that she not practise chiropractic.

Costs

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

Fitness to Practice Committee 2020 Focus

There were no referrals to the committee nor meetings in 2020.

Fitness to Practice Committee Mandate

- To hear and determine allegations of mental or physical incapacity referred to the committee by the Inquires, Complaints and Reports Committee
- To review applications for reinstatement following an incapacity finding

Patient Relations Committee 2020 Focus

The Patient Relations Committee met once in 2020, and continued to administer funding for therapy and counselling, including approving new applications for funding for therapy and counselling and for ongoing funding.

Patient Relations Committee Mandate

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



Quality Assurance Committee 2020 Focus

Ms Robyn Gravelle
Chair

The QA Committee's statutory responsibility includes protection of the public, and developing programs to assist in establishing, maintaining and improving the baseline standards of knowledge, skill and competency of CCO members.

In 2020, the QA Committee adapted to the challenges posed by COVID-19-driven restrictions on in-person meetings and worked to provide timely and thorough guidance through the following activities:

Peer and Practice Assessment

- Facilitated annual peer and practice assessment workshop with all peer assessors took place on January 25, 2020. This workshop provided an opportunity for peer assessors to offer feedback on the PPA program, which is brought to the QA Committee for review and consideration of further changes to the program
- Suspended peer and practice assessment program in March 2020 in line with government directions for safety related to the COVID-19 pandemic
- Developed and implemented processes to safely resume the PPA program including a detailed communication outlining the protocols to follow when resuming assigned assessments
- Made changes to PPA reviews addressing members compliance with all guidelines related to providing direct patient care during the COVID-19 pandemic
- Developed a checklist for assessors to review with members to demonstrate required practice changes to be implemented when resuming patient care during the COVID-19 pandemic

Quality Assurance Committee Mandate

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



Dr. J. Bruce Walton, Director of Professional Practice and CCO Peer Assessors

Self-Assessment

- Developed, prototyped, beta-tested and gathered feedback to make improvements for a second-generation self-assessment (SA 2.0), so there would be two versions of the self assessment addressing evolving and continuing competencies of members:
 - A self-assessment suitable to reflect on basic, entry-to-practice competencies
 - Further self-assessments that engaged more experienced members in self-reflection on competencies more relevant to advancing expertise
- Readied for implementation at the start of the new two-year CE cycle, July 1, 2020; however, due to the COVID-19 pandemic the launching of SA 2.0 was delayed until the next two-year CE cycle beginning on July 1, 2022 and members were provided an extension until December 31, 2020 to complete their mandatory activities

Record Keeping Workshops

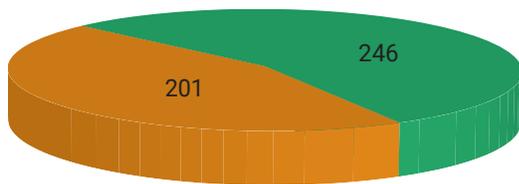
The CCO requires all members to attend a mandatory interactive record-keeping workshop within the first year of registering with CCO, led by CCO staff, including one member of the profession, the Director of Professional Practice.

The workshops are also available to all CCO members as a way to refresh and review updates to standards, polices and guidelines and their implementation strategies and are used as a remediation tool for QA, ICRC and Discipline Committee decisions and undertakings.

During 2020 three (3) such workshops were held online with 135 attendees.

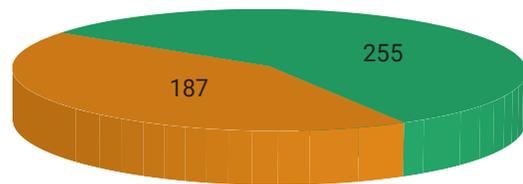
Continued on page 40

Peer and Practice Assessment 1.0



Members Selected 246 (5.2%)
Members Completed 201 (4.0%)

Peer and Practice Assessment 2.0



Members Selected 255 (5.4%)
Members Completed 187 (4.0%)

Continued from page 39

COVID-19 Advice and Direction

Throughout 2020, the QA Committee and CCO staff provided guidance and updates to members, and the public, directly related to the COVID-19 pandemic, including:

