

strengthening confidence

2004 annual report

COLLEGE OF CHIROPRACTORS OF ONTARIO





The College of Chiropractors of Ontario is committed to the task of **strengthening confidence** by assuring the public of competent and ethical chiropractic care.



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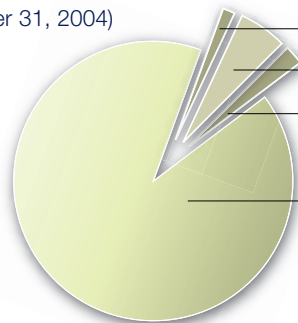
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Classes of Certificate for CCO Members

(as at December 31, 2004)

TOTAL: **3,379**



Active, Non-Resident: **45**

Inactive: **189**

Retired: **72**

Active: **3,073**



strategic plan

CCO Council and staff participated in a strategic planning session on September 11-12, 2004. The session was intended to position the College as a continued key player and partner in Ontario's health care system.

To date, CCO has had a strong and positive influence on the chiropractic profession and has succeeded in protecting the public interest. Yet pressure for even greater effectiveness remains high. The environment in which CCO operates is one of ever-increasing complexity. These environmental pressures/challenges (chiropractic de-listing from OHIP, the Lewis Inquest, public concerns about the safety of chiropractic) necessitated the call for CCO to plan a strategic planning session.

Objectives included:

- confirming and/or renewing CCO's mission statement;
- reaching consensus on a vision of future success for CCO;
- identifying key issues to be addressed to facilitate the achievement of this vision of success; and
- identifying key priorities for action for the current planning year through the leadership goals.

Strategic planning has afforded CCO the ability to move beyond meeting current expectations to focusing on the future.

Mission

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

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

Three-Year Vision

Over the next three years we will seek to undertake a series of initiatives in order to achieve the following:

1. the public's confidence in chiropractic is unqualified;
2. all celebrate quality of care as CCO's "raison d'être";
3. there are strong and effective governance arrangements; and
4. the College is sought after for our expertise and influence.

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

A bold, yet responsible
vision to guide the
College over the next
three years, emerged
through the Strategic
Planning session.



Ms Carolyn Everson facilitated the September Strategic Planning Session

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.

president's message



Dr. Drew Potter
President

The year 2004 was very active and interesting at the CCO.

The Executive Committee met formally on seven occasions and conducted several teleconference meetings, while the full Council met seven times.

Council ratified the new standard of practice S-015: Immunization/Vaccination, in June. The new standard included a statement that it is an act of professional misconduct to treat or advise a patient with respect to a immunization/vaccination as it is outside the scope of practice. Council reviews and revises all standards of practice, policies and guidelines as required on an annual basis.

As all of our members are aware, Council meetings are open to the public and over the past few years more guests, Ministry of Health and Long-Term Care observers, chiropractors and representatives of other chiropractic organizations have been attending. In addition, meetings of larger groups, such as peer assessment and record keeping workshops, have necessitated expanding the office by acquiring extra space adjacent to the Council meeting room.

CCO continues to collaborate with other organizations to advance both our professional image and the public interest. Dr. Allan Gotlib, Mrs. Regina Willmann and I attended the Canadian Federation of Chiropractic Regulatory Boards/Canadian Chiropractic Association Clinical Practice Guidelines (CPGs) stakeholders meet-

ing in Halifax in October, and CCO has subsequently agreed to participate in the development of the CPGs.

Council agreed that in order to facilitate the Canadian Memorial Chiropractic College's (CMCC) application to become a degree-granting institution, CCO would serve as a secondary custodian of records if that should become necessary.

In November, all Council members toured the new CMCC campus and I am pleased to report that the new College building is an impressive structure of which we can all be very proud.

As a member of the Federation of Health Regulatory Colleges of Ontario, we continue to partner with other health colleges and are participating in a public education program to better inform the public regarding regulated health professions in Ontario.

The de-listing of chiropractic services from the Ontario Health Insurance Plan has been difficult for us all. However, we are a strong and robust profession and our patients know that our services are necessary, safe and effective. I am pleased that the majority of our members have responded to this 'bump in the road' in an ethical and professional manner and are continuing to provide high quality, patient-centered care.

registrar's report

Partnering!

Some of you may have noticed that CCO's updated mission statement refers to CCO partnering with other health professions, licensing bodies, organizations and government. In fact, CCO's partnerships extend to a host of others, including first and foremost, the public, and the entire membership.

Adversity!

"You'll never find a better sparring partner than adversity."

Golda Meir (Former Prime Minister of Israel)

No one involved at CCO would argue against the assertion that 2004 was a year of challenges. Consider, to name just a few, the Lewis Inquest, the de-listing of chiropractic services from the Ontario Health Insurance Plan, the transitions on Council with the departures of several individuals in 2004 and early 2005 who made significant and lasting contributions (namely, Dr. Allan Gotlib, Dr. David Leprich, Dr. Lynda Montgomery, Mrs. Regina Willmann and Mrs. Helen Foster), and the implementation of the quality assurance program, including a comprehensive peer assessment component.

Did we learn from these events? Will CCO continue to survive? Is CCO a changed organization as a result of these circumstances? I would have to answer each of these questions with a resounding yes! CCO reviewed and amended standards of practice, engaged in a strategic planning exercise to ensure all Council and staff were on the same page, spent time and money training a diverse group of peer assessors, and communicated broadly about the quality assurance program and what it would mean for individual members.

Dance!

"A pas de deux is a dialogue of love. How can there be conversation if one partner is dumb?"

Rudolf Nureyev (Russian ballet dancer)

In the various dances in which CCO is a partner, we try to ensure that:

- complaints from the public are disposed of in a fair and thorough manner, consistent with the governing legislation;
- members of the profession are engaged in continuous learning opportunities and quality improvement in the delivery of chiropractic services;
- other professions, licensing bodies, organizations and government seek our advice on matters in which we have expertise (including standards of practice, a successful quality assurance program, the scope of chiropractic practice, and defined core competencies);
- Council and staff understand their separate roles and responsibilities in making all the machinery work; and
- generally, that CCO does and is seen to regulate with integrity, fairness, transparency, and fiscal responsibility.

We are fortunate to dance with some incredible partners, including the members of the Federation of Health Regulatory Colleges, the Health Professions Regulatory Advisory Council, regulators outside the health arena (including the Law Society of Upper Canada), various provincial government leaders, and a number of chiropractic organizations. Over the years, I have come to respect and value the opinions of a number of leaders in the health regulatory field and the many others involved with CCO on an ongoing basis. I have also learned that despite first impressions, you should never underestimate the power or political will of organizations of influence.



Ms Jo-Ann Willson

Registrar and General Counsel


Give!

"It is explained that all relationships require a little give and take. This is untrue. Any partnership demands that we give and give and give and at the last, as we flop into our graves exhausted, we are told that we didn't give enough."

Quentin Crisp (British writer)

Finally, CCO is, on occasion, told by some that we just do not give enough. We should be communicating more often or better, we should be "going after" more members (or different members from the ones who are, in fact, sanctioned), and of course, we should be doing everything faster. Is there some legitimacy to these concerns? Probably. Be assured, however, that as we continue on this journey, CCO will do everything it can to earn and maintain your trust and unqualified confidence in the work we do. *"Success will not lower its standard to us. We must raise our standard to success."*

Rev. Randall McBride, Jr.



The College continues to
forge quality partnerships
with professional groups
and the government.

Ms Sharon Saberton, Registrar of the College of Medical Radiation Technologists of Ontario (left)
and Ms Jan Robertson, Registrar of the College of Physiotherapists of Ontario (right).

executive committee

“Leadership in today’s world requires far more than a large stock of gunboats and a hard fist at the conference table.”

