

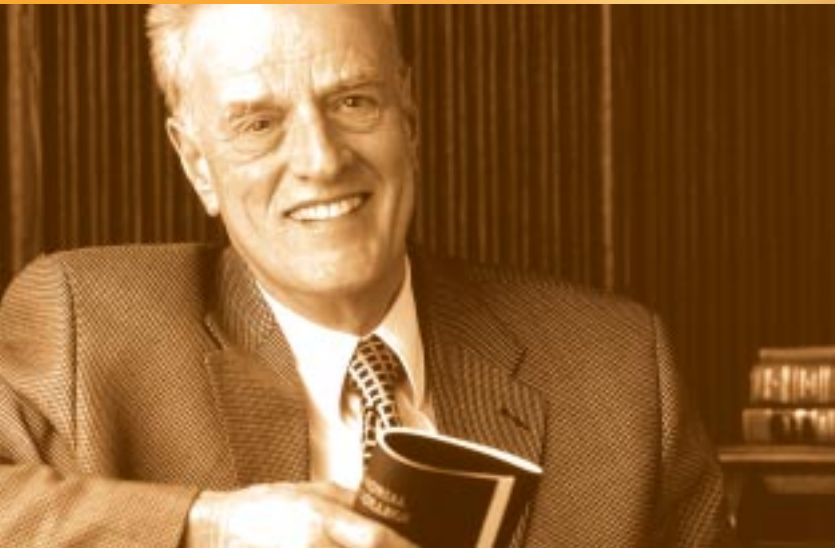
WORKING TOGETHER
to Protect the Public



COLLEGE OF CHIROPRACTORS OF ONTARIO
2001 ANNUAL REPORT

P R O F I L E

The College of Chiropractors of Ontario (“CCO”) is a team of elected and public members devoted to working together to protect the public through the development of standards of admission to the profession, investigation of complaints, discipline of members and the implementation of a quality assurance program.



CCO regulates approximately 3,000 members. Chiropractors complete seven years of post-secondary education and training at an accredited chiropractic educational institution and must successfully complete national clinical competency examinations and provincial legislation and ethics examinations before being registered. Chiropractors are entitled to use the “Doctor” title and are authorized to communicate a diagnosis consistent with their scope of practice.

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PRESIDENT'S MESSAGE



Dr. Keith Thomson

It's been an exciting year for me as President of the College of Chiropractors of Ontario!

In travelling across the province, our Registrar and General Counsel, Ms Jo-Ann Willson, and I have enjoyed excellent dialogue with our

members on issues that have focused on:

- members maintaining record keeping excellence;
- member ownership and buy-in to the Quality Assurance Committee's Peer Assessment Program;
- steps to avoiding a complaint arising in a member's practice;
- CCO's zero tolerance policy on sexual abuse; and
- keeping a member's practice free of concerns if audited by the manager of OHIP and the Chiropractic Review Committee (CRC).

It has been very rewarding for me to hear from members that they have self-remediated areas of their practice that were once deficient and are now more confident they would withstand scrutiny if they were selected for peer assessment or were audited. To observe continuous quality improvement in members' practices has been a great source of satisfaction to me. I want to sincerely thank Ms Jo-Ann Willson for her commitment to CCO and accompanying me on our many journeys.

Someone once told me the difference between a president and a vice president was a heartbeat. I have certainly found that to be true. Dr. Allan Gotlib, my vice president, has always been there to assist me when I've stumbled. I believe our different strengths and talents have been good for the Council and the profession. Thank you, Allan, it's been my pleasure working with you.

My presidency has also been made very rewarding by serving with such extraordinary Council members and CCO staff. Both have worked so hard in a spirit of cooperation and accomplishment. I've often asked myself, how did I ever get so lucky to deserve to work with these people? It certainly has been my good fortune. Thank you all.

I would be remiss in not thanking the chair of the CRC,

Dr. Michaela Cadeau, and Dr. Allan Horowitz, with whom I have served on both the Complaints Committee and CRC. I have admiration for and am grateful to both of you for your extraordinary contributions to CCO.

This year has been interesting for me in that not only was I the first member of the profession to have a peer assessment of their practice completed (I did very well, by the way, but I still remember the apprehension and anxiety I felt that day), but I'm also a peer assessor and a trainer for peer assessors. I hope, as president, being right in the middle of all this, allows the membership an easier buy-in and a friendly face to a process I know can be intimidating.

I've also taken pride in the open lines of communication that have taken place between myself, as president, and the members. I believe the public interest is best served when the College and its members dialogue well. It allows members to engage in self-assessment and be self-remediative, thus assuring better chiropractic care to the public of Ontario.

The College has also kept the Ministry of Health and Long-Term Care informed of the many issues before it. The Minister of Health can rest assured the CCO works diligently in the public interest and that the delivery of safe and competent chiropractic care is foremost on the College's mind.

As president, I have strived for strong and cordial relationships with CCO's stakeholders – not only individual members but also chiropractic organizations (Ontario Chiropractic Association, Chiropractic Awareness Council, Canadian Memorial Chiropractic College, Canadian Chiropractic Protective Association, Canadian Chiropractic Examining Board and Canadian Federation of Chiropractic Regulatory Boards) and have welcomed their feedback and consultation on public interest issues.

CCO respects the rich diversity of the chiropractic profession. I believe it serves the public well. Each member and organization brings its views to the table in developing comprehensive standards of practice.

Chiropractic is a great and noble profession. I believe the sick and suffering people of this province reap the benefits of chiropractic in their lives daily. Let's keep their health a sacred trust.

MISSION STATEMENT

The College of Chiropractors of Ontario is the self-governing body of the chiropractic profession committed to assuring the public of competent, ethical, chiropractic care while recognizing the diversity of the profession.

The College, composed of peer-elected chiropractors and government-appointed public members, examines, registers, regulates and informs the chiropractic profession, and liaises with all health professions' licensing bodies, organizations and government.

REGISTRAR'S REPORT



Ms Jo-Ann Willson
Registrar and General Counsel

I've looked up "stress" in Roget's II New Thesaurus. It says the following: "The act, condition, or effect of exerting force on someone or something: pressure, strain, tension."

I think it's fair to say that 2001 involved a certain amount of stress for CCO Council, staff, and members.

First, complaints increased by approximately 25 per cent in 2001. On a positive note, this hopefully means the public is becoming more aware of CCO's regulatory role. The College could presumably avoid this activity by not publishing its number or address or communicating with stakeholders, including the public, but that would not be effective self-governance.

Next, there were six referrals to the Discipline Committee, including serious allegations of murder, fraud, sexual abuse and the inappropriate treatment of children. Five of these matters were concluded in 2001. One matter involved several days of hearing, and will be continued in 2002 to address the issues of penalty and costs.

In addition, the Quality Assurance Committee proceeded with the peer assessment program, starting with CCO's potentially harshest critics, namely, CCO Council members. The good news was that Dr. Keith Thomson, President, who was the first member to be peer assessed, successfully passed the peer assessment process.

Increasingly in 2001, the Registration Committee was called on to address applications for registration from individuals outside Ontario, and was thrust into reviewing the Registration Regulation as well as various policies to ensure consistency with the Mutual Recognition Agreement under the Agreement on Internal Trade, to which CCO is a signatory. The movement by the Canadian Chiropractic Examining Board towards offering clinical skills examinations on four occasions during the year throughout the country has also increased the workload for CCO staff who address various examination and registration related matters.

The Patient Relations Committee continued to address in a proactive manner the serious issue of sexual abuse, and to administer funding for victims of sexual abuse of a previous member who is responsible for the financial costs of 14 identified victims to a maximum of \$11,200 per victim.

Then, in September 2001, the Ministry of Health and Long-Term Care released eight reports from the Health

Professions Regulatory Advisory Council, and requested feedback within an impossibly short time frame on the issues of naturopathy, acupuncture, prevention of the sexual abuse of patients, and the restructuring of the governing legislation for all colleges, namely, the *Regulated Health Professions Act, 1991 (RHPA)*.

Just to make sure we did not get bored, in November 2001, CCO circulated draft advertising provisions and a draft standard of practice relating to Experimental Techniques, Technologies, Devices or Procedures. The good news is that stakeholders, including members, are reading mail from the College. Unfortunately, there was a significant amount of misinformation being circulated, which necessitated that CCO distribute an explanatory letter in early January 2002.

