



College of Chiropractors of Ontario  
2005 Annual Report

*reflecting on the natural*

We reflect on nature's pace,  
structure and beauty  
so that it may be  
reflected in us.

Thank You to  
**DR. BRUCE WALTON**  
for the use of his nature  
photography in this  
annual report.

PHOTO LOCATION: THE UNIVERSITY OF GUELPH ARBORETUM



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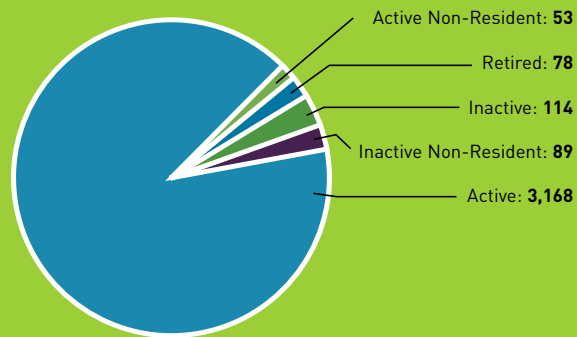
**List of Commonly Used Acronyms at CCO**

| Acronym          | Full Name   |
|------------------|---|
| ADR              | Alternate Dispute Resolution                                      |
| BDC              | Board of Directors of Chiropractic                                |
| CCEB             | Canadian Chiropractic Examining Board                             |
| CCO              | College of Chiropractors of Ontario                               |
| CFCRB            | Canadian Federation of Chiropractic Regulatory Boards             |
| Chiropractic Act | <i>Chiropractic Act, 1991</i>                                     |
| CMCC             | Canadian Memorial Chiropractic College                            |
| Code             | Health Professions Procedural Code, Schedule 2 to the <i>RHPA</i> |
| CRC              | Chiropractic Review Committee                                     |
| DAC              | Designated Assessment Centre                                      |
| FHRCO            | Federation of Health Regulatory Colleges of Ontario               |
| <i>HIA</i>       | <i>Health Insurance Act</i>                                       |
| HPARB            | Health Professions Appeal and Review Board                        |
| HPRAC            | Health Professions Regulatory Advisory Council                    |
| Member           | Member of CCO   |
| Minister         | Minister of Health and Long-Term Care                             |
| MOHLTC           | Ministry of Health and Long-Term Care                             |
| OHIP             | Ontario Health Insurance Plan                                     |
| <i>RHPA</i>      | <i>Regulated Health Professions Act, 1991</i>                     |

**Classes of Certificate for CCO members**

(as at December 31, 2005)

TOTAL: **3,502**



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# strategic plan

## Mission and Three-Year Vision

### 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, licensing bodies, organizations and government.

*Approved by Council: February 8, 2005*

### Three-Year Vision 2004-2006: Clear Focus – Bold Impact!

Over the next three years, we seek to have undertaken a series of initiatives in order to achieve the following;

- The public's confidence in chiropractic is unqualified.
- All celebrate quality of care as CCO's raison d'être.
- Strong and effective governance arrangements.
- The College is sought after for our expertise and influence.

*Developed at the Strategic Planning Weekend: September 10-12, 2004*



Looking beyond  
current expectations,  
the College is  
focussed on  
the future.



PHOTO LOCATION: THE UNIVERSITY OF GUELPH ARBORETUM

## 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

AS MY FINAL YEAR AS PRESIDENT AND MEMBER OF THE CCO COUNCIL COMES TO A CLOSE, I HAVE SOME THOUGHTS AND COMMENTS REGARDING THE ACTIVITIES OF CCO OVER THE PAST YEAR. The Executive Committee, consisting of four chiropractors and three public-appointed members, worked cohesively to implement recommendations of Council and to propose suggestions for Council's consideration.