Hubert Humphrey
(former U.S. Democratic politician and vice president)

I learned a great deal about the role of the president and the Executive Committee (the “Committee”) in leading the business of CCO over the past year. I was surprised by the amount of work required, and by the challenge involved in building consensus within and outside Council on a number of important public interest issues. CCO’s strategic planning session was critical to ensuring Council and staff continue to operate on a shared mission and vision.

In 2004:

- Significant time and energy was expended in monitoring the progress of the Lewis Inquest and in ensuring CCO fulfilled its commitment to use the Inquest findings and recommendations to develop, establish and maintain appropriate standards of practice;
- The full text of the jury verdict and recommendations was circulated to stakeholders, including all members, along with a copy of S-013: Consent, and a reminder to review S-002: Record Keeping, S-005: Spinal Adjustment/Manipulation, S-006: Technical and Interpretative Components for X-ray, and S-010: Techniques, Technologies, Devices or Procedures (all of which are included on CCO’s web site at www.cco.on.ca);

- Documents relating to federal privacy legislation were developed and circulated as part of a collaborative effort with the members of the Federation of Health Regulatory Colleges of Ontario (FHRCO) (which includes the 21 health regulatory colleges under the *Regulated Health Professions Act, 1991*), namely, the privacy guide and privacy checklist, an executive summary, and CCO’s voluntary privacy code;
- Elections in two districts and a by-election were conducted, resulting in the acclamation of Dr. Brian Schut (District 4), election of Dr. Frazer Smith (District 2), and election of Dr. Robbie Berman (District 3);
- Ms Willson and I participated in FHRCO meetings with the registrars and presidents of other health regulatory colleges, and in the Canadian Federation of Health Regulatory Boards (CFHRB) meetings with the registrars and presidents of chiropractic regulatory boards in Canada;



Dr. Drew Potter
Chair

COMMITTEE MEMBERS

Mrs. Regina Willmann
Vice Chair

Dr. Allan Gotlib
Treasurer

Mrs. Helen Foster

Mr. Richard Frame

Dr. Gilles Lamarche

Dr. Lynda Montgomery

STAFF SUPPORT

Ms Jo-Ann Willson
Registrar and General Counsel

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, and to make decisions concern-*

ing 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.

- Council members and staff toured the Canadian Memorial Chiropractic College's (CMCC) new facilities at 6100 Leslie St.;
- A number of Council members attended FHRCO's joint discipline orientation sessions; and
- Ms Carolyn Everson facilitated a productive strategic planning session in September 2004, which resulted in a refined mission and vision statement and in some modified leadership priorities.

The Committee:

- Monitored CCO's financial position and approved the lease extension and expansion agreements;
- Monitored the initiatives of the numerous "C" initial chiropractic organizations, including the Ontario Chiropractic Association (OCA), Canadian Chiropractic Association (CCA), Canadian Chiropractic Examining Board (CCEB), Council on Chiropractic Education Canada (CCEC) and CMCC, such as the national clinical practice guidelines and the efforts to oppose the de-listing of chiropractic services;

- Reviewed the court material relating to an appeal of a Discipline Committee decision that acquitted a member of allegations of professional misconduct (a summary of the case is included in the Discipline Committee report); and
- Received and reviewed the positive feedback resulting from the various road shows, record keeping workshops, and the implementation of the peer assessment component of the quality assurance program.

In addition, CCO:

- Held an informational meeting (rather than a Council meeting) in April 2004 because CCO Council was not properly constituted (having not received the appointment of the necessary number of public member appointments to Council); at this meeting representatives of the OCA, CCA, CMCC, Chiropractic Awareness Council (CAC) and Canadian Chiropractic Protective Association (CCPA) made presentations on the topic of immunization;
- Conducted a comprehensive orientation session for Council members to review CCO's strategic direction, the duties and responsibilities of directors of non-profit corporations, the legislative framework within which CCO operates, and to emphasize the importance of maintaining confidentiality;

- Held a well-attended and well-received Annual General Meeting in June 2004 at which Mr. Frank Marrocco, Treasurer of the Law Society of Upper Canada, was the guest speaker; and
- Welcomed new public member Mrs. Lynn Daigneault, and bid fond farewell to public members Mrs. Helen Foster, Mrs. Jane Ann McLachlan, and Mrs. Regina Willmann, each of whom made extraordinary efforts to CCO on behalf of the public.

I am grateful for the support, knowledge and expertise offered by current and previous Council members, and for a well functioning, stable staff, including Ms Jo-Ann Willson, Registrar and General Counsel, who has been invaluable to me as president during this time of transition.

complaints committee

The Complaints Committee

(the “Committee”) met 14 times in 2004 and completed a total of 104 decisions.

Nature of Complaints

The Committee received 134 complaints in 2004. Table 1 outlines the main areas of concern identified by complainants who filed complaints with CCO.

Origin of Complaints

Graph 1 outlines the origin of complaints filed with CCO in 2004. Patients filed the majority of complaints (61), followed by other professionals, including CCO members (50).

Disposition of Complaints

Following an appropriate investigation, the Committee 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 before the Committee 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 whether to refer specified allegations to the Discipline Committee, the Committee considers the definitions of professional misconduct and incompetence in the legislation, as well as CCO’s standards of practice, policies and guidelines.

In 2004, the Committee disposed of 104 complaints. Graph 2 illustrates the breakdown of the disposition of complaints.

The Committee has taken the unprecedented step of relying on ss. 26 (4) of the *Health Professions Procedural Code* to take no action with respect to eight complaints by considering them to be frivolous, vexatious, made in bad faith, or otherwise an abuse of process. All of these situations involved complaints made by other professionals, including chiropractors.

Health Professions Appeal and Review Board (HPARB)

Under the *Regulated Health Professions Act*, HPARB may review decisions of the Complaints Committee, other than a referral to the Discipline Committee, when either the complainant or the member is dissatisfied with the decision.

In 2004, HPARB upheld eight decisions of the Complaints Committee. HPARB returned to the Committee four decisions for further investigation, one decision for clarification only, and two decisions directing the Committee to take further action.



Dr. Gilles Lamarche
Chair

COMMITTEE MEMBERS

Ms Clarissa D’Cunha
alternate

Dr. Lezlee Detzler
non-Council member

Dr. Brian Schut

Mrs. Regina Willmann

STAFF SUPPORT

Ms Kristina Mulak
Investigations/Resolutions Officer

Ms Tina Perryman
Complaints Coordinator

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

Acknowledgements

As chair, I thank the Committee members for their ongoing support, diligence and commitment to the complaints process. On behalf of the entire Committee, I extend our sincere thanks to Mrs. Regina Willmann, public member, whose contribution to the work of the Committee has been monumental. We will miss Mrs. Willmann's hard work, dedication and indefatigable commitment to public protection and the betterment of the profession.

Without our support staff, this Committee would not function. The Committee members and I extend a special thanks to Ms Kristina Mulak and Ms Tina Perryman for their continuous support and for their commitment to excellence. Their dedication and commitment to follow due process is exemplary. A note of thanks also goes to Ms Jo-Ann Willson, who always responds with great insight when asked for help and continuously offers guidance on difficult issues. We sincerely appreciate your support.