Two thousand and one also involved preparation for CCO's participation in the inquest into the death of Ms Lana Dale Lewis. Although CCO's role is not front and centre, CCO Council was of the view that it was important for CCO to have a presence, particularly given CCO's unique statutory mandate to protect the public through the registration of chiropractors and the development of standards of practice to which the profession must conform.

During all of this, CCO staff continued to participate in various initiatives of the Federation of Health Regulatory Colleges of Ontario, an information-sharing coalition of all 21 health regulatory colleges under the *RHPA*. Significant work was done with respect to the facilitation of a joint discipline orientation workshop in September 2001 that was attended by discipline committee members of all of the colleges, and was very well received.

There is nothing like ongoing stress to motivate an organization to look for opportunities to learn and grow. So, how did CCO address the various stresses in 2001? Well, committee members rearranged their schedules to ensure matters were dealt with in a timely manner, Council and staff worked together to ensure CCO's response to the HPRAC reports was well-reasoned and comprehensive, CCO scheduled a further consultation day for feedback relative to the advertising and quality assurance initiatives, the Executive Committee requested a meeting, scheduled for 2002, with the Minister of Health and Long-Term Care to ensure the Ministry is aware of CCO's significant efforts to respond to its various challenges, and Council started the process for a comprehensive strategic planning weekend to further develop a vision and strategic planning goals consistent with CCO's mission statement. Stay tuned for the results of these efforts in 2002!

THE CHIROPRACTIC ACT 1991

Scope of Practice

The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- (b) dysfunctions or disorders arising from the structures or functions of the joints.

Authorized Acts

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

1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - ii. a disorder arising from the structures or functions of the joints of the extremities.
2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.



Communication and decision making skills are effective at Council in protecting the public interest.

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MRS. GAIL DIAMOND
 Public Member

Gail is a Peer Facilitator for Parent Action on Drugs, training high school students to deliver a Substance Abuse Prevention Program to younger students.

EXECUTIVE COMMITTEE REPORT



Committee Members:

Dr. Keith Thomson
Chair

Dr. Allan Gotlib
Vice President

Mrs. Regina Willmann
Treasurer

Mrs. Gail Diamond

Mr. Calvin MacPherson

Dr. Drew Potter

Dr. Donald Viggiani

Staff Support:

Ms Jo-Ann Willson
*Registrar and
 General Counsel*

2001 was an incredible year of challenges and opportunities for the Executive Committee, and I am pleased to report that the committee responded in a cohesive and collegial way to all matters before it. One reflection of the effective team spirit at Council is that all Executive Committee recommendations in 2001 were approved, many of them following spirited debate, which is both encouraged and is a sign of a healthy Council.

Our accomplishments in 2001 include: reduction in annual dues for members; implementation of the Mutual Recognition Agreement under the Agreement on Internal Trade signed by all members of the Canadian Federation of Chiropractic Regulatory Boards; comprehensive overview and revision of CCO's by-laws; development of a process for granting temporary certificates of registration to facilitate movement into Ontario from out-of-province Canadian registered chiropractors who wish to provide services to sports teams and others in Ontario for short periods of time; and, despite financial commitments and challenges, including responding to the inquest, continuing to exercise fiscal responsibility and, as in previous recent years, maintaining financial health.

In addition, CCO, on an ongoing basis, monitored and responded to legislative changes that directly impact members, including the significant recommended revisions to the *Regulated Health Professions Act (RHPA)*, the *Personal Health Information Act*, the *Ethics and Transparency Act*, the *Health Insurance Act*, and the legislation relating to incorporation of health care professionals, including chiropractors. CCO benefits from and contributes to the work of the Federation of Health Regulatory Colleges of Ontario in responding to these various legislative initiatives in a comprehensive way.

During 2001, the committee addressed a number of highly sensitive, politically charged matters in a manner that recognizes the political context and yet firmly reflects the College's role and responsibility to regulate chiropractic in the public interest.

I, as Executive Committee Chair, continued to strive to ensure that CCO effectively involved our important stakeholders in a number of controversial issues, and that we communicated not only with various chiropractic and other organizations, but also with the full membership. This process is more expensive and time consuming but the benefits are immeasurable.

I would like to express my personal appreciation to the number of members who work tirelessly on CCO committees, as peer assessors, as examiners for the Canadian Chiropractic Examining Board, as Chiropractic Review Committee inspectors, and as important resources. The chiropractic profession is remarkable in a number of ways, including the willingness of its members to contribute back to a profession that has given so much to them. I sincerely thank each and every one of you!

"You never know how far reaching something you may think, say or do today will influence the lives of millions tomorrow."
 –D.J. Palmer

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 review reports of investigations carried out pursuant to Ss. 75(a) of the *Regulated Health Professions Act, 1991 (RHPA)* and to make decisions concerning the referral of specified allegations of professional misconduct to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member's certificate of registration.
- To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest.



Experience in a child-centred practice and an international presence are invaluable resources for CCO policy and decision making.

DR. LIZ ANDERSON PEACOCK

Non-Council Member

Registered in 1986, Liz runs a busy practice in Barrie and is an international speaker. She serves as a Complaints Committee member.

COMPLAINTS COMMITTEE REPORT



Committee Members:

Dr. Keith Thomson
Chair

Dr. Elizabeth Anderson-Peacock
non-Council member

Dr. Gilles Lamarche

Mrs. Ruth Mabee
public member, alternate

Mrs. Regina Willmann
public member

Staff Support:

Ms Kristina Mulak
Investigations/Resolutions Officer

Ms Tina Perryman
Administrative Assistant

2001 was quite a year for the Complaints Committee. It met 17 times and, like the previous year, doubled up meetings some months to accommodate the steadily increasing workload. The increased workload was due, in part, to the rise in complaints to 95 in 2001 from 71 in 2000. The committee attributes this increase to the public's greater awareness of CCO and its regulatory role and the willingness of individuals to come forward.

Nature of Complaints. The Complaints Committee received 95 complaints in 2001, identifying a total of 115 areas of concern. Table 1 outlines the main areas of concern identified by complainants who filed complaints with CCO in 2001. In some cases, more than one area of concern was identified in a complaint.

Table 1: Areas of Concern Identified by Complainants in 2001

Complaint	Number	Complaint	Number
Advertising	19	Misinformation or lack of information regarding treatment	3
Billing irregularities	15	Misleading patients about chiropractic care	3
Verbal, physical, psychological or emotional abuse	10	Poor record keeping	3
Incompetent practice causing harm	8	Breach of patient confidentiality	2
Problematic inter-professional relationships	8	Misinformation or lack of information regarding fees	2
Unnecessary or excessive treatment	8	Sexual abuse	2
Pressure tactics regarding need for treatment	7	Harassing patient	1
Dispensing orthotics, improper fitting and over charging	5	Immunization – providing information contrary to CCO policy	1
Treatment outside the scope of chiropractic	5	Improper termination of care	1
Conflict of interest	4	Treatment without consent	1
Failure to provide information on request of patient	3	Undue influence over vulnerable patient	1
Inappropriate treatment facilities	3	Total	115

MANDATE:

- To respond to complaints in a manner consistent with its legislative mandate under the *Regulated Health Professions Act, 1991*.
- To promote the development of a complaints process that is corrective with regard to complaints and specified allegations, and pro-active where there are systematic problems, to ensure the quality of care people receive and promote continuous quality improvement.

COMPLAINTS COMMITTEE REPORT



Chiropractors serving in the trenches add insight serving on the Discipline Committee.

DR. RICHARD BRAY

Non-Council Member

Registered since 1968, Richard has practised in both rural and urban areas.

He serves as a Discipline Committee member.

Origin of Complaints. Graph 1 outlines the origin of complaints filed with CCO in 2001. Patients filed the majority of complaints, followed by other chiropractors.