The full Council consists of nine elected chiropractors and seven public-appointed members. At times, we have run into the unfortunate situation where Council is not properly constituted due to a shortage of the required number of public members. This may occur when a public member's appointment expires and the Public Appointments Secretariat, MOHLTC, has not had the opportunity to appoint a new member. This did occur in April 2005 and necessitated the Council meeting to be for informational purposes only.

The chiropractors who sit on Council are elected from the various districts of the province and are as diverse as the profession itself. We all have our own perspectives and belief systems regarding chiropractic. However, we must not lose sight of our mandate – to regulate the profession in the public interest. CCO does not exist to champion the profession – that is the role of the voluntary associations.

This does not mean your feedback is not important. Participation in the affairs of CCO by the public, including each and every member, is important. To this end, I ask that every one of you respond to proposed standards of practice in a timely fashion when they are circulated. It is essential that we receive feedback from as many members as possible on a proposed standard, and the reasons why it is or is not appropriate. We need this information to ensure that CCO standards of practice reflect the thinking of the majority of the chiropractors of Ontario.

It is difficult for the elected chiropractors to step back and truly attempt to see issues through the eyes of the public, but when

we do, we are correctly regulating in the public interest in accordance with the mandate of the *RHPA* and the *Chiropractic Act*.

It is imperative that our members become aware of all the ramifications that can occur as a result of any initiative that we introduce to our office procedures. What may appear superficially to be helpful for our individual practice in the short term may actually be detrimental to the profession as a whole and, therefore, not in the public interest in the long term. Always consider the “big picture” impact of your words and activities on what is largely an educated and inquiring public.

I would further suggest that anything spoken in public or published by a chiropractor will eventually come to the attention of those in government who propose or recommend a health care policy. Self-regulation as a profession is a privilege and a great responsibility. We must accept public accountability and act in an ethical, professional manner at all times. It is, therefore, crucial that everything we do or say is acceptable, defensible, evidence-based information.

It has been a privilege and an honour to have served the public and the profession for the past nine years as an elected member of Council and for the past two years as President.

We have a tremendous staff of eight at CCO. These eight people produce the work of 18 and I must commend Ms Jo-Ann Willson, our Registrar and General Counsel, for her tireless and good-natured stewardship of all the issues and concerns relating to an organization of 3,500 members.

Finally, I will miss the debate, the argument, the harmony and the resolution of issues in the public interest, and stand ready to contribute to the profession in any manner in the coming years.



## registrar's report

“Adopt the pace of nature: her secret is patience.” RALPH WALDO EMERSON

I can hear the collective snickers and chortles across the province as people who know me read the above quote as the preamble to the Registrar's Report. The laughter is understandable. Many people will tell you that I am not, by general nature, a patient person. I usually want and need everything done right away. Why couldn't it be done yesterday?

Others may share my frustration at the length of time and amount of energy and resources needed to make significant changes, approve new standards of practice, amend the by-laws, conclude a referral to the Discipline Committee, or compile and review feedback on a host of topics before making recommendations to Council. Council meetings themselves have been known to go on far too long on occasion!

I remind all of you that the *RHPA* requires that HPRAC report on the colleges' patient relations and quality assurance programs, as well as each college's complaints and discipline procedures with respect to professional misconduct of a sexual nature *within five years of the proclamation of the Act* (i.e., by 1998). This is generally now referred to in nervous whispers as the “12-Year Review.” This is not a criticism, but an observation of the length

of time it takes to carefully consult with stakeholders and deliver well reasoned reports that may fundamentally affect the way in which health care is delivered in the province. It is also recognition of the effort that went into the development of the *RHPA* in the first place. Some of you have been around long enough to remember that the *RHPA* was the result of approximately 12 years of consultation, and it was supported by all political parties when it was finally introduced in 1993.

I am, however, heartened by the slow but steady progress CCO made during 2005 on a number of fronts. Did anyone believe CCO was actually going to implement a mandatory record keeping program for all 3,500 members as part of the Quality Assurance program? Did you think we were going to get away with the progress of the peer assessment program or the development of new standards of practice on acupuncture, advertising and pre-payment plans/block fees? Well, we did all that and more and I salute all of you who were involved in these successes.