Graph 1: Origin of Complaints in 2004

TOTAL: 134

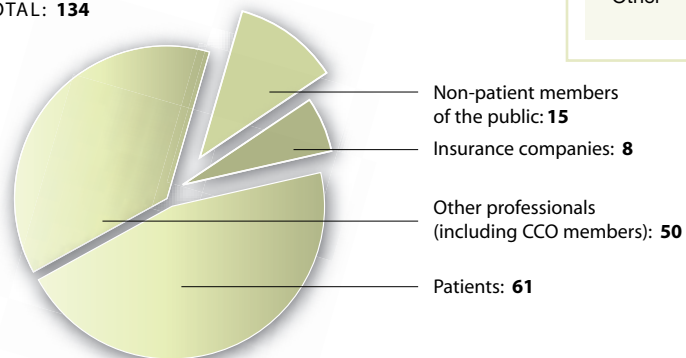
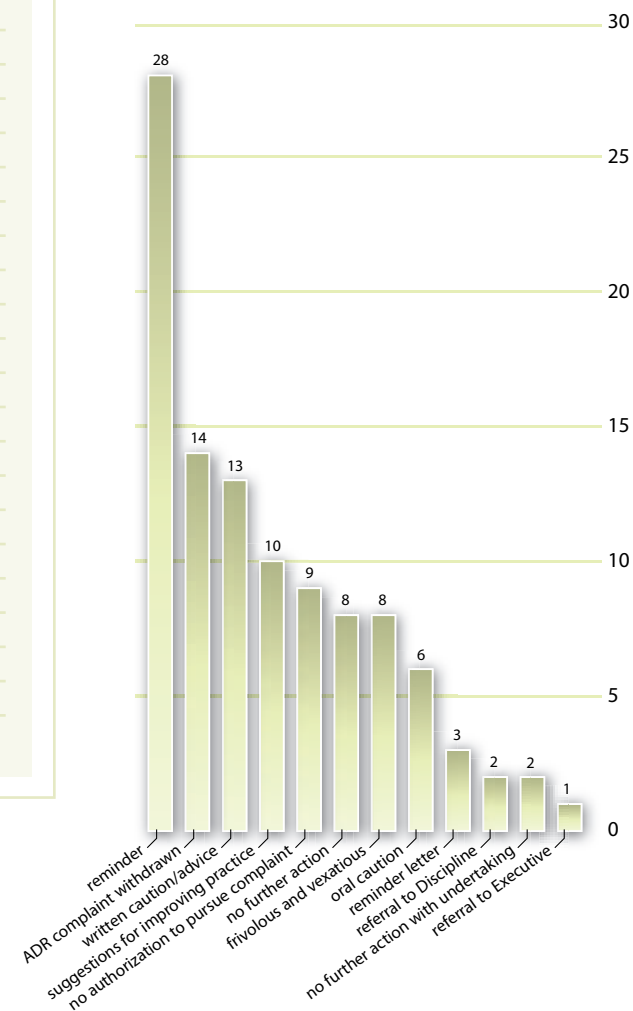


Table 1: Areas of Concern Identified by Complainants in 2004 (134 total)

Area of Concern	Totals
Billing irregularities	20
Advertising	13
Verbal, physical, psychological or emotional abuse	11
Problematic Designated Assessment Centre	10
Treatment without consent	8
Incompetent practice causing harm	7
Misinformation or lack of information regarding treatment	7
Unnecessary or excessive treatment	7
Immunization – providing information contrary to CCO standard	6
Misinformation or lack of information regarding fees	6
Sexual abuse	6
Poor record keeping	5
Problematic inter-professional relationships	4
Failure to provide information on request of patient	4
Dispensing orthotics, including improper fitting and overcharging	3
Harassing patients	3
Breach of patient confidentiality	2
Conflict of interest	2
Improper termination of care	2
Pressure tactics regarding need for treatment	2
Treatment outside the scope of chiropractic	1
Unsanitary practice	1
Other	4

Graph 2: Disposition of Complaints in 2004 (104 total) (ADR = alternate dispute resolution)



discipline committee

The Discipline Committee (the “Committee”) adjudicated one referral during my term as chair. The details of the agreement that resulted from this hearing, via teleconference, are included in the summary of decisions.

A number of Council members attended a discipline orientation session in the fall of 2004. This event was hosted at the College of Nurses of Ontario. The Federation of Health Regulatory Colleges of Ontario (FHRCO) produces these valuable training seminars on an ongoing basis. The input of Mr. Richard Steinecke and Mr. Brian Gover was extremely valuable and informative.

While preparing to chair this committee, I gained a much better understanding of the importance of confidentiality and impartiality. I would like to acknowledge the assistance of CCO Registrar and General Counsel Ms Jo-Ann Willson.

Dr. X, Toronto

Summary of 2004 Court Decision

In 2004, the Divisional Court allowed CCO’s appeal of the dismissal of the allegations of professional misconduct heard by the Discipline Committee in 2003, and ordered a rehearing of certain allegations before another panel.

Resolution Agreement (“Agreement”)

Prior to the rehearing, the parties reached an Agreement, pursuant to which the member: resigned his certificate of registration effective December 17, 2004, and undertook not to apply for membership with CCO in the future; and agreed that the public portion of the register will contain an entry that he resigned his certificate of registration while a discipline hearing was pending.

Decision

The panel, following deliberations, accepted the Agreement.



Dr. David Leprich
Chair

COMMITTEE MEMBERS

Dr. Michaela Cadeau
non-Council member

Mrs. Lynn Daigneault

Mrs. Helen Foster

Dr. David Gohn
non-Council member

Dr. Lynda Montgomery

STAFF SUPPORT

Ms Jo-Ann Willson
Registrar and General Counsel

**All members of Council are potentially members of a Discipline panel.*

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

Dr. Drew Potter conducts pre-hearing conferences for discipline referrals.



Dr. Drew Potter, President

patient relations committee

The Patient Relations Committee (the “Committee”) met twice in 2004. As in the previous year, the Committee continued to review the issue of doctor-patient dating and the appropriate length of time required between the termination of the professional relationship and the start of a personal relationship. Because this is a sensitive and difficult issue, the Committee was determined to review all information and material before presenting a recommendation to Council. Fortunately, by year’s end, the Committee finalized an appropriate and fair standard of practice it presented for approval to Council in 2005.

In 2004, the Committee undertook the important task of initiating the development of a Patients’ Charter of Rights and Responsibilities, an endeavour that arose out of CCO’s strategic planning workshops in September 2004. The Committee will focus on developing this document in 2005.

Finally, the Committee continued to monitor funding for therapy and counselling for victims of sexual abuse by CCO members.

As chair, I would like to commend the Committee members for their perseverance on developing standard of practice S-014: Prohibition Against a Sexual Relationship with a Patient, and for their commitment to develop the Patients’ Charter. I would also like to thank Ms Jo-Ann Willson, Registrar and General Counsel, and Ms Sue Gargiulo, Communications Officer, for their work, patience and commitment to the Committee.

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



Mr. Richard Frame
Chair

COMMITTEE MEMBERS

Ms Georgia Allan

Dr. Brian Kleinberg
non-Council member

Dr. Brian Schut

Dr. Robin Whale
non-Council member

STAFF SUPPORT


Ms Sue Gargiulo
Communications Officer

Ms Jo-Ann Willson
Registrar and General Counsel

Richard Frame sees a Patient's Charter of Rights and Responsibilities as an important evolution in the Committee's work.



Mr. Richard Frame, Chair of the Patient Relations Committee



The QA Committee's
projects for 2004
included the peer
assessment and x-ray
peer review programs.

Dr. Keith Thomson, QA Consultant, Peer Assessor

quality assurance committee



Mrs. Regina Willmann
Chair

COMMITTEE MEMBERS

Mr. Richard Frame

Dr. Allan Gotlib

Dr. Jeffrey Lustig
non-Council member

Dr. Frazer Smith

STAFF SUPPORT

Ms Sue Gargiulo
Communications Officer

Ms Jo-Ann Willson
Registrar and General Counsel

Amazing is the only word to describe this past year in Quality Assurance.