Disposition of Complaints. The Complaints Committee, following an appropriate investigation, reviews all complaints to determine whether it should:

- refer specified allegations of professional misconduct or incompetence to the Discipline Committee;
- refer the member to the Executive Committee for incapacity proceedings where there is a possible physical or mental impairment;
- require the member to appear to be cautioned;
- take other action consistent with the legislation, including referring a matter involving behaviour or remarks of a sexual nature to the Quality Assurance Committee; or
- take no further action.

In determining where to refer specified allegations to the Discipline Committee, the Complaints Committee considers the definitions of professional misconduct and incompetence in the legislation, as well as CCO’s standards of practice, policies and guidelines.

In 2001, the committee disposed of 57 complaints, almost double the previous year, and referred specified allegations of professional misconduct or incompetence concerning six members to the Discipline Committee.

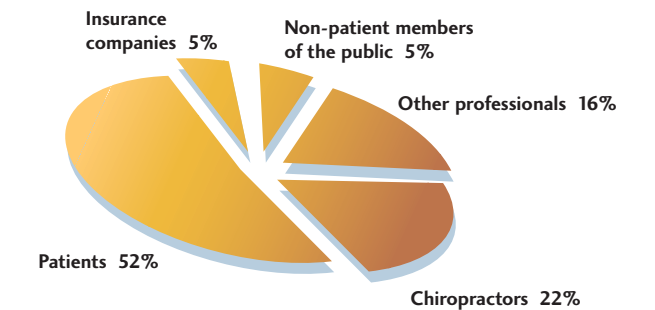
Graph 2 illustrates the breakdown of the disposition of complaints in 2001.

Under the legislation, the Health Professions Appeal and Review Board (HPARB) may review certain decisions of the Complaints Committee, other than a referral to the Discipline Committee. In 2001, HPARB confirmed five decisions of the Complaints Committee and returned two decisions for further investigation.

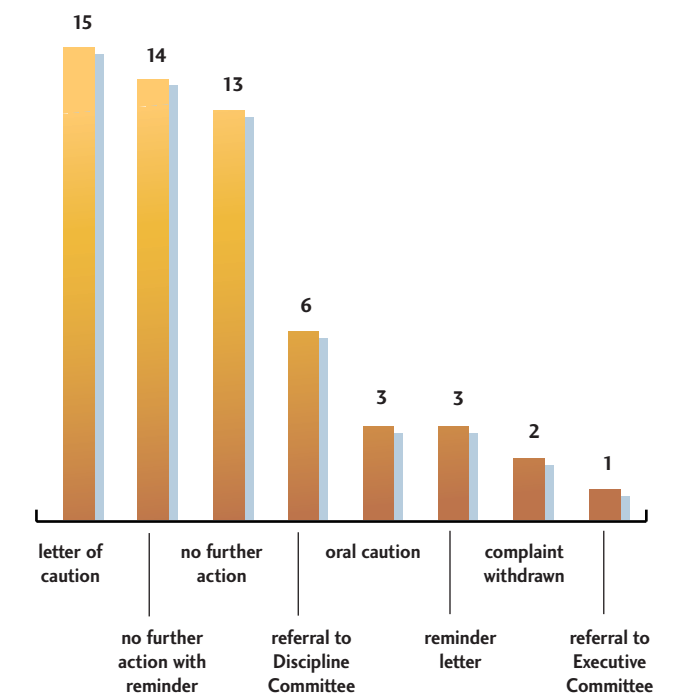
The committee continued to strive for excellence by engaging in activities such as a joint training workshop for CCO investigators and inspectors from the Chiropractic Review Committee (CRC), held on January 27, 2001, and joint meetings with both the Advertising and Quality Assurance committees.

As chair, I wish to extend my sincere appreciation to all committee members for their excellent work and especially to the staff, Ms Kristina Mulak, Investigations/Resolutions Officer, and Ms Tiny Perryman, Administrative Assistant.

Graph 1: Origin of Complaints in 2001



Graph 2: Disposition of Complaints in 2001 (57 total)





Constant change is addressed by professional members with years of life experience.

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DR. DOUGLAS BROWN

Non-Council Member

Registered since 1955, Doug is an author and chiropractic historian.

He serves as a Discipline Committee member.

DISCIPLINE REPORT



Committee Members:

Dr. Lynda Montgomery
Chair

Dr. Richard Bray
non-Council member

Dr. Douglas Brown
non-Council member

Mrs. Gail Diamond
public member

Mrs. Helen Foster
public member

Dr. Jacques Laquerre

Mrs. Ruth Mabee
public member, alternate

Ms Jane Ann McLachlan
public member, alternate

Staff Support:

Ms Jo-Ann Willson
*Registrar and
General Counsel*

The Discipline Committee received six referrals in 2001. A summary of the committee's decisions follow.

The movement toward mediated pre-hearing conferences has substantially reduced the time and legal expense for both members and CCO. The process of requiring all discipline referrals to proceed to a pre-hearing conference in most instances has the effect of relieving the witnesses of the trauma of testifying at a formal hearing and being subject to cross examination, easing the burden of both CCO and the member in terms of time and legal expenditures, and achieving consistent, just results. Mediation also ensures a number of public protection measures are built into any application for reinstatement. In all cases, CCO requires that the results of the proceedings be on the public register and published in the annual report.

Pre-hearing conferences are held with the agreement and cooperation of complainants, and include the Registrar, the CCO prosecutor, the member and his/her counsel, a pre-hearing conference chair, and the independent legal counsel for the chair. Dr. Drew Potter, a CCO Council member, chaired this year's pre-hearing conferences. All discipline hearings are open to the public.

On September 20 and 25, 2001, committee members participated with other health regulatory colleges in extensive discipline hearing training. The Joint Discipline Hearing Orientation session, created by the Federation of Health Regulatory Colleges of Ontario and available to all discipline committee members from Ontario's health regulatory colleges, was designed to orient new members to the processes and procedures associated with discipline hearings.

These sessions allowed committee members to communicate and share strategies with the discipline committees of the other colleges. This exchange of information allows for more effective and consistent decision making by discipline panels.

As chair, I would like to thank the panel members for their contribution to the committee in an especially busy year. They truly went above and beyond the call of duty.

MANDATE:

- To adjudicate specified allegations of professional misconduct or incompetence referred to the committee by the Executive or Complaints committees.

DISCIPLINE DECISIONS

DR. PATRICK GRAHAM, TORONTO**Allegations**

CCO alleged that Dr. Graham committed acts of professional misconduct with respect to a patient, including having engaged in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, contrary to Ss. 51(1)(c) of the Health Professions Procedural Code of the *Chiropractic Act, 1991*, S.O. 1991, c. 21 as amended (the “Code”) and paragraph 1.33 of the Professional Misconduct Regulation, Regulation 852/93 under the *Chiropractic Act*.

Agreed Statement of Facts

The parties agreed to a statement of facts outlined below.

- Dr. Graham is a member of the CCO and has been registered since June 1992.
- Dr. Graham treated a patient during the time period September 24, 1993, and February 26, 1999, on approximately 77 occasions.
- While treating the patient Dr. Graham agrees that on one occasion he exceeded appropriate professional boundaries for a chiropractor/patient relationship, including behaviour and remarks of an inappropriate nature.

Dr. Graham admits that the above stated conduct constitutes professional misconduct within the meaning of the *Regulated Health Professions Act, 1991 (RHPA)*, and in particular, that he engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional in that he failed to meet or maintain appropriate professional boundaries with the patient.

Joint Submission as to Penalty

The parties agreed on a submission as to penalty summarized below.

- Dr. Graham is guilty of professional misconduct.
- Dr. Graham will receive an oral reprimand.
- Dr. Graham will be suspended for a three-month period, three weeks of which must commence within two months of the date of the discipline hearing, unless an extension is agreed to by the Registrar. The balance of the suspension will itself be suspended and is conditional upon Dr. Graham participating in, and successfully completing, at his own expense, a course or training on maintaining professional boundaries.

The results of the proceedings will be recorded in the public portion of the Register and the decision of the discipline panel will be published in the annual report.

Dr. Graham will pay a portion of CCO’s legal and investigative costs in the total amount of \$3,000, to be paid within 30 days of the Discipline panel’s decision.

In the event the patient makes a claim for funding under S. 85.7 of the Code, CCO is entitled to recover from Dr. Graham the money paid by CCO in accordance with that section.