- Posted all government documents related to the ongoing COVID-19 pandemic on the CCO website
- Provided guidance on March 17, 2020 and March 24, 2020 for members to close practices, save for emergency situations, in compliance with initial government directives related to the closure of non-essential workplaces
- Developed and implemented guidance for members to provide tele-care services to members of the public
- Provided further guidance for return to practice during the COVID-19 pandemic including, screening procedures, contact tracing registries, cleaning and sanitizing protocols, use of personal protective equipment, and how to interact safely with patients when unable to maintain appropriate physical distancing
- Created user-friendly infographics suitable for chiropractors and members of the public when attending a chiropractor during the COVID-19 pandemic
- Communicated regularly with the profession by means of detailed President's Messages
- Handled ongoing case-by-case communications with members of the profession and the public on a variety of topics, issues and concerns related to the practice of chiropractic during the COVID-19 pandemic

Peer Assessor Training Day – January 25, 2020 (pre-pandemic)



Annual Peer Assessor Workshop, held at 59 Hayden St, Toronto, January 25, 2020.



Group of peer assessors in breakout session, CCO Council Room.



Dr. J. Bruce Walton with peer assessors Dr. Jann Thulien (Nepean) and Dr. Vicki Clarke (Manotick).



Group of peer assessors in breakout session, CCO Council Room.



Registration Committee 2020 Focus

Dr. Paul Groulx
Chair

The Registration Committee annually reviews its regulations, policies and by-laws related to criteria and processes for registration. In 2020, the Registration Committee focused its meetings on adapting policies, processes and procedures to meet the challenge of registering new chiropractic applicants during the pandemic including:

- Developing and distributing practices, policies and guidance documents related to COVID-19, primarily through President's messages for all members and stakeholders, and posted on a COVID-19 page on the CCO website
- Reviewing (July and August 2020) the 2021 renewal memorandum and online questionnaire and making recommendations to Council, which were approved in September 2020
- Meeting with the Office of the Fairness Commissioner in October 2020 and communicating CCO's efforts to accommodate individuals in a new category of registration—General (Provisional)—which authorized individuals to practice with an experienced practitioner pending successful completion of the clinical competency examinations which had been cancelled as a result of the pandemic
- Adapting registration processes to reflect the impact of COVID-19 including:
 - moving Legislation and Ethics Examination to an online platform
 - relaxing certain registration requirements such as notarization and police checks due to difficulty obtaining these services during COVID-19

Registration Committee Mandate

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

Registration Statistics Snapshot

Colleges of Graduation for New Members Registered in the Active Category in 2020

College of Graduation	Female	Male	Total
Canadian Memorial Chiropractic College	89	59	148
D'Youville College	0	4	4
Life Chiropractic College (various campuses)	3	0	3
Logan University	0	2	2
New York Chiropractic College	19	18	37
New Zealand College of Chiropractic	1	1	2
Northwestern Health Sciences University	0	2	2
Palmer College of Chiropractic (various campuses)	4	0	4
Parker University	1	0	1
L'Université du Québec à Trois-Rivières	0	1	1
University of Western States	0	1	1
Total	119	88	207

Class of Certificate of Registration for CCO Members (as at December 31, 2020)¹

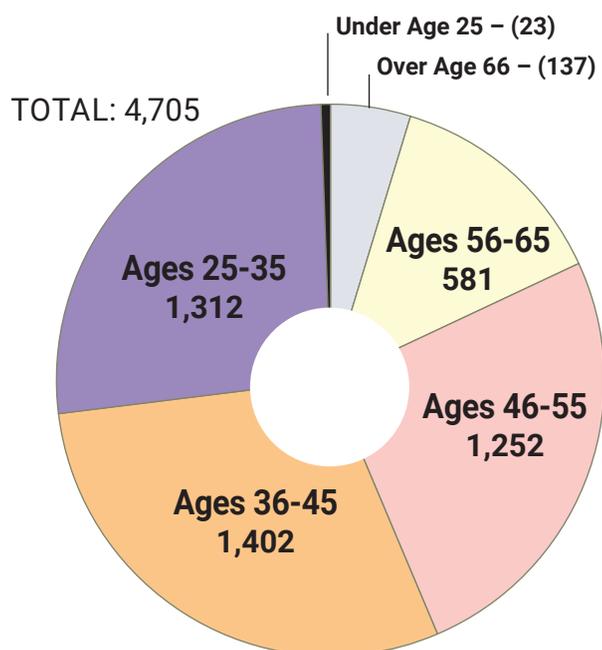
Class	Total
General (i.e. Active)	4,662
General (i.e. Active) Non-Resident	43
Inactive	181
Inactive Non-Resident	62
Retired	149
Retired Non-Resident	12
Total	5,109