Over the past year, the Quality Assurance Committee (the “Committee”) worked diligently on a number of projects, including the peer assessment and x-ray peer review programs.

Early in the year, the Committee completed the review of a new standard of practice, S-015: Immunization/Vaccination, which was then recommended to Council and passed. This standard received quite a lot of attention and brought emotion and passion to the forefront. CCO received feedback from hundreds of stakeholders, including presentations from groups such as the Canadian Chiropractic Association, Ontario Chiropractic Association, Canadian Chiropractic Protective Association, Council on Chiropractic Education (Canada), Canadian Memorial Chiropractic College, and Chiropractic Awareness Council.

It is understandable how passionate people can become on issues that cause significant change to either their philosophical perspective or personal beliefs. All opinions are important and deserve respect. In developing the immunization/vaccination standard, the Committee and Council fulfilled their mandate to govern chiropractic in the public interest.

The Committee hosted a peer assessment workshop on February 28, 2004, to discuss assessments received to date and to assist the Committee with

modifications to the program. The program is evolving and will continue to do so in the future. Technology certainly helped make a difference in the amount of paper that was generated — the 32-page assessments were scanned and saved on a CD, which the Committee members could then view on their laptops. Jo-Ann and Sue are to be congratulated for their efforts and forward thinking which is moving CCO forward in this age of computers.

Due to the results of the peer assessments, the Committee determined that record keeping presentations at chiropractic society meetings were no longer sufficient to remediate members with deficiencies. To assist members in this area, the Committee held three well-received record keeping workshops at CCO – June 17, September 16 and December 11, 2004.

The peer assessment and record keeping programs have been successful due to the hard work and personal commitment of Dr. Keith Thomson, Ms Jo-Ann Willson and Ms Sue Gargiulo. CCO is fortunate to have this calibre of talent available to assist the member, and the Committee extends their appreciation to each of them. More sessions are planned for next year and CCO will make every effort to arrange for sessions throughout the province.

quality assurance committee

The Committee made changes to the x-ray peer review program to include standard sample x-rays. The Committee feels it is imperative to ensure competence and proficiency within the profession and this will allow for consistency, whether someone takes their own x-rays or not.

One of the most significant projects in 2004 was the core competency project, which provided Council with a draft discussion document in September. This was circulated to the profession in October and Council approved the document, entitled Core Competencies for CCO Members, in principle at the November Council meeting. This is a significant step forward for the profession that will help to define chiropractic.

Core Competencies is a living document that will change and grow with the profession and provide the public with a better understanding of chiropractic and what they can expect from all chiropractors. This is one of the most positive steps forward for both the profession and the public. Congratulations to CCO and all the chiropractors in Ontario.

The Committee worked extremely hard this year to process assessments, review and recommend new standards or changes to existing standards, collaborate with other committees and stakeholders, revise assessment programs and attend meetings and workshops. The Committee members worked tirelessly throughout the year and, as chair, I would like to take this opportunity

to extend my personal thanks to Dr. Allan Gotlib, Dr. Jeff Lustig, Mr. Richard Frame and Dr. Frazer Smith for their hard work and support. I would also like to thank Ms Jo-Ann Willson and Ms Sue Gargiulo, our tremendous support staff, who really do more than we have a right to ask and are a wealth of knowledge and expertise. Special thanks to Dr. Keith Thomson, our consultant and teacher, who has shared his knowledge and gave up a lot of his personal time for the profession and CCO.

Thank you to all of the peer assessors and x-ray peer reviewers – you are a wonderful group of professionals who are committed to the advancement of your profession and I appreciate all of your help and support in getting the program up and running. What a team! With a group like this, anything is possible.

Since this ends my term with the CCO and chair of the Committee, I would like to take a moment to thank all chiropractic members of the CCO for allowing me the opportunity to work with your profession in ensuring protection of the public interest. You have given me a lifetime, lifelong experience that I will cherish and knowledge that I will use to promote the benefits of chiropractic. I look forward to following advancements in chiropractic in the years ahead and await the day that chiropractic is part of a full service health care team, which is definitely in the best interest of the public.

MANDATE | *To develop, establish and maintain:*
[1] programs and standards of practice to assure the quality of the profession; [2] standards of knowledge and skill and programs to promote continuing competence among members; and [3] 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 a patient.

The QA program
enhances the delivery
of quality chiropractic
care to the public.



Dr. Kirsten Addison, newly registered member of CCO, Thunder Bay, Ontario.

peer assessment program

The Quality Assurance Committee officially launched the peer assessment program to the full CCO membership on April 30, 2003. The program's effect began to be felt in 2004 as assessments were completed and the Committee provided dispositions to members who had been peer assessed.

Table 1 provides statistical information about the program as a whole. Table 2 illustrates the breakdown of all assessments and dispositions from April 30, 2003, to May 4, 2005. This table does not include members assessed during the pilot phase of the program, such as the peer assessor themselves, CCO Council and non-Council members, and board members of the Ontario Chiropractic Association.

It should be noted that some members had both minor and significant deficiencies.

A huge vote of thanks is owed to all peer assessors and members, who, despite some initial trepidation, have participated enthusiastically and have helped to make the program a success. The public can only benefit from the members' considerable efforts towards quality improvement.

PEER ASSESSORS

Dr. Joyce Allman, Oakville

Dr. Peter Amlinger, Mississauga

Dr. Liz Anderson-Peacock, Barrie

Dr. Gerard Arbour, Scarborough

Dr. Timothy Barnes, Woodstock

Dr. Richard Bornstein, Richmond Hill

Dr. Lori Dover, Shelburne

Dr. Liz Gabison, Toronto

Dr. Reginald Gates, Burlington

Dr. Arnon Glatzer, Brampton

Dr. Ruth Hitchcock, Collingwood

Dr. Roberta Koch, Hamilton

Dr. Gilles Lamarche, Timmins

Dr. Dennis Mizel, St. Catharines

Dr. Paul Newton, Nepean

Dr. Peter Picard, Cochrane

Dr. Kenneth Robinson, Barrie

Dr. Heather Robson-McInnis, Niagara Falls

Dr. John Schellenberg, Fargo, ND (resigned)

Dr. Gauri Shankar, Prescott

Dr. Steven Silk, Wiarton

Dr. Frazer Smith, Smiths Falls

Dr. Richard Stover, London

Dr. Bob Szczerko, Thorold

Dr. Keith Thomson, Peterborough

Dr. Sal Viscomi, Richmond Hill

Dr. Bruce Walton, Guelph

Dr. Michelle Whitney, Guelph (resigned)

Dr. Dennis Yurkiw, Owen Sound

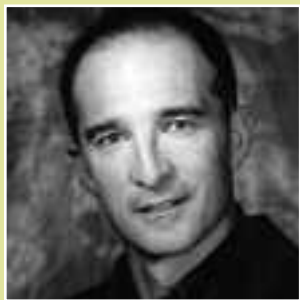
Dr. David Zurawel, Peterborough

Table 1: Peer Assessment Program Overview
(April 30, 2003 – May 4, 2005)

Item	Total
# of peer assessors	28
# of assessment letters sent to randomly selected members to date (includes volunteers and members required to participate following a discipline disposition)	659
# of members who did not participate in the assessment (i.e., not in active practice, maternity leave)	76
Assessments completed as at May 4, 2005 (includes volunteers and members required to participate following a discipline disposition)	566
Assessments disposed of by the QA Committee	555
# of assessments requiring no further action (i.e., satisfactory)	44
# of assessments with significant deficiencies	454
# of assessments with minor deficiencies	757

The Peer Assessment
program is a
'good news' item
for the profession
and the public.

peer assessors:



Dr. Dennis Yurkiw, Owen Sound



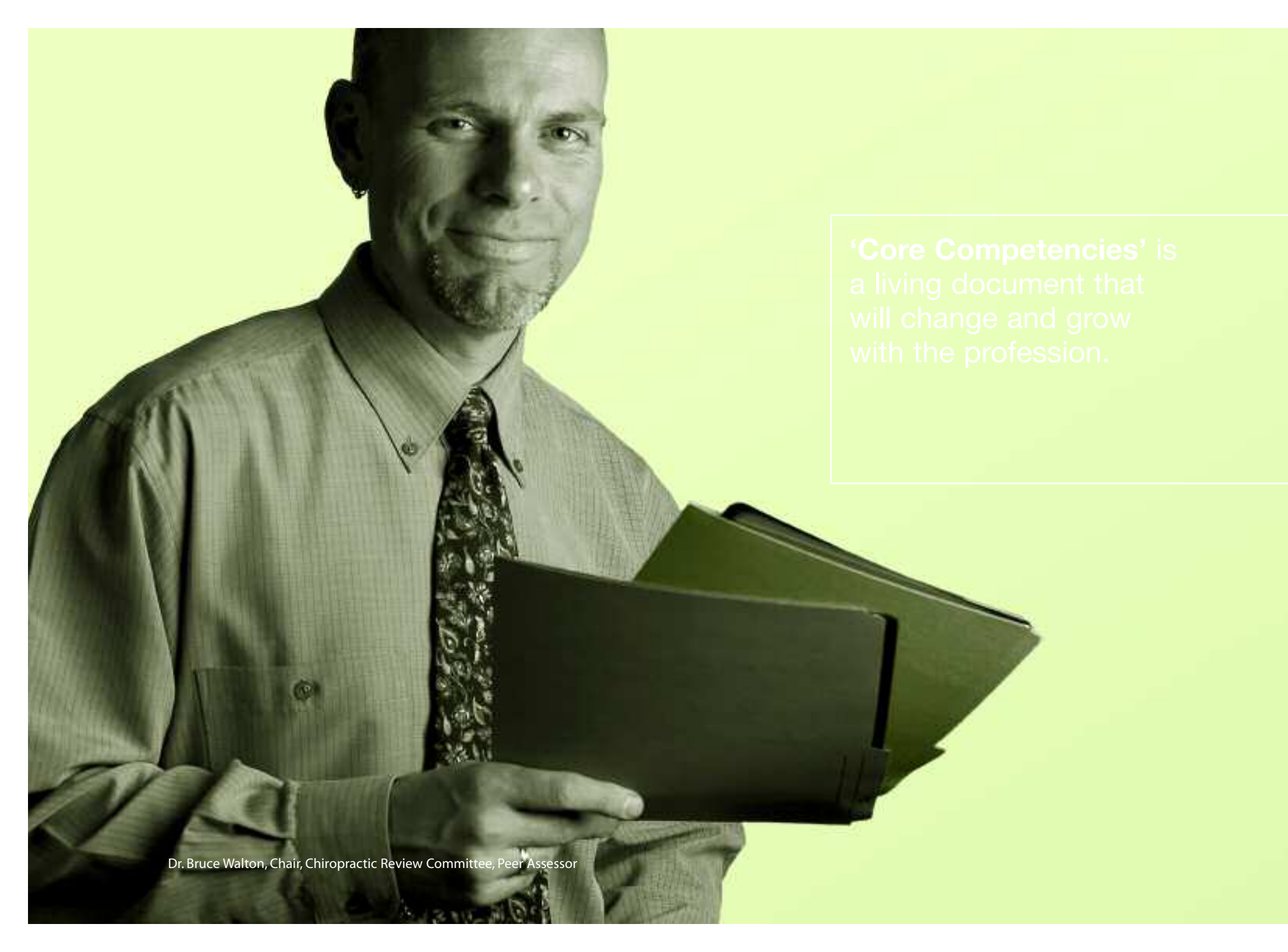
Dr. Lori Dover, Shelburne



Dr. Dennis Mizel, St. Catharines



Dr. Frazer Smith, QA Committee member, Peer Assessor

A man with a goatee, wearing a light-colored, vertically striped button-down shirt and a patterned tie, is holding a dark-colored folder. He is looking directly at the camera with a slight smile. The background is a solid, light green color.

‘Core Competencies’ is a living document that will change and grow with the profession.

Dr. Bruce Walton, Chair, Chiropractic Review Committee, Peer Assessor

core competency committee



Dr. Keith Thomson
Chair

COMMITTEE MEMBERS

Dr. Allan Gotlib

Dr. Dennis Mizel

Mrs. Regina Willmann

STAFF SUPPORT

Ms Jo-Ann Willson

Registrar and General Counsel

Ms Sue Gargiulo

Communications Officer

In 2004, Council approved in principle a document entitled “Core Competencies for CCO Members,” which encapsulates the knowledge, skills and judgment Ontario chiropractors require to perform the services and procedures within their scope of practice. The intent of the core competencies is to provide a model to ensure safe, effective and ethical outcomes for patients, and to help the public in assessing quality care.

The Committee entrusted with this task was composed of Dr. Keith Thomson, chair, Dr. Allan Gotlib, Dr. Dennis Mizel and Mrs. Regina Willmann. The Committee also sought input from stakeholders from across Canada, meeting with the following individuals on June 12, 2004 – Drs. Stephen Barker (Chiropractic Awareness Council), Annette Bourdon (Canadian Chiropractic Examining Board), Stan Gorchynski (Canadian Chiropractic Association), Wanda Lee MacPhee (Canadian Federation of Chiropractic Regulatory Boards), John Mrozek (Canadian Memorial Chiropractic College), Doug Pooley (Council on Chiropractic Education Canada), John Thyret (Canadian Chiropractic Protective Association) and Dean Wright (Ontario Chiropractic Association).

Core competencies comprise eight general categories, each with its own behaviour indicator and cue. The complete document is on CCO’s web site at www.cco.on.ca.

The eight general categories are:

1. Communication
2. Clinical Competency / Maintenance of Records
3. Life-Long Learning and Self-Assessment
4. Scope of Practice
5. CCO Regulations, Standards, Policies and Guidelines
6. Collaboration
7. Responsibility to Patients and the Public
8. Best Practices / Ethics

The life-long learning and self-assessment core competency requires members to participate in continuing education on specified topics (e.g., x-rays, techniques, “red flags” of practice, record keeping).

The Core Competency Committee reviewed the work of other colleges, consulted broadly, and recommended a document to Council within a few months, and it did so efficiently, effectively and under budget.

The Core Competencies for CCO Members, approved in principle by Council on November 26, 2004, was CCO’s departing gift to Mrs. Regina Willmann, chair, Quality Assurance Committee.

registration committee

The Registration Committee

(the “Committee”) reviews all applications submitted by chiropractors wishing to practise in Ontario. This includes new graduates from chiropractic colleges around the world and chiropractors previously licensed in other jurisdictions who are interested in establishing temporary or permanent practice in Ontario.

A number of applications from other Canadian jurisdictions have received consideration relative to the Mutual Recognition Agreement under the Agreement on Internal Trade.

While the Committee has worked towards developing objective guidelines that can be applied to all applications, many unique situations have called for specific attention.

I wish to acknowledge the valuable contributions of Committee members Ms Clarissa D’Cunha and Dr. Robbie Berman. Dealing with complex and varied registration regulations and reviewing background information would be very difficult without the assistance and guidance of CCO Registrar and General Counsel, Ms Jo-Ann Willson.