Following his suspension, Dr. Graham will cooperate with the CCO in having his chiropractic practice monitored and in particular will allow, at CCO’s option, the CCO to conduct a review of his practice and files every six months for a period of two years (a total of four reviews).

Decision

The panel, following deliberation, held the joint submission appropriately addressed the member’s professional misconduct and accepted the proposed penalty.

DISCIPLINE DECISIONS

DR. JOHN HUI, TORONTO**Allegations**

CCO alleged that Dr. Hui committed acts of professional misconduct with respect to two patients, including submitting accounts or charges for services to an insurance company in October and November 1999 that he knew were misleading, and engaging in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional, and in particular, charging excessive fees with respect to two patients, contrary to Ss. 51(1)(c) of the Code and paragraphs 1.23 and 1.33 of the Professional Misconduct Regulation.

Agreed Statement of Facts

The parties agreed to a statement of facts summarized below.

- Dr. Hui is a member of the CCO and has been registered since 1987. In 2001, Dr. Hui registered as an inactive member and accordingly is no longer practising chiropractic.
- Dr. Hui pleads guilty to the above noted allegations in that in October 1999 and November 1999, he was the director of a multidisciplinary rehabilitation clinic that:
 - employed approximately six professionals;
 - treated two patients as a result of a motor vehicle accident; and
 - submitted accounts or charges for services to an insurance company that were excessive and misleading with respect to the two patients.

Although the treatment with respect to the two patients may have been necessary, the amount billed in the circumstances was excessive. Dr. Hui now recognizes that as a clinic director he is responsible for ensuring care is reasonable and necessary and that fees are properly disclosed and rendered.

Dr. Hui admits that the above stated conduct constitutes professional misconduct within the meaning of the *RHPA*.

Joint Submission as to Penalty

The parties agreed on a submission as to penalty summarized below.

- Dr. Hui is guilty of professional misconduct.
- As clinical director of a multidisciplinary rehabilitation clinic, Dr. Hui is responsible for ensuring care provided in the clinic is reasonable and necessary and that fees are properly disclosed and rendered.
- Dr. Hui will receive an oral reprimand.
- Dr. Hui will be suspended for a one-month period, two weeks of which must commence within two months of the date of the discipline hearing, unless an extension is agreed to by the Registrar. The balance of the suspension will itself be suspended.

The results of the proceedings and the fact that there was a finding of professional misconduct will be recorded in the public portion of the Register and the decision of the discipline panel will be published in the annual report.

Dr. Hui will pay a portion of CCO’s legal and investigative costs in the total amount of \$3,000, to be paid within 30 days of the Discipline panel’s decision.

Dr. Hui undertakes to comply with all of CCO’s regulations, standards of practice, policies and guidelines, including but not limited to the Business Practices Provisions of the Professional Misconduct Regulation, Standard of Practice S-002: Record Keeping, Policy P-036: Billing Practices, and Guideline G-007: Unit Billing.

Decision

The panel, following deliberation, held the joint submission appropriately addressed the member’s professional misconduct and accepted the proposed penalty.

DISCIPLINE DECISIONS

DR. KIRK KLYMCHUK, KINGSTON**Allegations**

CCO alleged that Dr. Klymchuk committed acts of professional misconduct as provided by Ss. 51(1)(c) of the Code and paragraphs 1.29 and 1.33 of the Professional Misconduct Regulation in that he contravened a federal law and the contravention was relevant to his suitability to practise and he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, and in particular, on or about December 8, 2000, he was convicted of the first degree murder of his wife in contravention of section 235(1) of the *Criminal Code*.

Decision

The panel, following a teleconference hearing and deliberation, held that the above allegations were proven and directed the Registrar to revoke the member's certificate of registration.

DR. THOMAS OAKE, GRAVENHURST**1998 Discipline Decision**

Dr. Oake was permitted to resign his certificate of registration in 1998 after having been found guilty of sexual impropriety involving two patients (see CCO's 1998 Annual Report). The joint submission, accepted by the Discipline Committee in 1998, outlined a number of terms and conditions on any application for reinstatement, including that Dr. Oake be:

- permitted to apply for reinstatement no earlier than three years from the date of resignation;
- required to pay \$7,500 for CCO's legal and investigative costs;
- required to:
- participate in a psychological assessment to determine if there are any concerns regarding treating female patients;
- participate in a gender sensitivity program;
- complete a clinical competency program;
- undergo a review by a panel of the Discipline Committee; and
- if reinstated, have his practice monitored by CCO for a period of two years.

Application for Reinstatement

Dr. Oake applied for reinstatement in 2001, three years after his resignation, having completed all requirements for reinstatement, including the submission of reports from a psychologist, successful completion of a gender sensitivity program, successful completion of the national clinical competency examinations and the Legislation and Ethics examination, and agreement to practice monitoring at his own expense. Accordingly, the Discipline Committee ordered that his certificate of registration be reinstated and that there be a term or condition on his certificate that all female patients be advised on making their initial appointment that they have the right to have a third party present at any examination or treatment and that this information be properly documented in all patient files.

DR. OGI RESSEL, BURLINGTON

CCO alleged that Dr. Ressel committed acts of professional misconduct including that he committed an act of professional misconduct as provided by Ss. 51(1)(c) of the Code and paragraphs 1.5, 1.33, 1.2, 1.14, and 1.17 of the Professional Misconduct Regulation in that:

- during the period January 20, 1999, to April 7, 1999, he abused minor patient A verbally, psychologically and emotionally;
- during the period January 20, 1999, to April 7, 1999, he engaged in conduct or performed an act or acts that, having all regard for the circumstances, would reasonably be regarded by members as unprofessional, and in particular, that he made unprofessional comments to minor patient A and her mother;
- during the period January 20, 1999, to April 7, 1999, he contravened a standard of practice of the profession or failed to maintain the standard of practice of the profession expected of members of the profession, with respect to his record keeping relating to minor patient A;
- during the period January 20, 1999, to April 7, 1999, he provided therapeutic services that were not necessary to minor patient A; and
- he used a term, title or designation indicating a specialization in the profession contrary to the policies of the College, and in particular Policy P-029: Chiropractic Specialties, with respect to minor patient A and her mother.

Decision

The panel, following several days of hearing and deliberation, held that the above noted allegations were proven and that there was insufficient evidence to support certain other allegations (not included above). The hearing will reconvene in 2002 to address the issues of penalty and costs. Once concluded, the decision is subject to appeal by either party.

DR. KATHERINE WOOD, COBOURG**Allegations**

CCO alleged that Dr. Wood committed acts of professional misconduct with respect to a patient, including having engaged in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, contrary to Ss. 51(1)(c) of the Code and paragraph 1.33 of the Professional Misconduct Regulation.

Agreed Statement of Facts

The parties agreed to a statement of facts outlined below.

- Dr. Wood is a member of the CCO and has been registered since 1988.
- Dr. Wood treated a patient during the time period April 20, 1994, to February 2, 1998, on approximately 18 occasions.
- While treating a patient, Dr. Wood agrees that she exceeded appropriate professional boundaries for a chiropractor/patient relationship.

Dr. Wood admits that the above stated conduct constitutes professional misconduct within the meaning of the *RHPA*, and in particular, that she engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional in that she failed to meet or maintain appropriate professional boundaries with the patient.

DISCIPLINE DECISIONS

Joint Submission as to Penalty

The parties agreed on a submission as to penalty summarized below.

- Dr. Wood is guilty of professional misconduct.
- Dr. Wood will receive an oral reprimand.
- Dr. Wood will be suspended for a two-month period, two weeks of which must commence within two months of the date of the discipline hearing, unless an extension is agreed to by the Registrar. The balance of the suspension will itself be suspended and is conditional upon Dr. Wood participating in, and successfully completing, at her own expense, a course or training on maintaining professional boundaries.

The results of the proceedings and the fact that there was a finding of professional misconduct will be recorded in the public portion of the Register and the decision of the discipline panel will be published in the annual report.

Dr. Wood will pay a portion of CCO's legal and investigative costs in the total amount of \$2,000, to be paid within 30 days of the Discipline panel's decision.