**MS JO-ANN WILLSON**  
Registrar and General Counsel





PHOTO LOCATION: HOME GARDEN OF DR. BRUCE WALTON

“Adopt the  
pace of nature:  
her secret  
is patience.”

RALPH WALDO EMERSON

On a note of sadness, I would like to acknowledge the deaths of Dr. Bert Brandon, former CCO President, as well as Mr. Michael Landgraff, in 2005. Dr. Brandon made significant contributions to CCO on the Examinations and Executive committees in particular. On the personal front, everyone knew that when Dr. Brandon was involved in the planning, CCO had the most interesting and fun corporate events! (We have the pictures to prove it.) Dr. Brandon is an important part of CCO’s corporate history, having served on both the former BDC and CCO during the transitional years, and is one of the first individuals I met when I joined BDC in 1993.



**Dr. Bertram L. Brandon**  
1938-2005

Mr. Michael Landgraff will not be a name familiar to many of you because he worked “behind the scenes.” Michael was the individual responsible for spearheading the development of CCO’s annual reports and various other communiqués for the past several years. Every January, Michael and I would get together and start the creative process, which usually involved me having a very rough idea for a theme or an inspirational photograph in mind. Because of his background and imagination, Michael would take any idea, no matter how crazy, and refine and develop it with enthusiasm. He also understood *he* was the creative mind and graphic designer and we should defer to his expertise. Tensions would mount as we headed towards the date of the Annual General Meeting, but without fail, Michael would deliver the annual reports hours before the meeting started. Michael was sorely missed this year, but I hope nonetheless that you find the 2005 Annual Report informative and inspirational.



**Michael Landgraff**  
1949-2005

To every thing there is a season.

ECCLESIASTES 3, HOLY BIBLE, OLD TESTAMENT

Protecting the  
public with passion  
and commitment.

PHOTO LOCATION: ARROWHEAD PROVINCIAL PARK, NEAR HUNTSVILLE



## executive committee



**DR. DREW POTTER**  
Chair

### COMMITTEE MEMBERS

**Dr. Gilles Lamarche**  
Vice Chair

**Mr. Richard Frame**  
Treasurer

**Ms Georgia Allan**

**Dr. Brian Schut**

**Dr. Frazer Smith**

**Mr. Martin Ward**

### STAFF SUPPORT

**Ms Jo-Ann Willson**  
Registrar and General Counsel

2005 presented some challenges for CCO's Executive Committee. First, there was a significant changeover on Council, with a number of key people finishing their terms close to the end of 2005. Second, there was the implementation of the Quality Assurance program, including peer assessment and record keeping workshops across the province. Third, CCO participated in various discussions between the CCA and CFCRB that collectively formed a task force to address a number of important national, public interest issues and hosted a joint meeting of the two boards in November 2005. Added to the mix of investigations, referrals to Discipline, standards/policy review, and training and orientation of new Council members, was CCO's participation in a number of FHRCO-related initiatives, including responding to the Minister's referral of a number of issues to HPRAC and several government relations initiatives.

Did we rise to the occasion? Time will tell, but I am fully convinced that all members of the Executive acted with passion and commitment, and with an eye on ensuring protection of the public. It is always difficult to move to a new chapter. I have worked very hard over the past nine years to participate in all levels of work at CCO. I have particularly enjoyed being the pre-hearing Chair for discipline referrals. I think this is where my knowledge, experience and strengths have been most useful. As many of you are aware, CCO

is committed to resolving discipline referrals without the necessity of a hearing if at all possible, while recognizing that members also have a right to their "day in court."

I am grateful to CCO's loyal staff members for their insight and competence in performing the significant tasks asked of them, often with very difficult time lines and in the face of some serious personal challenges.