Table 1: Colleges of Graduation for Members Registered in 2004

College	Totals
Canadian Memorial Chiropractic College	111
New York	22
National	14
Logan	12
Palmer	8
LifeCC – West	4
LifeCC	3
Northwestern	3
Parker	3
Los Angeles	2
Palmer – West	2
Cleveland (LA)	1
Université du Québec à Trois-Rivières	1
Western States	1
Total number of new CCO members in 2004	187



Dr. David Leprich
Chair

COMMITTEE MEMBERS

Dr. Robbie Berman
Ms Clarissa D’Cunha

STAFF SUPPORT

Ms Jo-Ann Willson
Registrar and General Counsel

Registration is based on the applicant meeting all requirements established by Council.

Mrs. Maria Simas, Registration Coordinator



registration committee

Graph 1: Classes of Certificate for CCO Members (as at December 31, 2004)

TOTAL: **3,379**

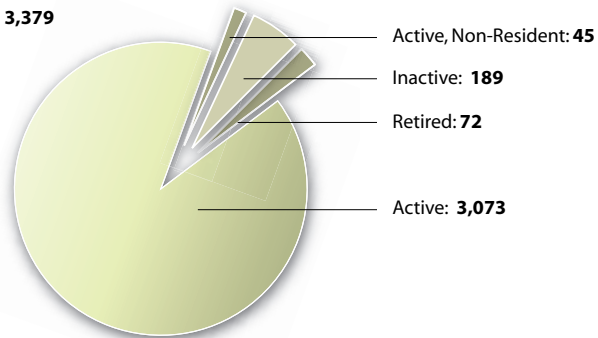
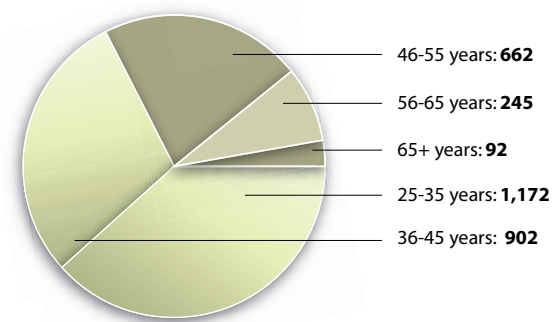


Table 2: Ages/Gender of Active Resident Members (as at December 31, 2004)

Age Group	Female	Male	Total
25 – 35	447	725	1,172
36 – 45	268	634	902
46 – 55	119	543	662
56 – 65	15	230	245
65+	5	87	92
Totals	854	2,219	3,073

Graph 2: Ages of Active Resident Members (as at December 31, 2004)



MANDATE | *To develop, establish and maintain standards of qualification for persons 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.*

advertising committee



Dr. David Leprich
Chair

COMMITTEE MEMBERS

Ms Georgia Allan

Dr. Peter Amlinger
non-Council member

Dr. Robbie Berman

STAFF SUPPORT

Ms Sue Gargiulo
Communications Officer

Like all CCO standards of practice, the advertising standard of practice (S-003: Advertising) is a living document. It requires periodic review to ensure it is relevant to the needs and protection of the public and adequately reflects changes in the environment. In the case of the advertising standard, a number of factors precipitated a major review.

Several members expressed concern that the advertising standard would not withstand challenges based on the *Canadian Charter of Rights and Freedoms*. Other members indicated that the inability to list specific techniques was not in the public interest. Finally, the rapidly changing face of electronic communications demanded a review of the standard relative to web site advertising.

Based on these factors, the Advertising Committee (the “Committee”) began a complete review of the standard in 2004. This review included input from interested members during several focus group meetings and advice provided by a legal team that included Mr. Chris Paliare and Mr. Andrew Lokan. Mr. Lokan was involved in the case of *Rocket v. Royal College of Dental Surgeons of Ontario*, [1990], 2 S.C.R. 232. After crafting a draft revision, the Committee sought further input from all stakeholders. While this process was underway, the Ministry of Health and Long-Term Care provided a new advertising template. This template is provided to all regulatory bodies as a guideline with direction to make it profession specific. The new template provided a more

positive approach in that it listed what members could do rather than listing the prohibitions.

At year’s end, the Committee continued its work of reviewing the current advertising standard to ensure it reflects the mandate of CCO and provides CCO members with additional opportunities to promote chiropractic and their practices in a way that is not demeaning to the profession.

All of this could not have happened without the input of the Committee members, Ms Georgia Allan, Dr. Peter Amlinger and Dr. Robbie Berman. I would like to thank them for their diligence and persistence. The Committee would also like to thank CCO Communications Officer, Ms Sue Gargiulo. Ms Gargiulo is responsible for coordinating and circulating requests for advertising approval and advertising complaints, and for coordinating the responses of the Committee.

MANDATE | *To review proposed advertisements by members to ensure compliance with CCO’s standard of practice (S-003: Advertising) and guideline (G-003: Advertising Code).*

chiropractic review committee

Chiropractic's relationship with government changed dramatically this year. On November 30, 2004, government funding for chiropractic services was terminated. This action necessitated an examination of the role of the Chiropractic Review Committee (CRC) and its mandate.

Despite the de-listing of chiropractic services from the Ontario Health Insurance Plan (OHIP), CRC continued to fulfill its mandate and is committed to finishing its work.

In all cases referred to CRC for review, the following needed to be determined:

- Was the service rendered?
- Was the nature of the service misrepresented?
- Was the service therapeutically necessary?
- Was the service provided in accordance with accepted professional standards?

Table 1 outlines the CRC activities for 2004. There were several cases referred for review and several cases continue to travel through the appeals process. As well, CRC dealt with a practitioner-requested single member review. While the *Health Insurance Act* allows for this process, until this time, CRC had never received such a request.

Other Activities

In addition to dealing with all cases referred for review, CRC completed the following activities:

- on April 7, 2004, the chair addressed the Jurisprudence class at the Canadian Memorial Chiropractic College;
- CRC hosted an Inspector Training Workshop on June 1, 2004;
- the chair attended and reported at all CCO Council meetings and participated in CCO's Strategic Planning in September 2004; and
- despite being in the active process of reviewing and updating all policies and procedures, CRC decided to suspend this activity in light of the de-listing of services from OHIP.

Acknowledgements

The chair wishes to thank all CRC members for their service. While facing the fallout of de-listing, the members continued to perform their duties with the highest level of professionalism. They approached all cases with a desire to be fair and just.

The chair wishes to acknowledge the contributions of Mr. John Bolus and Ms Corrine Hardey, public members, who have served for several years. In April, Dr. Joel Weisberg's term ended as an appointed professional member. His contributions were greatly appreciated and sorely missed after his departure. Dr. Weisberg is a tireless, thorough worker who is extremely reliable.



Dr. Bruce Walton
Chair

COMMITTEE MEMBERS

Mr. John Bolus

Ms Corrine Hardey

Dr. Dan Higginson

Dr. David Linden

STAFF SUPPORT

Ms Jill Silk

Administrative Assistant

MANDATE | *To investigate and respond to referrals from the general manager of OHIP relating to perceived billing irregularities under the Health Insurance Act.*

Thanks go to returning professional member appointee Dr. Dave Linden and newly appointed professional member Dr. Dan Higginson for their contributions to the process. Drs. Linden and Higginson each brings a unique set of skills to CRC and are always congruent in their desire to be fair and thorough.

All inspectors continued to perform their duties with the highest level of integrity and respect for the process. Their efforts were greatly appreciated.

Additionally, and on behalf of CRC members, the chair wishes to acknowledge all those who supported CRC. As legal counsel, Mr. Jeff Leon and Ms Sarah

Armstrong were very helpful and made it much easier for CRC to understand and deal with often complex legal issues. We wish to acknowledge and recognize Ms Jo-Ann Willson, Registrar and General Counsel of the CCO, for her efforts in support of CRC. Dr. Drew Potter and the other members of the CCO, Council are thanked for continuing to show confidence in our abilities.