Following her suspension, Dr. Wood will cooperate with the CCO in having her chiropractic practice monitored and in particular will allow, at CCO's option, the CCO to conduct a review of her practice and files every six months for a period of two years (a total of four reviews).

Decision

The panel, following deliberation, held the joint submission appropriately addressed the member's professional misconduct and accepted the proposed penalty with the following addition "all practice monitoring by the CCO will be at the member's expense."



An active senior brings to Council the concerns of the health care of our aging population.

▲
MRS. HELEN FOSTER
Public Member

Helen is a retired art teacher who skis, gardens, paints and enjoys Northern Ontario.

PATIENT RELATIONS COMMITTEE REPORT



Committee Members:

Dr. Gilles Lamarche
Chair

Mrs. Gail Diamond
public member

Mrs. Helen Foster
public member

Dr. Brian Kleinberg
non-Council member

Dr. Janit Porter
non-Council member

Staff Support:

Ms Sue Gargiulo
Communications Officer

Ms Jo-Ann Willson
*Registrar and
General Counsel*

In 2001, the Patient Relations Committee turned its attention to communications and ensuring members understand the importance and implications of maintaining professional boundaries with their patients.

The committee developed a survey, distributed to members in November 2001, to determine their level of awareness of patient relations issues, such as maintaining professional boundaries and zero tolerance of sexual abuse of patients. The survey also sought feedback from members on the committee's efficacy in communicating these issues to members. The results showed that most members understood the policies and guidelines relating to patient relations and appreciate CCO's communications efforts.

The committee continues to refine its communication plan to ensure all members understand the policies and guidelines relating to patient relations. The next step will be a public opinion survey that will focus on the public's awareness of CCO and its mandate.

Harry Cummings and Associates, consultants to the Health Professions Regulatory Advisory Council (HPRAC), favourably reviewed CCO's patient relations program in their final evaluation report to HPRAC.

In 2001, the committee:

- administered funding to patients who had been sexually abused by a former member, who is responsible for the costs;
- devoted time to reviewing and responding to the HPRAC reports relating to sexual abuse of patients;
- reviewed the patient relations policies and guidelines; and
- recommended changes to the guideline on dating (G-006: Guideline for Establishing a Personal Relationship With a Patient) to stipulate a minimum time frame for establishing any personal relationship, as well as increasing the enforceability of the provisions by making them a standard of practice.

The committee will distribute the revised provisions to stakeholders, including members, for feedback in 2002. The committee also benefited from presentations from Ms Marcia Lenglet of Influential Communications, who outlined her experiences to date with gender sensitivity courses for members, and Dr. Stuart Kinsinger, who discussed the Ethics course for students at the Canadian Memorial Chiropractic College.

As chair of this committee, I take this opportunity to thank our staff and committee members for their dedication and contribution during 2001. It is an honor to be associated with such a diligent group of individuals.

MANDATE:

- To develop and implement a program/guidelines to enhance the doctor-patient relationship.
- To develop and implement measures for preventing and dealing with sexual abuse of patients.
- To develop, establish and maintain programs to assist individuals in exercising their rights under the *Regulated Health Professions Act, 1991 (RHPA)*.



Committees are served by non-Council members with a diverse range of chiropractic experiences.

▲
DR. BRIAN KLEINBURG

Non-Council Member

Registered since 1982, Brian addresses a number of occupational health issues in his practice.

He has served as a non-Council member on various committees for many years.

QUALITY ASSURANCE COMMITTEE



Committee Members:

Dr. Donald Viggiani
Chair

Mrs. Gail Diamond
public member

Dr. Jacques Laquerre

Dr. Jeffrey Lustig
non-Council member

Mrs. Regina Willmann
public member

Staff Support:

Ms Sue Gargiulo
Communications Officer

Dr. Glen Roberts
Director of Professional Practice

Ms Jo-Ann Willson
Registrar and General Counsel

The Quality Assurance Committee enjoyed a busy and productive year in 2001. The Quality Assurance Program (QAP) was at the forefront of committee activities. In 2001, the committee met 10 times to ensure that components of the QAP, such as peer assessment and x-ray peer review, became operational, that the standards of practice reflected the committee's mandate of continuous quality improvement, and that individual member remediation was a viable option for improving individual member's competency. Assuring the public of competent, ethical chiropractic care and enhancing public safety and protection are paramount objectives of the committee.

On January 20, 2001, the committee hosted the first peer assessment training seminar for 16 participants from across Ontario. The first participants to be trained as peer assessors were also the first to be peer assessed. The participants received a comprehensive Peer Assessment Manual outlining their roles and responsibilities, and a peer assessment checklist based on the standards of practice, policies and guidelines in CCO's *ChiroCare* binder. In April 2001, the committee met with Dr. Ted Crowther, who outlined the record keeping remediation program he developed for several members in consultation with the Canadian Memorial Chiropractic College. In June 2001, the committee began work on a revised x-ray peer review program, reviewing the manual and interviewing members to become x-ray peer assessors for 2002. In August 2001, the committee reviewed a number of peer assessment reports, the majority of which recommended no further action to be taken by the member being assessed.

The committee held another peer assessment training seminar on September 29, 2001, with guests that included Dr. Keith Thomson, President, Dr. Allan Gotlib, Vice President, and Dr. Doug Lawson, Director of Examination Services, Canadian Chiropractic Examining Board. In the morning, the committee met with the first assessor group to discuss the process and hear recommendations for revisions. The afternoon session involved training 15 additional peer assessors. Both the experienced and new assessors enjoyed interaction with each other and a presentation by Dr. Lawson over lunch. Feedback was very positive.

In November 2001, following Council's approval, the committee distributed to members and stakeholders Policy P-018: Dual Registrants and Policy I-008: Experimental Techniques, Technologies, Devices or Procedures, as standards of practice. The response was tremendous. The committee reviewed the feedback and will implement further changes in the near future upon further consultation with members. Also in November, the committee welcomed presentations on orthotics by Dr. James Laws (chiropractor and certified athletic therapist), Mr. Bruce Marrison (VP, The Orthotic Group), Dr. Leslie Trotter (pedorthist and chiropractor) and Dr. Eleanor White (Ontario Chiropractic Association). The committee intends to use the information to develop a standard of practice on orthotics.

Finally, I want to take this opportunity to thank our support staff and committee members who have worked most diligently and have made extraordinary efforts to serve the public interest and advance the QAP. The committee is grateful for your enthusiastic support and commitment!

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.
- To develop protocols and policies to address the conduct of members referred to the committee for behaviour or remarks of a sexual nature by the member towards the patient.



Skills in negotiating, mutual respect and an interest in financial responsibility ensure that Council is protecting the public.

▲
MRS. RUTH MABEE
Public Member

Ruth is a real estate broker who has had her own company for more than 30 years. She was largely responsible for bringing the South Simcoe Heritage Railway to Tottenham and Beeton.

REGISTRATION COMMITTEE REPORT



Committee Members:
Mr. Calvin MacPherson
Chair
Dr. David Leprich
Dr. Lynda Montgomery

Staff Support:
Ms Jo-Ann Willson
Registrar and General Counsel

The majority of applicants for registration for CCO, including recent graduates from chiropractic educational institutions, meet all registration criteria.

The Registration Committee reviews applications for registration from applicants requiring special consideration, such as those: moving to Ontario from another province or country; requesting re-activation after more than two years in the inactive status category of registration; applying after being found guilty of a criminal offence that may be relevant to suitability to practise; having a physical condition that may affect their ability to practise; and whom the Registrar has reasonable and probable grounds to believe do not fulfill all registration requirements set out in the regulation.

In 2001, the committee met via teleconference on five occasions. The committee reviewed 17 applications for registration, 13 from applicants outside Ontario. Table 1 outlines the out-of-province jurisdictions of those applicants.

The Mutual Recognition Agreement (MRA) under the Agreement on Internal Trade, signed by all provincial regulatory boards except British Columbia, had a strong impact on the committee. In 2001, the committee reviewed and approved five applications for registration from applicants registered in other provinces, requiring only that they successfully complete CCO's Legislation and Ethics examination and provide letters of good standing.

Under the MRA, currently practising chiropractors in good standing in another Canadian jurisdiction are exempted from completing the clinical competency examinations, which must be completed by new graduates and most applicants from non-Canadian jurisdictions.