¹By December 31, 2020, 82 applicants with Provisional Certificates of Registration were moved into the General Class after successfully completing the CCEB examinations.

Countries of Chiropractic College Education of Active Members (as at December 31, 2020)

	Australia	15
	England	14
	France	1
	New Zealand	8
	Canada:	
	Ontario	3,528
	Quebec	12
	South Africa	1
	United States	1,244
	Total	4,705

Ages of Active Members (as at December 31, 2020)



College of Chiropractors of Ontario
Financial Statements for the year ended
December 31, 2020
(with 2019 comparisons)

Independent Auditor's Report

To the Members of the College of Chiropractors of Ontario

Opinion

We have audited the financial statements of the College of Chiropractors of Ontario (the Entity), which comprise the statement of financial position as at December 31, 2020, and the statements of change in net assets, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2020, and its financial performance and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-For-Profit Organizations (ASNFPPO).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Respectfully submitted,



TATOR, ROSE & LEONG,
Chartered Accountants
Licensed Public Accountants

TORONTO, ONTARIO CANADA
April 14, 2021

Statement of Financial Position

December 31, 2020

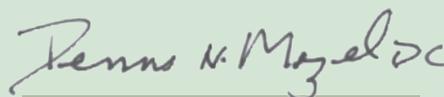
(with 2019 comparisons)

	2020	2019
ASSETS		
Current		
Cash and cash equivalents	\$ 3,098,039	\$ 3,392,050
Short-term investments, at amortized cost (Note 2)	1,953,410	2,026,794
Prepaid expenses and sundry assets	23,407	27,814
	<hr/> 5,074,856	<hr/> 5,446,658
Capital assets (Note 3)	14,432,344	14,996,372
	<hr/>	<hr/>
TOTAL ASSETS	\$ 19,507,200	\$ 20,443,030
	<hr/>	<hr/>
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 281,012	\$ 600,992
Government remittances payable	525	9,506
Deferred revenue	3,224,276	3,076,320
Mortgage payable – current portion (Note 6)	206,814	176,769
	<hr/> 3,712,627	<hr/> 3,863,587
Mortgage payable – non-current portion (Note 6)	4,247,847	5,075,628
	<hr/>	<hr/>
TOTAL LIABILITIES	7,960,474	8,939,215
	<hr/>	<hr/>
NET ASSETS (per Statement 2)		
Internally restricted for Office Development Project (Note 5)	4,288,637	4,288,637
Unrestricted	7,258,089	7,215,178
	<hr/>	<hr/>
TOTAL NET ASSETS	11,546,726	11,503,815
	<hr/>	<hr/>
TOTAL LIABILITIES AND NET ASSETS	\$19,507,200	\$20,443,030

Approved on behalf of the College:



MS ROBYN GRAVELLE
TREASURER



DR. DENNIS MIZEL,
PRESIDENT

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

STATEMENT 1

Statement of Changes in Net Assets

FOR THE YEAR ENDED DECEMBER 31, 2020

	Internally restricted for Office Development Project (Note 5)	Unrestricted	Total
BALANCE: January 1,	\$ 4,288,637	\$ 7,215,178	\$11,503,815
Excess of income over expenditures (per Statement 3)	—	42,911	42,911
BALANCE: December 31, 2020	\$ 4,288,637	\$ 7,258,089	\$11,546,726