Finally, a great deal of gratitude is extended to Ms Jill Silk. As administrative assistant, she was invaluable. Her understanding of the CRC process and her dedication to this work continues to be greatly appreciated.

Table 1: CRC Activities for 2004

Case Activity	January 1, 2004 – December 31, 2004 (inclusive)
New referrals from OHIP	4
Cases completed	4
Active cases	6
Inspections	3
Settlements	3
Practitioner interviews	0
Directions to OHIP	4
Practitioner request for CRC review	1
Appeals – active and ongoing	2

fitness to practise committee



Dr. Marshall Deltoff
Chair

COMMITTEE MEMBERS

Dr. David Leprich

Mr. John Quinney

STAFF SUPPORT

Ms Jo-Ann Willson
Registrar and General Counsel

There were no referrals to the Fitness to Practise Committee in 2004.

MANDATE | To hear and determine allegations of mental or physical incapacity referred to the committee by the Executive Committee. | To review applications for reinstatement of certificates to practise that have been revoked or suspended due to incapacity.

auditors' 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, 2004, 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, 2004, 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
March 15, 2005

statement of financial position

Statement 1

December 31, 2004 (With 2003 Comparisons)	2004	2003
ASSETS		
Current		
Bank	\$ 347,818	\$ 574,121
Short-term Investments	3,001,811	2,006,220
Prepaid Expenses and Sundry Assets	21,340	38,605
	3,370,969	2,618,946
Capital (Note 2)	122,893	101,401
Total Assets	\$3,493,862	\$2,720,347
LIABILITIES		
Current		
Accounts Payable and Accrued Liabilities	\$ 65,539	\$ 74,401
Deferred Revenue	382,279	408,419
Total Liabilities	447,818	482,820
Net Assets (Per Statement 3)	3,046,044	2,237,527
Total Liabilities and Net Assets	\$3,493,862	\$2,720,347

Approved on behalf of College:

Director 

Director 

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

statement of operations

Statement 2

For the year ended December 31, 2004 (With 2003 Comparisons)	2004	2003
INCOME		
Renewal Fees	\$ 2,688,462	\$ 1,968,581
Registration Fees	69,875	80,600
Examination Fees	36,230	44,174
Incorporation Fees	55,100	51,500
Recovery of Discipline Costs	5,950	53,668
Interest & Sundry	84,467	93,564
Total Income	2,940,084	2,292,087
EXPENDITURES		
Salaries and Benefits (Note 3)	687,847	669,845
Pension - Past Service (Note 4)	9,600	9,600
Rent and Utilities	245,239	210,516
Telephone	17,128	15,479
Office Supplies and General	223,812	184,739
Printing	156,855	125,402
Postage	54,146	26,913
Insurance	18,199	15,608
Meetings, Fees and Expenses (Schedule 1)	208,473	209,893
Audit	13,086	13,512
Federation Meetings	14,903	12,809
CFCRB Dues	25,000	25,000
Regulated Health Professions Act	-	6,309
CCEC Dues	33,000	60,000
Consulting Fees	73,890	51,651
Consulting Fees - Peer Assessors	101,728	105,659
Consulting Fees - Road Show	6,639	12,983
Consulting Fees - Complaints	41,666	16,249
Legal Fees - Complaints	19,114	4,955
Legal Fees - Executive	6,960	29,191
Legal Fees - Discipline	39,548	260,116
Legal Fees - General	54,319	45,429
Equipment Lease (Note 5)	34,783	34,784
Media Advertising	5,043	4,550
Total Expenditures	2,090,978	2,151,192
Excess of Income Over Expenditures		
Before Amortization	849,106	140,895
Amortization	38,581	35,399
Excess of Income over Expenditures	\$ 810,525	\$ 105,496

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

changes in net assets

Statement 3

For the year ended December 31, 2004

(With 2003 Comparisons)	2004	2003
UNRESTRICTED FUND		
Balance, January 1,	\$2,026,683	\$2,171,187
Add: Excess of Income Over Expenditures (Per Statement 2)	810,525	105,496
	2,837,208	2,276,683
Less: Transfer to Restricted Fund	-	(250,000)
Balance, December 31,	2,837,208	2,026,683
RESTRICTED FUND (NOTE 6)		
Balance, January 1,	\$ 210,844	\$ 100,910
Add: Transfer from Unrestricted Fund	-	250,000
	210,844	350,910
Less: Legal fees paid during the year	(2,008)	(140,066)
Balance, December 31,	208,836	210,844
TOTAL	\$3,046,044	\$2,237,527

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

statement of cash flow

Statement 4

For the year ended December 31, 2004

(With 2003 Comparisons)	2004	2003
Cash and Equivalents Provided by (used for):		
OPERATING ACTIVITIES		
Excess of Income over Expenditures (per Statement 2)	\$ 810,525	\$ 105,496
Restricted Fund Expenditures during the year (per Statement 3)	(2,008)	(140,066)
Amortization - Capital Assets	38,581	35,399
Decrease (Increase) in Prepaid Expenses and Sundry Assets	17,265	(24,754)
(Decrease) in Accounts Payable and Accrued Liabilities	(8,862)	(165,638)
(Decrease) Increase in Deferred Revenue	(26,140)	123,521
	829,361	(66,042)
INVESTING ACTIVITIES		
Purchase of Capital Assets (Net)	(60,073)	(43,280)
Change in cash and equivalents during the year	769,288	(109,322)
Cash and equivalents at the beginning of the year	2,580,341	2,689,663
Cash and equivalents at the end of the year	\$3,349,629	\$2,580,341
CASH AND EQUIVALENTS REPRESENTED BY:		
Bank	\$ 347,818	\$ 574,121
Short-term Investments	3,001,811	2,006,220
	\$3,349,629	\$2,580,341

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

schedule of meetings, fees and expenses

For the year ended December 31, 2004 (With 2003 Comparisons)

	Fees	Expenses	Total 2004	Total 2003
Dr. Robbie Berman 7,8	\$ 3,575	\$ 1,610	\$ 5,185	\$ -
Dr. Marshall Deltoff 4	2,330	431	2,761	513
Dr. Allan Gotlib 1,6	45,700	5,992	51,692	45,422
Dr. Gilles Lamarche 1,2	22,550	23,745	46,295	37,396
Dr. Jacques Laquerre	2,100	3,365	5,465	19,881
Dr. David Leprich 3,4,7,8	6,275	2,144	8,419	6,001
Dr. Lynda A. Montgomery 1,3	8,650	5,524	14,174	24,122
Dr. Andrew R. Potter 1	23,100	14,424	37,524	20,896
Dr. John Schellenberg	-	-	-	16,948
Dr. Brian Schut 2,5	12,650	2,043	14,693	8,291
Dr. Frazer Smith 6	10,250	10,591	20,841	-
Dr. Keith Thomson	-	-	-	29,025
Ms. Jo-Ann Willson	-	1,424	1,424	1,398
	\$137,180	\$ 71,293	\$208,473	\$209,893

Note: Numbers refer to committee membership, April - December 2004

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

notes to financial statements

December 31, 2004

1(a) Purpose and Structure of the Organization

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

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

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

1(b) Summary of Accounting Policies

(i) Capital Assets

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

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

(ii) Revenue Recognition

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

2. Capital Assets

	Cost	Accumulated Amortization	2004 Net	2003 Net
Furniture and Office Equipment	\$309,920	\$241,584	\$ 68,336	\$ 47,030
Computer and Software	294,395	256,016	38,379	54,371
Leasehold Improvements	20,222	4,044	16,178	-
	\$624,537	\$501,644	\$122,893	\$101,401

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 equipment. The leases for equipment expire at various dates up to 2005. The basic minimum annual payments over the next year are as follows: 2005 – \$ 24,270

6. Restricted Fund

During 2004 \$2,008 of the restricted funds were used to pay legal fees relating to the Coroner's Inquest.