The Registration Committee disposed of 13 applications referred to it in 2001, as outlined in Table 2.

Table 1: 2001 Applicants

Jurisdictions of Out-of-Province Applicants in 2001	
Jurisdiction	Number
Other Canadian Provinces	6
United States	4
England	1
Australia	1
South Africa	1
Total	13

Table 2: Disposition of Registration Applications in 2001

Directions to the Registrar	Number
General Certificates of Registration on successful completion of the Legislation and Ethics examination	7
General Certificates of Registration with terms, conditions or limitations	2
General Certificate of Registration on repayment of inactive status fees and successfully completing the Legislation and Ethics exam	1
General Certificate of Registration on successful completion of the Clinical Competency examination	1
General Certificate of Registration on successful completion of the Cognitive Skills examination	1
General Certificate of Registration on satisfactory explanation of criminal conviction and supporting letters of reference	1
Total	13

MANDATE:

- To develop, establish and maintain standards of qualification for person to be issued certificates of registration.
- To review, with consistency and fairness, 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 COMMITTEE REPORT



Cooperation, teamwork and new ideas
are key to protecting the public.

▲
TALIA (4) AND SARAH (6)

Members of the Public

“Sometimes you have to work together even when you don’t feel like it.

You get new ideas and build better things.”

Four cases were carried forward to 2002 pending further information and documentation from applicants.

The Health Professions Appeal and Review Board was not requested to review any decisions of the Registration Committee in 2001.

In 2001, the committee tackled several other important tasks, the major one being the review of Ontario Registration Regulation 862/93 under the *Chiropractic Act, 1991*. This year-long review culminated in Council’s approval, in principle, of the committee’s proposed changes to the regulation and recommendation to circulate the proposed changes to members and stakeholders for feedback. The committee also reviewed the by-laws relating to fees for registration and recommended these be circulated to members for feedback.

For the first time in the history of CCO, the committee approved a process for granting temporary licenses to out-of-province chiropractors wanting to travel to Ontario for sporting and other events.

The committee also broke new ground with Policy P-050: Student Field Placement Temporary Policy. Following discussions with the Canadian Chiropractic Protective Association, the Chiropractic Review Committee and the Canadian Memorial Chiropractic College (CMCC), the committee proposed recommendations to Council, which Council approved in December. This policy allows students participating in CMCC’s field placement pilot project to perform controlled acts under supervision. Controlled acts include communicating a diagnosis and moving the joints of the spine beyond a person’s usual physiological range of motion.

These activities are indicative of the committee’s continued commitment to protecting the public through the registration of competent, ethical chiropractors.

Registration Statistics as at December 31, 2001

Table 3: Classes of Registration / Female / Male

Class	Female	Male	Total
Active	676	1990	2666
Active Non-Resident	15	35	50
Inactive Resident	11	47	58
Inactive Non-Resident	28	35	63
Retired	2	32	34
Academic	0	0	0
Active with Terms	1	10	11
Active Non-Resident with Terms	0	1	1
Inactive Non-Resident with Terms	0	1	1
Total	733	2151	2884

Table 4: New members in 2001

Class	Female	Male	Total
Active	84	153	237
Active Non-Resident	2	6	8
Inactive Resident	2	7	9
Inactive Non-Resident	7	6	13
Active with Terms	1	1	2
Total	96	173	269



Skills in written and oral communications are an asset to Council.

▲
MS JANE ANN MCLACHLAN
 Public Member

Jane Ann is a professor of Communications at Conestoga College in Kitchener.

ADVERTISING COMMITTEE REPORT



Committee Members:
Dr. Drew Potter
Chair
Dr. Peter Amlinger
non-Council member

Mrs. Helen Foster
public member
Dr. David Leprich

Staff Support:
Ms Rose Bustria
Receptionist
Ms Sue Gargiulo
Communications Officer

A non-statutory committee of CCO, the Advertising Committee encourages members to use professional, ethical and informational advertising that educates the public regarding their health care options and promotes the chiropractic profession.

The committee encourages members to submit proposed advertisements for review before publication. Although many members complied in 2001, the committee received several complaints about unprofessional advertising from chiropractors, other health care professionals and members of the public. In nine such cases, the committee forwarded the complaints to the Complaints Committee for further investigation and action.

CCO's Advertising Standard of Practice (S-003) must be consistent with certain core principles set out in the Advertising Template provided by the Ministry of Health and Long Term Care.

In November 2001, following Council's approval, the committee distributed to members and stakeholders for feedback the revised advertising standard of practice (S-003: Advertising), policy (P-004: Advertising Committee Protocol) and guideline (G-003: Advertising Committee Protocol).

Members' feedback showed overwhelming support for many of recommended changes. However, the committee will wait until it reviews all the comments/suggestions before making additional recommendations to Council.

The committee expects the revised standard, policy and guideline to receive final approval by Council in 2002.

MANDATE:

- To review proposed advertisements by members to ensure compliance with CCO's Advertising Standard of Practice (S-003) and Advertising Code (G-003).

FITNESS TO PRACTICE REPORT



Committee Members:
Dr. Brian Schut
Chair
Ms Clarissa D'Cunha
public member
Dr. Drew Porter

Staff Support:
Ms Jo-Ann Willson,
Registrar and General Counsel

There were no referrals to the Fitness to Practice Committee in 2001.

MANDATE:

- To hear and determine allegations of mental or physical incapacity referred to the committee by the Executive Committee.
- To review applications for restoration of certificates to practise, which have been revoked or suspended due to incapacity.



Members enjoy the benefits of giving back to their patients and to the general public through their work on CCO.

DR. ALLAN HOROWITZ

Non-Council Member

Registered in 1982, Allan has thoroughly enjoyed his work on a number of CCO committees and encourages other members of the profession to get involved.

CHIROPRACTIC REVIEW COMMITTEE REPORT



Committee Members:
Dr. Michaela Cadeau
Chair
Mr. John Bolus
public member

Ms Corinne Hardey
public member
Dr. Allan Horowitz
Dr. Keith Thomson

Staff Support:
Ms Jill Silk
Administrative Assistant

The Chiropractic Review Committee (CRC) is a statutory committee of CCO under the *Health Insurance Act (HIA)*. All self-regulated professions that submit accounts to the Ontario Health Insurance Plan (OHIP) have such a committee, funded by the Ministry of Health and Long-Term Care.

CRC's primary responsibility is to assess referrals from OHIP's general manager. As part of the ongoing auditing process, the general manager may refer members to CRC for review. Reasons for referrals include determining: whether the services were rendered; whether the nature of the service was misrepresented; whether the services were therapeutically necessary; and whether the services were provided in accordance with accepted professional standards.

When a referral is made to CRC, the committee, following a thorough investigation, which may include inspection of the member's practice and an interview by the committee, directs the general manager to either pay all claims, pay none of the claims, or pay only a portion of the claims submitted for the period under review.

Referrals to CRC can be cited under the following sections of the *HIA*: Section 39.1 (2) – full review; Section 18.1 (3) – member requests a full committee review; and Section 18.1 (4) – member requests a single committee member review.

Ontario Regulation 149/00 under the *HIA* came into effect in March, 2000. Consequently, where recoveries are directed against members, the member will now also assume the full cost of the review, plus the applicable interest on the recovery directed and calculated from the first day of the referral period.

CRC held 15 regular meetings and two teleconferences in 2001. With CCO, CRC hosted a workshop for CCO investigators (four) and CRC inspectors (seven) on January 27, 2001, which was well received. In addition, CRC held an Inspectors Writing Workshop on May 26, 2001.

On April 25, 2001, CRC participated in a joint meeting with CCO and the Ministry of Health and Long-Term Care to discuss a Memorandum of Understanding and other administrative issues of concern to all parties involved. The Memorandum of Understanding relates to OHIP's classification of CRC as an adjudicative agency. Following the discussion, Dr. Gary Ollson, Manager of Monitoring and Control from OHIP's Provider Services Branch, agreed to re-draft the Memorandum. The adjoining table summarizes CRC's activities in 2001 in relation to the assessment of perceived billing irregularities.