FOR THE YEAR ENDED DECEMBER 31, 2019

	Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	\$ 3,571,809	\$ 4,792,959	\$ 8,364,768
Excess of income over expenditures (per Statement 3)	—	3,139,047	3,139,047
Interfund transfer to (from)	716,828	(716,828)	—
BALANCE: December 31, 2019	\$ 4,288,637	\$ 7,215,178	\$11,503,815

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

STATEMENT 2

Statement of Operations

for the Year Ended December 31, 2020

(with 2019 comparisons)

	2020	2019
INCOME		
Renewal fees	\$ 4,788,591	\$ 4,714,862
Registration fees	65,125	74,060
Examination fees	40,140	40,720
Incorporation fees	216,850	213,600
Recovery of discipline costs	104,300	42,300
Interest and sundry	92,333	90,697
Gain on sale of land	–	3,411,625
TOTAL INCOME	5,307,339	8,587,864
EXPENDITURES		
Salaries and benefits (Note 4)	1,391,797	1,481,559
Rent and utilities	46,367	490,855
Office and general	398,586	593,351
Printing and postage	57,870	37,079
Insurance	22,003	16,319
Meetings, fees and expenses (Schedule 1) (Note 9)	146,809	244,637
Audit	29,312	31,290
Seminars and conferences	22,442	40,196
CFCREAB dues	142,272	139,482
Consulting fees	423,225	451,107
Consulting fees - peer assessors	202,191	54,640
Consulting fees - complaints	186,828	119,231
Legal fees - complaints	328,726	102,535
Legal fees - discipline	530,133	224,197
Legal fees - executive	44,726	34,298
Legal fees - general	197,859	150,035
Common element expenses	112,015	102,726
Property tax	147,358	137,101
Mortgage and loan interest	170,000	223,091
Moving costs	–	42,493
Equipment lease	14,049	17,992
Loss on disposal of capital assets	–	10,005
TOTAL EXPENDITURES	4,614,568	4,744,219
Excess of income over expenditures before amortization	692,771	3,843,645
Amortization	649,860	704,598
EXCESS OF INCOME OVER EXPENDITURES	\$ 42,911	\$ 3,139,047

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

STATEMENT 3

Statement of Cash Flows

for the Year Ended December 31, 2020

(with 2019 comparisons)

	2020	2019
OPERATING ACTIVITIES		
Excess of income over expenditures (per Statement 3)	\$ 42,911	\$ 3,139,047
Amortization – capital assets	649,860	704,598
(Gain) on sale of land	–	(3,411,625)
Loss on disposal of assets	–	10,005
Decrease in prepaid expenses and sundry assets	4,407	45,526
Decrease in security deposit	–	5,000,000
(Decrease) Increase in accounts payable and accrued liabilities	(319,980)	300,533
(Decrease) Increase in government remittances payable	(8,981)	392
Increase (Decrease) in deferred revenue	147,956	(220,451)
(Decrease) in deferred lease inducement	–	(569)
	516,173	5,567,456
INVESTING ACTIVITIES		
(Purchase) of capital assets	(85,832)	(15,426,592)
Decrease (Increase) in short-term investments	73,384	(2,026,794)
Proceeds from disposal of land	–	6,506,217
	(12,448)	(10,947,169)
FINANCING ACTIVITIES		
(Decrease) Increase in mortgage payable	(797,736)	5,252,397
CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR	(294,011)	(127,316)
CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	3,392,050	3,519,366
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	\$ 3,098,039	\$ 3,392,050
Cash and cash equivalents consist of the following:		
Cash	\$ 3,098,039	\$ 3,392,050

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

STATEMENT 4

Schedule of Meeting Fees and Expenses

for the Year Ended December 31, 2020

(with 2019 comparisons)