Although I have learned a great deal during my tenure as a Council member, I am looking forward to a new chapter in my life. I intend to drop by CCO's strategic planning weekend scheduled for September 2006 just to make sure everyone still knows I continue to be prepared to help CCO, the public, and the profession in any way I am needed. I have truly enjoyed my work with CCO, and have been proud to serve in the capacity of President for 2005, despite the challenges. I wish all of you a wonderful 2006 and look forward to watching with great interest CCO's evolution over the next several years. I will look back on my nine years as a CCO Council member with many fond memories.

**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 *RHPA, 1991*, 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.

# complaints committee

THE COMPLAINTS COMMITTEE (COMMITTEE) MET 14 TIMES IN 2005 AND COMPLETED A TOTAL OF 88 DECISIONS. The Investigations / Resolutions Officer resolved an additional 11 complaints informally through the ADR process.

## Nature of Complaints

The Committee received 113 complaints in 2005. 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 2005. Patients filed the majority of complaints (46), followed by non-patient members of the public (37).

## 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 panel 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 definitions of professional misconduct and incompetence in the legislation, and CCO’s standards of practice, policies and guidelines.

In 2005, the Committee disposed of 107 complaints. Graph 2 illustrates the breakdown of the disposition of complaints.

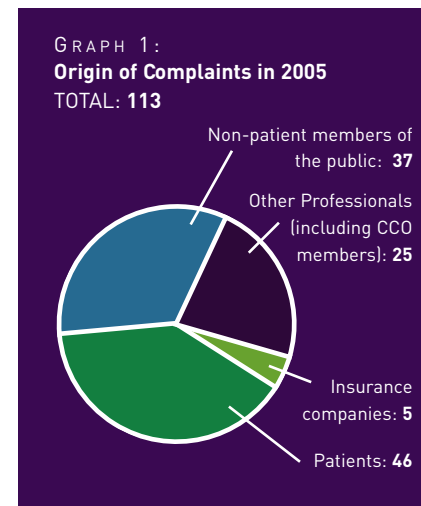
Of special note are the number of cases (28) dismissed by the Committee as frivolous and vexatious, based on section 26 (4) of the *Code*. Upon reviewing these cases, the Committee decided to take no further action because they were frivolous and vexatious, made in bad faith, and/or an abuse of process. These complaints were from a single source concerning various DAC assessments.

## HPARB

Under the *RHPPA*, HPARB may review decisions of the Complaints Committee, other than referrals to the Discipline Committee, when either the complainant or the member is dissatisfied with the decision.

In 2005, HPARB:

- upheld six Committee decisions;



DR. GILLES LAMARCHE  
Chair

## COMMITTEE MEMBERS

Ms Clarissa D’Cunha  
Alternate

Dr. Marshall Deltoff

Dr. Lezlee Detzler  
Non-Council Member

Mr. John Quinney  
Alternate

Mr. Martin Ward

## STAFF SUPPORT

Ms Kristina Mulak  
Investigations/Resolutions Officer

Ms Tina Perryman  
Complaints Coordinator





PHOTO LOCATION: BOSHKUNG LAKE, HALIBURTON COUNTY

**Mandate** | To respond to complaints in a manner consistent with its legislative mandate under the *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.

- returned four decisions to the Committee for further investigation; and
- declined two requests for a review from members who had received decisions from the Committee because they were frivolous and vexatious.

**Acknowledgements**

The Committee has been, once again, busy in 2005. Thanks to a very dedicated and diligent team of individuals, the Committee

accomplished its mandate as prescribed by the *RHPA*. Procedural fairness was accomplished while maintaining adherence to the mandate of the CCO to govern and protect the public interest.

A sincere thank you to our professional members, Drs. Marshall Deltoff and Lezlee Detzler, to our public member, Mr. Martin Ward, and our alternates, Ms Clarissa D’Cunha and Mr. John Quinney. Your ability to come together prepared and ready to serve has helped us move forward in an unprecedented fashion.