Table 1: CRC Activities in 2001

Referrals	
In progress January 1, 2001	6
Received 2001	
Full review	1
Expedited review	0
Completed in 2001	2
In progress at the end of 2001	5
Inspections	
Completed in 2001	1
Pending at the end of 2001	0
Interviews	
Conducted in 2001	3
Pending in 2001	0
Settlement Agreements	
In progress January 1, 2001	3
Received in 2001	1
Completed in 2001	2
In progress at end of 2001	2
Appeals	
In progress January 1, 2001	0
Received in 2001	0
Resolved in 2001	0
In progress at the end of 2001	0

MANDATE:

- To investigate and respond to referrals from the General Manager of OHIP relating to perceived billing irregularities under the *Health Insurance Act*.

AUDITOR'S REPORT

To the Members of the
College of Chiropractors of Ontario:

We have audited the statement of financial position of the College of Chiropractors of Ontario as at December 31, 2001, and the statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2001, and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

Respectfully submitted,




TATOR, ROSE & LEONG,
Chartered Accountants

TORONTO, CANADA
May 14, 2002

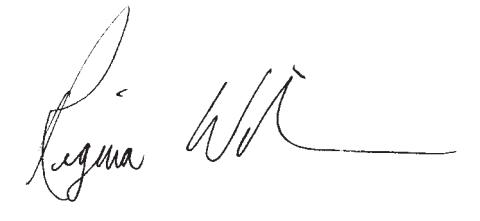
STATEMENT OF FINANCIAL POSITION

	Statement 1 December 31, 2001 (With 2000 Comparisons)	
	2001	2000
Assets		
Current		
Bank	\$ 513,674	\$ 182,796
Short-term Investments	2,508,561	2,715,166
Prepaid Expenses and Sundry Assets	21,941	13,323
	<u>3,044,176</u>	<u>2,911,285</u>
Capital (Note 2)	121,388	143,033
Total Assets	<u>\$3,165,564</u>	<u>\$3,054,318</u>
Liabilities		
Current		
Accounts Payable and Accrued Liabilities	\$ 73,573	\$ 31,060
Deferred Revenue	263,545	136,625
Total Liabilities	<u>337,118</u>	<u>167,685</u>
Net Assets (Per Statement 2)	2,828,446	2,886,633
Total Liabilities and Net Assets	<u>\$3,165,564</u>	<u>\$3,054,318</u>

Approved on behalf of College:



Director



Director

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

STATEMENT OF OPERATIONS**Statement 3**
for the year ended December 31, 2001
(With 2000 Comparisons)

	2001	2000
Income		
Renewal Fees (Note 7)	\$1,721,373	\$1,883,327
Registration Fees	80,275	56,421
Examination Fees	50,022	218,771
Recovery of Discipline Costs	34,662	2,500
Interest & Sundry	154,842	180,637
Total Income	2,041,174	2,341,656
Expenditures		
Salaries and Benefits (Note 3)	594,446	527,991
Pension – Past Service (Note 4)	9,600	9,600
Consulting Fees (Note 8)	71,513	17,403
Rent and Utilities (Note 5)	216,887	232,876
Telephone	18,988	18,564
Office Supplies and General	209,565	129,252
Printing	136,773	167,306
Postage	27,070	39,011
Insurance	10,398	12,799
Examiners Fees and Expenses	–	180,737
Meetings, Fees and Expenses (Schedule 1)	255,568	209,842
Audit	14,103	13,300
Federation Meetings	13,274	23,103
CFCRB Assessments	25,000	25,000
Regulated Health Professions Act	8,598	660
Consulting Fees – Complaints	28,613	19,345
Consulting Fees – Discipline	40,962	5,272
Legal Fees – Complaints	1,567	10,120
Legal Fees – Litigation	–	25,742
Legal Fees – Executive	5,421	24,940
Legal Fees – Discipline	98,621	57,439
Legal Fees – General	66,659	13,588
Equipment Lease (Note 5)	20,996	20,996
Media Advertising	5,923	11,063
Total Expenditures	1,880,545	1,795,949
Excess of Income Over Expenditures Before Amortization	160,629	545,707
Amortization	43,047	50,794
Excess of Income over Expenditures	\$ 117,582	\$ 494,913

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

STATEMENT OF CHANGES IN NET ASSETS**Statement 2**
for the year ended December 31, 2001
(With 2000 Comparisons)

	2001	2000
Unrestricted Fund		
Balance, January 1,	\$2,886,633	\$2,391,720
Add: Excess of Income Over Expenditures (Per Statement 3)	117,582	494,913
	3,004,215	2,886,633
Less: Transfer to Restricted Fund	(270,000)	–
Balance, December 31,	2,734,215	2,886,633
Restricted Fund (Note 6)		
Balance, January 1,	\$ –	\$ –
Add: Transfer from Unrestricted Fund	270,000	–
Subtotal	270,000	–
Less: Legal fees paid during the year	(175,769)	–
Balance, December 31,	94,231	–
Total	\$2,828,446	\$2,886,633

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

STATEMENT OF CHANGES IN CASH FLOW**Statement 4**
for the year ended December 31, 2001
(With 2000 Comparisons)

	2001	2000
Cash and Equivalents Provided by (used for):		
Operating Activities		
Excess of Income over Expenditures (per Statement 3)	\$ 117,582	\$ 494,913
Restricted Fund Expenditures during the year (per Statement 2)	(175,769)	–
Amortization – Capital Assets	43,047	50,794
(Increase) in Prepaid Expenses and Sundry Assets	(8,618)	(785)
Increase (Decrease) in Accounts Payable and Accrued Liabilities	42,514	(99,320)
Increase (Decrease) in Deferred Revenue	126,920	(22,695)
	145,676	426,047
Investing Activities		
Purchase of Capital Assets (Net)	(21,403)	(65,124)
Change in Cash and Equivalents During the Year	124,273	360,923
Cash and Equivalents at the Beginning of the Year	2,897,962	2,537,039
Cash and Equivalents at the End of the Year	\$3,022,235	\$2,897,962
Cash and Equivalents Represented by:		
Bank	\$ 513,674	\$ 182,796
Short-term Investments	2,508,561	2,715,166
	\$3,022,235	\$2,897,962

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

SCHEDULE OF MEETINGS, FEES AND EXPENSES

Schedule 1 for the year ended December 31, 2001 (With 2000 Comparisons)

	Fees	Expenses	Total 2001	Total 2000
Dr. Bert Brandon	\$ –	\$ –	\$ –	\$ 1,125
Dr. Allan Gotlib 1	39,175	1,529	40,704	56,777
Dr. Len Hardman	–	–	–	583
Dr. Gilles Lamarche 2,5	16,900	25,013	41,913	15,661
Dr. Don Langford	–	–	–	750
Dr. Jacques Laquerre 3,6	13,850	17,554	31,404	23,239
Dr. David Leprich 7,8	4,575	3,784	8,359	–
Dr. Lynda A. Montgomery 3,7	12,325	9,477	21,802	10,113
Dr. Drew Potter 1,4,8	9,350	7,557	16,907	15,461
Dr. Brian Schut 4	5,550	2,005	7,555	14,703
Dr. Keith Thomson 1,2	43,700	23,739	67,439	52,597
Dr. Don Viggiani 1,6	11,325	5,754	17,079	13,346
Ms. Jo-Ann Willson	–	2,406	2,406	5,487
	<u>\$156,750</u>	<u>\$ 98,818</u>	<u>\$255,568</u>	<u>\$209,842</u>

*Numbers refer to committee membership, April – December 2001

Executive	1
Complaints	2
Discipline	3
Fitness to Practice	4
Patient Relations	5
Quality Assurance	6
Registration	7
Advertising	8

NOTES TO FINANCIAL STATEMENTS

December 31, 2001

1 (a) Purpose and Structure of the Organization

The College of Chiropractors of Ontario governs and regulates chiropractic in Ontario. There are 16 Council Members, nine members are elected and seven are appointed by the Lieutenant Governor in Council. There are seven Statutory Committees and one Non-Statutory Committee.

1 (b) Summary of Accounting Policies

(i) Capital Assets

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

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

(ii) Revenue Recognition

Renewal and examination fees received prior to the year end which represent fees for the following fiscal year are deferred and recorded in revenue in that year.