		FEES	EXPENSES	TOTAL 2020	TOTAL 2019
Dr. Peter Amlinger	\$	5,800	\$ 711	\$ 6,511	\$ 21,811
Dr. Elizabeth Anderson-Peacock		—	—	—	11,364
Dr. Gerard Arbour ^{4, 6, 8}		4,800	—	4,800	—
Dr. Brian Budgell		1,650	—	1,650	9,300
Dr. Janet D'Arcy		2,900	108	3,008	11,006
Dr. Colin Goudreau ³		7,550	—	7,550	—
Dr. Sarah Green ^{1, 2}		11,675	—	11,675	—
Dr. Paul Groulx ^{1, 6, 7}		9,350	1,437	10,787	20,501
Dr. Clifford Hardick		4,050	2,996	7,046	20,942
Dr. Steven Lester ³		6,500	210	6,710	11,866
Dr. Dennis Mizel ^{1, 4, 8}		56,300	3,768	60,068	41,692
Dr. Kristina Peterson		3,950	3,215	7,165	25,928
Dr. Janit Porter ^{1, 4, 5, 8}		5,400	—	5,400	—
Dr. Brian Schut		—	—	—	3,816
Dr. Gauri Shankar		—	—	—	17,838
Dr. Frazer Smith		3,075	—	3,075	—
Dr. Michael Staffen ^{2, 7}		7,100	—	7,100	—
Dr. David Starmer		4,200	64	4,264	48,573
Ms. Jo-Ann Willson		—	—	—	—
	\$	134,300	\$ 12,509	\$ 146,809	\$ 244,637

Note: Committee membership changed in August

Numbers refer to committee/project membership (August – December 2020)

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, 2020

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, eight members are elected and seven 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:

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

(c) Financial Instruments

(i) Measurement of Financial Instruments

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

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

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

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

(ii) Impairment

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

(d) Cash and Cash Equivalents

Cash and cash equivalents consist of cash on deposit, cheques issued and outstanding, 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, 2020, there were no known circumstances that would indicate the carrying value of the capital assets may not be recoverable.

(f) Use of Estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenditures during the reporting period. Actual results could differ from these estimates as additional information becomes available in the future.

2 Short-term Investments

	Interest Rate	2020	2019
Toronto Dominion Bank, GIC	0.60%	\$ 1,500,937	\$ 2,026,794
Bank of Nova Scotia, GIC	0.90%	452,463	–
		<u>\$ 1,953,410</u>	<u>\$ 2,026,794</u>

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

3 Capital Assets

	Cost	Accumulated Amortization	2020 Net	2019 Net
Furniture and Office Equipment	\$ 929,515	\$ 526,411	\$ 403,104	\$ 448,239
Computer and Software	933,729	771,064	162,665	208,016
Building	12,483,345	978,470	11,504,875	11,978,417
Land	2,361,700	–	2,361,700	2,361,700
	<u>\$ 16,708,289</u>	<u>\$ 2,275,945</u>	<u>\$ 14,432,344</u>	<u>\$ 14,996,372</u>

4 Salaries and Benefits

This expense includes payments for current service pension plans.

5 Internally Restricted for Office Development Project (ODP)

In past years the Council of the College passed motions to internally restrict the use of funds for the Office Development Project (ODP).

The mandate of the Office Development Project was to finance the acquisition of the College's head office which was purchased on January 8, 2019.

The internally restricted amount is not available for any other purpose without approval of Council.

6 Mortgage Payable

The College entered into an amending mortgage agreement, which amends the terms and conditions of the credit facilities provided to the College pursuant to the Agreement accepted on October 19, 2018, with the Toronto Dominion Bank on October 23, 2019 to finance the purchase and built outs of the new head office at 59 Hayden Street, 8th Floor, Toronto. The principal amount is \$6,000,000, payable in 25 years. Monthly blended payment on the 8th day of each month is \$30,755.07, including interest calculated at a monthly rate of 3.721% (annual equivalent rate 3.75%), rate term matures on June 8, 2023. Maximum annual penalty free lump-sum payment allowed is 10% of the principal amount.

The required minimum annual payment for the next three years in aggregate is \$922,652, and for each of the three succeeding years is as follows:

	Principal	Interest	Total
2021	\$ 206,814	\$ 162,246	\$ 369,061
2022	\$ 214,643	\$ 154,418	\$ 369,061
2023	\$ 110,550	\$ 73,981	\$ 184,530

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

The mortgage financial covenant required the College to meet the Debt Service Coverage Ratio of not less than 1.15:1 calculated annually. For 2020 the ratio was 2.11:1 (2019: 1.18:1).