7. Comparative Figures

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

council and staff 2004



LANGDON HALL, SEPTEMBER 2004

EXECUTIVE COMMITTEE



Dr. Drew Potter
Executive Committee, Chair



Mrs. Regina Willmann
Executive Committee, Vice Chair
Complaints Committee
Quality Assurance Committee, Chair



Dr. Allan Gotlib
Executive Committee, Treasurer
Quality Assurance Committee



Mrs. Helen Foster
Executive Committee
Discipline



Mr. Richard Frame
Executive Committee
Patient Relations Committee, Chair
Quality Assurance Committee



Dr. Gilles Lamarche
Executive Committee
Complaints Committee, Chair



Dr. Lynda Montgomery
Executive Committee
Discipline Committee



Ms Jo-Ann Willson
Registrar and General Counsel

council 2004



Ms Georgia Allan
Advertising Committee
Patient Relations Committee



Dr. Robbie Berman
Advertising Committee
Registration Committee



Mrs. Lynn Daigneault
Discipline Committee



Ms Clarissa D'Cunha
Complaints Committee (alternate)
Registration Committee



Dr. Marshall Deltoff
Fitness to Practise Committee, Chair



Mr. John Quinney
Fitness to Practise Committee



Dr. David Leprich
Advertising Committee, Chair
Discipline Committee, Chair
Fitness to Practise Committee
Registration Committee, Chair



Dr. Brian Schut
Complaints Committee
Patient Relations Committee



Dr. Frazer Smith
Quality Assurance Committee



COLLEGE STAFF FOR 2004 | (L-R) **Ms Sue Gargiulo**, *Communications Officer*,
Ms Kristina Mulak, *Investigations/Resolutions Officer*, **Ms Karen McGrady**, *Receptionist*,
Ms Jo-Ann Willson, *Registrar and General Counsel*, **Ms Tina Perryman**, *Complaints
Coordinator*, **Mrs. Maria Simas**, *Registration Coordinator*, **Ms Ann Duncan**, *Financial Officer*,
Ms Rose Bustria, *Administrative Assistant*

the year in review



▲ Peer Assessment Workshop | FEBRUARY 28, 2004

(left to right)
 Dr. Steven Silk
 Dr. Peter Amlinger
 Dr. Keith Thomson
 Dr. Michael Brickman (deceased)
 Dr. Frazer Smith

▼ Federation of Health Regulatory Colleges of Ontario - Executive | MARCH, 2004

(front left to right)
 Ms Jo-Ann Willson (CCO)
 Ms Deborah Worrad (CMTO)*

(back left to right)
 Dr. Murray Turnour (COO)*
 Ms Kathy Wilkie (CMLTO)*
 Ms Anne Coghlan (CNO)*
 Ms Jan Robinson (CPO)*



▲ March 2004 CFCRB in Winnipeg | MARCH, 2004

(standing left to right)
 Dr. Allan Gotlib (CCO)
 Dr. Daniel St. Germain (CFCRB)
 Dr. Keith Thomson (CCO)
 Mr. Peter Waite (CFCRB)

(seated left to right)
 Dr. Wanda Lee MacPhee (CFCRB)
 Ms Jo-Ann Willson (CCO)
 Mrs. Regina Willmann (CCO)

* CMTO- College of Massage Therapists of Ontario, COO- College of Optometrists of Ontario, CMLTO- College of Medical Laboratory Technologists of Ontario, CNO- College of Nurses of Ontario, CPO- College of Physiotherapists of Ontario

▼ **Grey Bruce Chiropractic Society Meeting** | APRIL, 2004



▼ **CMCC Lecture** | MAY, 2004

Final lecture at Bayview location (left to right)

Ms Jo-Ann Willson

Dr. Keith Thomson

Mr. Allan Freedman

▲ **CMCC Graduation** | JUNE, 2004

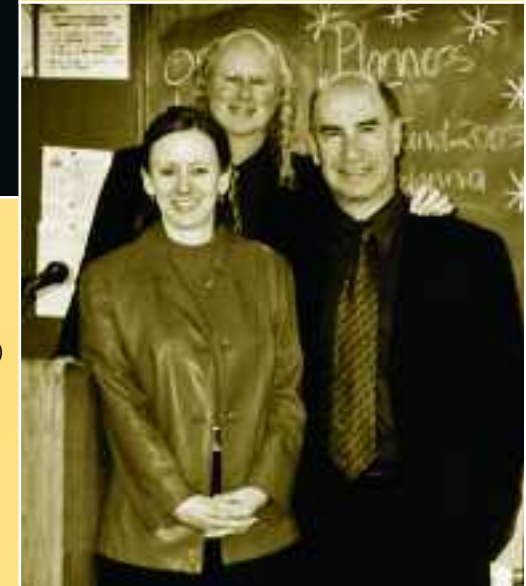
(front left to right)

Mr. David O'Bryon (guest speaker)

Mr. Len Goodman (Executive Member - CMCC Board of Governors)

Ms Jo-Ann Willson

Dr. Don Langford



the year in review



▲ Annual Meeting

JUNE, 2004

(left to right) Dr. Allan Gotlib, Mr. Frank Marrocco, Treasurer, Law Society of Upper Canada (guest speaker)

▼ Core Competency Group | JUNE 11, 2004

Back (left to right) Dr. Dennis Mizel, Mrs. Regina Willmann, Dr. Allan Gotlib Front (left to right) Ms Sue Gargiulo, Ms Jo-Ann Willson, Dr. Keith Thomson



▲ Strategic Planning Meeting | SEPTEMBER, 2004

(left to right) Dr. Bruce Walton, Mrs. Regina Willmann, Dr. Frazer Smith, Dr. Brian Schut, Ms Ann Duncan, Ms Kristina Mulak

▼ **Visit to Canadian Memorial
Chiropractic College's (CMCC) new location**

NOVEMBER, 2004

hosted by Dr. Jean Moss, President, CMCC (*front row, right*)



▲ **Ontario Chiropractic Association | Canadian
Memorial Chiropractic College Convention**

OCTOBER, 2004

Dr. Ann Cavoukian, Information & Privacy Commissioner

▼ **CFCRB Conference Calgary**

Canadian Federation of Chiropractic Regulatory Boards

OCTOBER, 2004



the year in review



▼ **CCO Holiday Party** | NOVEMBER, 2004

(left to right)

Dr. Robbie Berman & daughter, Dale
Dr. Marshall Deltoff & son, Periel



▲ **CCO Holiday Party** | NOVEMBER, 2004

(left to right)

Ms Maura Nichol
Dr. Jeffrey Lustig
Mr. Richard Frame
Mrs. Sheila Frame

▲ **Quality Assurance Committee meeting**

NOVEMBER 16, 2004

(left to right) Dr. Allan Gotlib, Dr. Drew Potter, Dr. Keith Thomson,
Dr. Doug Lawson (Alberta), Ms Jo-Ann Willson, Dr. Dennis Mizel



◀ **CCO representatives at the Federation Joint Discipline**

Orientation session | MAY 11, 2004

Back (left to right)

Mr. John Quinney

Dr. Marshall Deltoff

Dr. Bruce Walton

Dr. Frazer Smith

Front (left to right)

Mrs. Regina Willmann

Ms Jo-Ann Willson

into the future



◀ **Taking quality assurance into the future.**

(left to right)

Dr. Keith Thomson

Dr. Frazer Smith

Dr. Bruce Walton

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