2. Capital Assets

	Cost	Accumulated Amortization	2001 Net	2000 Net
Furniture and Office Equipment	\$ 264,923	\$ 195,942	\$ 68,981	\$ 77,326
Computer and Software	252,202	199,795	52,407	65,707
Leasehold Improvements	14,740	14,740	–	–
	<u>\$ 531,865</u>	<u>\$ 410,477</u>	<u>\$ 121,388</u>	<u>\$ 143,033</u>

3. Salaries and Benefits

Included in this expense are payments for current service pension plans.

4. Pension Plan – Past Service

Commencing February 1, 1981, the former Board of Directors of Chiropractic agreed to pay Dr. J.W. Ellison a monthly pension during his lifetime. The premium is \$800 monthly.

5. Lease Commitments

The College has commitments under operating leases for office space and equipment. The leases expire at various dates up to 2005 and the basic minimum annual payments over the next four years are as follows:

Office Space	Equipment
2002 – \$219,448	2002 – \$20,996
2003 – \$201,161	2003 – \$20,996
	2004 – \$20,996
	2005 – \$10,498

6. Restricted Fund

During the year the College internally segregated \$270,000 to be used for ongoing litigation purposes. These funds are not available for unrestricted purposes without approval of the Executive Committee. As at December 31, 2001, \$175,769 of the restricted funds had been used for litigation purposes.

7. Renewal Fees

Renewal fees were decreased to \$650 in 2001 from \$750 in 2000 for active members.

8. Consulting Fees

This includes fees relating to the Peer assessment program implemented in 2001.

9. Comparative Figures

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

COUNCIL 2001

COUNCIL MEMBERS 2001



“Through my experience with BDO and a strong work ethic, I have learned how to work in a team atmosphere, manage an office and assist clients in achieving their businesses goals.” –*Regina Willmann*

“My involvement in the governance of other organizations has given me a certain background of experience that has been helpful in my participation in the CCO.” –*Calvin MacPherson*

“As a public member from Toronto, I represent the diversity and multiculturalism of the people of Toronto as well as Ontario. I work as a Customer Service Clerk in the Toronto District School Board. My work as a relief receptionist for at least 80 people has taught me to be tactful and a team player.” –*Clarissa D’Cunha*



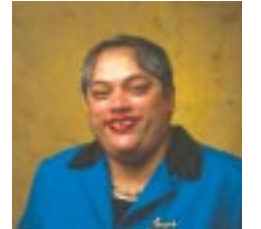
Dr. Keith Thomson
President
Executive – Chair
Complaints – Chair



Mrs. Regina Willmann
Treasurer
Committees: Executive,
Complaints, Quality Assurance



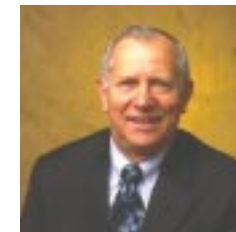
Mr. Calvin MacPherson
Committees: Executive,
Registration – Chair



Ms. Clarissa D’Cunha
Committee: Fitness to Practice



Dr. Gilles Lamarche
Committees: Complaints,
Patient Relations – Chair



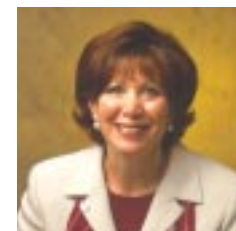
Dr. Jacques Laquerre
Committees: Discipline,
Quality Assurance



Dr. David Leprich
Committees: Registration,
Advertising



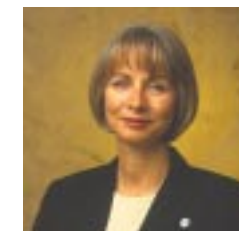
Mrs. Ruth Mabee
Committees: Complaints –
alternate, Discipline – alternate



Mrs. Gail Diamond
Committees: Executive,
Discipline, Patient Relations,
Quality Assurance



Ms. Jane Ann McLachlan
Committee: Discipline –
alternate



Dr. Lynda Montgomery
Committees:
Discipline – Chair,
Registration



Dr. Drew Potter
Committees: Executive,
Fitness to Practice,
Advertising – Chair,



Mrs. Helen Foster
Committees: Discipline,
Patient Relations, Advertising



Dr. Brian Schut
Committee:
Fitness to Practice – Chair



Dr. Donald Viggiani
Committees: Executive,
Quality Assurance – Chair



Dr. Allan Gotlib
Vice President,
Executive – Vice Chair

THE YEAR IN REVIEW



Niagara Chiropractic Society Meeting

April, 2001

St. Catharines

Standing (left to right)

Dr. Dennis Mizel, Dr. Glen Roberts

Seated (left to right)

Dr. Keith Thomson, Ms Jo-Ann Willson, Dr. David Leprich



Peer Assessor Training and Evaluation Seminar

September, 2001

(left to right)

Dr. Michael Brickman, Dr. Peter Amlinger,

Dr. John Schellenberg, Dr. Jacques Laquerre,

Dr. Dennis Mizel, Mrs. Regina Willmann



Peer Assessor Training and Evaluation Seminar

September, 2001

(left to right) Dr. Allan Gotlib, Dr. Doug Lawson, Dr.

Jacques Laquerre, Dr. Keith Thomson, Ms Jo-Ann Willson,

Dr. Don Viggiani, Mrs. Gail Diamond, Dr. Jeffery Lustig,

Mrs. Regina Willmann, Dr. Glen Roberts, Ms Sue Gargiulo



Federation of Health Regulatory Colleges of Ontario

Joint Discipline Orientation Session

September, 2001

Canadian Bar Association

(left to right) Dr. Don Viggiani, Dr. Lynda Montgomery,

Dr. Douglas Brown, Dr. Brian Schut

THE YEAR IN REVIEW



**Federation of Health Regulatory Colleges of Ontario
Joint Discipline Orientation Session**

September, 2001

Seated (left to right) Ms Sheila Richardson, College of Nurses;
Ms Carol Shapiro, College of Chiropodists;
Dr. Lynda Montgomery, College of Chiropractors
Standing (left to right) Mr. Brian Gover, Stockwood Spies;
Mr. Richard Steinecke, Steinecke, Maciura, LeBlanc; Ms Claudia Skolnik,
College of Pharmacists



**Canadian Chiropractic Examining Board / Canadian
Federation of Chiropractic
Regulatory Boards Meeting**

November, 2001

Calgary, Alberta

Participants from across the country travelled by school
bus to take the CCEB clinical competency examinations



**Federation of Health Regulatory Colleges of Ontario
Semi-Annual Meeting**

November, 2001

(left to right) Mr. Gilbert Sharpe, Consultant, *Regulated
Health Professions Act* Review Project, Ministry of Health
and Long-Term Care;
Mr. Gordon Kumagai, Coordinator of Special Projects,
Ministry of Health and Long-Term Care



**Federation of Health Regulatory Colleges of Ontario
Executive Committee 2001**

Back row (left to right)

Dr. Murray Turnour, College of Optometrists;
Mr. David Hodgson, College of Audiologists and
Speech-Language Pathologists

Front row (left to right) Ms Debra Worrada, College of
Massage Therapists; Ms Jo Ann Willson, College of
Chiropractors; Ms Jan Robinson, College of Physiotherapists

Missing from photograph: Ms Anne Coghlan, College
of Nurses

THE YEAR IN REVIEW



CCO Staff

(left to right) Ms Kristina Mulak, Investigations/Resolutions Officer
 Ms Jo-Ann Willson, Registrar and General Counsel
 Ms Tina Perryman, Administrative Assistant
 Ms Maria Simas, Registration Coordinator
 Ms Ann Duncan, Financial Officer
 Ms Rose Bustria, Receptionist
 Ms Karen McGrady (joined in 2002)
 Ms Sue Gargiulo, Communications Officer



September, 2001

The Ministry of Health and Long-Term Care released eight reports from the Health Professions Regulatory Advisory Council.



Federation of Health Regulatory Colleges of Ontario

November, 2001

(left to right) Mr. David Hodgson, President, Ms Jo-Ann Willson, Ms Anne Coghlan, Dr. Allan Gotlib



HOW TO CONTACT US:



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