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

7 Financial Instruments

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

Credit Risk

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

Liquidity Risk

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

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

Market Risk

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

Currency Risk

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

Interest Rate Risk

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

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

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

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

Other Price Risk

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

The extent of the College's exposure to the above risks did not change during 2020.

8 Bank Loan

The College entered into an amending credit facilities agreement, which amends the terms and conditions of the credit facilities provided to the College pursuant to the Agreement accepted on October 19, 2018, with the Toronto Dominion Bank on October 23, 2019 to finance the purchase and built outs of the new head office at 59 Hayden Street, 8th Floor, Toronto which included the following: \$250,000 uncommitted operating loan for working capital requirements. This facility is available at the College's option by the way of prime rate based loans in CDN\$. This facility is subject to an annual review by the Bank. All amounts outstanding are due on demand. The amount advanced under this facility is \$Nil as at December 31, 2020.

9 Related Party Transactions

The College paid per diems and reasonable expenses to committee members as well as an annual honorarium of thirty-five thousand dollars (\$35,000) to the president in accordance with By-Law 9: Remuneration and CCO Internal Policy I-012. All these transactions were carried out in the normal course of operations and are recorded at the exchange value.

10 Subsequent Event - Mortgage Payment

On January 9, 2021, the College made the annual penalty free lump-sum payment of \$500,000 to the Toronto Dominion Bank relating to the mortgage payable for 59 Hayden Street, 8th Floor, Toronto.

11 COVID-19 Pandemic

In 2020, the global pandemic of the virus known as COVID-19 led the Canadian federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses.

Due to the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the financial effect on the College. No adjustments have been made in the financial statements as a result of these events.



Extracts from Highlights of the Last Year at the Health Profession Regulators of Ontario (HPRO)

Members:

- College of Audiologists and Speech-Language Pathologists of Ontario
- College of Chiropractors of Ontario
- College of Chiropractors of Ontario
- College of Dental Hygienists of Ontario
- College of Dental Technologists of Ontario
- College of Denturists of Ontario
- College of Dietitians of Ontario
- College of Homeopaths of Ontario
- College of Kinesiologists of Ontario
- College of Massage Therapists of Ontario
- College of Medical Laboratory Technologists of Ontario
- College of Medical Radiation 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 of Ontario
- College of Respiratory Therapists of Ontario
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
- Ontario College of Pharmacists
- Royal College of Dental Surgeons of Ontario

The Health Profession Regulators of Ontario (HPRO) is a not-for-profit organization, incorporated in 1998 as the Federation of Health Regulatory Colleges of Ontario. Its members are the *Regulated Health Professions Act's (RHPA's)* 26 Colleges and the Registrars who make up the Board of Directors. Collaboration and consensus are key for HPRO, helping its members in living out its statement of purpose.

Statement of Purpose:

Advancing excellence in public safety through collaboration of Ontario's health profession regulators

Fulfilled through the following:

- Collaborating to develop common principles, guidelines, and tools to advance the regulation of health professions in the public interest
- Providing education and tools for training Councils, Committees, and Staff
- Sharing resources, approaches, and expertise, providing support for members and mentoring for new Registrars
- Providing a central point of contact for key stakeholders, e.g., Ministry of Health
- Engaging the public, informing them about the role of the regulator in the public interest

Focusing on Priorities and Planning

In addition to the urgent and important issues related to the COVID-19 pandemic, HPRO's ongoing, overarching priorities remained the same in the 2020-2021 year: governance and the implementation of the Ministry of Health's College Performance Measurement Framework (CPMF). As part of those key priority areas, HPRO embarked on a project focusing on Anti-BIPOC Racism and equity, diversity, inclusion, and belonging.

College Performance Measurement Framework (CPMF)

To help the public understand how well Regulatory Colleges are doing their job and to help continually improve accountability, transparency and oversight, all Colleges are reporting on their work in the CPMF Reporting Tool. The Tool was initiated in 2021, with Colleges' first annual reports due to the Ministry of Health by March 31, 2021. All Colleges were able to comply and have begun to build a mechanism to answer the question, "How well are Ontario's regulatory health colleges protecting the public interest?"

Meetings with Key Stakeholders During the Year:

- Multiple meetings with Assistant Deputy Minister Sean Court, Director Allison Henry, Manager Stephen Cheng and others on issues including COVID-19, the CPMF, and other government priorities
- Ministry of Health's Emergency Operations Centre's Director Clint Shingler re. "Directive #2", which gave direction for healthcare professions essential services and more, and other COVID-related topics
- Kathy Corbette, Registrar of the College of Occupational Therapists of British Columbia "BC Recommendations to modernize the provincial health professions regulatory framework", a report released in August 2020 by the BC Steering Committee on Modernization of Health Professional Regulation
- "Understanding Equity, Diversity, Inclusion, and Belonging in a Regulatory Context" by Dr. Javeed Sukhera
- Stephen Mills and Floyd Garvey from CNO presented on Cybersecurity

Anti-BIPOC Racism Project

HPRO has recognized that, in Ontario, every person should have the ability to reach their full health potential regardless of their colour, culture, or ethnic origin. HPRO and its member organizations acknowledge the historical and ongoing harm caused by racism, both systemic and overt, against Black, Indigenous and People of Colour in Canada. Change is necessary to eliminate existing racial inequities and best serve and protect the public. Health profession regulators play a critical role in driving that change. As individual organizations, regulatory bodies, and key stakeholders in the health system, we advocate for, and are committed, to actioning essential change to eliminate racism and strive for diversity, equity and inclusivity that is embodied in Ontario's Human Rights Code.

To address this issue, HPRO struck a Working Group to support the active commitment of all 26 member organizations to identify systemic racism and implement tangible and coordinated actions, in the immediate,

medium, and long-term, to eradicate BIPOC racism and build a culture, systems and practices that allow diversity, equity and inclusion, and belonging (EDI-B), to thrive.

A multi-pronged approach to this work includes foundational education initiatives, the development of a toolkit for regulatory Colleges, and continued training for Colleges' staff and leadership. An initial presentation, "Understanding Equity, Diversity, Inclusion, and Belonging in a Regulatory Context", was provided by Dr. Javeed Sukhera, who has been contracted to support HPRO with its EDI-B efforts.

Governance Training For RHPA Colleges

HPRO launched a webinar for *Regulated Health Professions Act (RHPA)* College staff, Council, and Committee Members focusing on Colleges' core public interest functions. It is held over two half-days (a week apart), providing a comprehensive understanding of governance for regulators within the *Regulated Health Professions Act (RHPA)*. Sessions were held on November 23 and 30, 2020, and April 16 and 23, 2021. Over 150 attended these events from 21 HPRO member Colleges.

Additional Highlights

- Continued promo on of the public-facing website: ontariohealthregulators.ca, including a new video focusing on how regulated health professionals are keeping the public safe during the COVID-19 pandemic and promotional work through Google ads, a Facebook page, and Zoomer articles, quizzes, and more
- Annual Communicators' Day Conference
- Discipline Orientation Workshops

CCO Premises at 59 Hayden



CCO Reception: Mr. Darwin Visperas



Members' Lounge: Ms Madeline Cheng and Mr. Darwin Visperas, Registration Committee Support.



Council Room: Mr. Joel Friedman and Dr. Bruce Walton



Council Room: Ms Tina Perryman and Ms Anouk Enkhbaatar, ICRC Support



Adjudication Room: Ms Rose Bustria, Executive Assistant



Adjudication Room: Ms Funto Odukoya and Dr. Bruce Walton, Quality Assurance Committee Support



Staff in Buffet Area: Left to Right: Ms Rose Bustria, Mr. Darwin Visperas, Ms Madeline Cheng, Ms Funto Odukoya and Ms Tina Perryman. Painting by Dr. Colleen Patrick, CCO Member since 1975.

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