My sincere gratitude goes out to Ms Kristina Mulak and Ms Tina Perryman for their professionalism, support and guidance. Ms Jo-Ann Willson, our Registrar and General Counsel, is always ready to offer guidance and interpretation of the standards, and for this we are very grateful.

All of you have made my mandate as Chair of Complaints most gratifying. Thank you for your continued dedication and support.

GRAPH 2: Disposition of Complaints in 2005  
TOTAL: 107

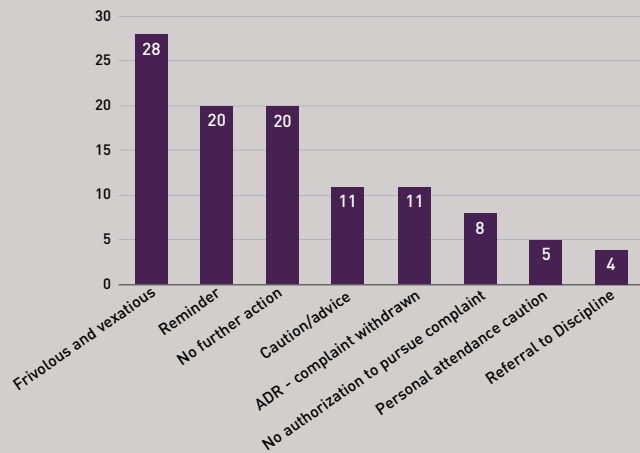


Table 1: Main Areas of Concern Identified by Complainants in 2005 (111 total)

| Main Area of Concern  | Totals |
|---|--------|
| Problematic assessment completed by DAC                           | 35     |
| Advertising   | 25     |
| Billing irregularities  | 8      |
| Incompetent practice causing harm                                 | 7      |
| Dispensing orthotics, including improper fitting and overcharging | 4      |
| Failure to provide information on request of patient              | 4      |
| Poor record keeping   | 3      |
| Pressure tactics  | 3      |
| Misinformation or lack of information regarding treatment         | 3      |
| Unnecessary or excessive treatment                                | 3      |
| Sexual abuse  | 2      |
| Problematic inter-professional relationships                      | 2      |
| Breach of patient confidentiality                                 | 1      |
| Conflict of interest  | 1      |
| Immunization/vaccination  | 1      |
| Improper termination of care                                      | 1      |
| Other   | 10     |

## discipline committee

THE DISCIPLINE COMMITTEE (COMMITTEE) ADJUDICATED ONE REFERRAL IN 2005 VIA TELECONFERENCE. The Discipline panel, comprising Ms Lynn Daigneault, Mr. Ganesan Sugumar, Dr. David Gohn and I, reached a resolution agreement with the member against whom allegations of professional misconduct or incompetence had been made. The details of the agreement are included in the summary of decisions.

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

In general, Agreements:

- are recommended by the pre-hearing conference chair who conducts the pre-hearing conference;
- require any dispute with respect to the interpretation and implementation of the Agreement to be referred to a panel of the Committee, which has the power to resolve the dispute;
- require that the member not appeal or request a review of the decision, with the exception of any interpretation/ implementation disputes; and
- provide that the results of the proceedings be recorded in the public portion of the register and published in the annual report or other publications at the discretion of CCO.

In circumstances in which the Committee accepts an Agreement, it generally:

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

In October, Dr. Peter Amlinger, Ms Lynn Daigneault, Dr. David Gohn and I attended the Joint Discipline Orientation Session offered through FHRCO. The seminars are designed to familiarize committee members with the process and procedures of discipline hearings and I encourage all CCO Council members to attend.

In November, Mr. Brian Gover, independent legal counsel for CCO, conducted an excellent discipline training session for Committee members.

### Acknowledgements

As Chair, I wish to thank the Committee members for their participation in the workshop and hearing. I wish to thank Ms Jo-Ann Willson for her support and guidance, and Ms Patricia Henshaw, the recording secretary. Finally, the Committee also acknowledges, with appreciation, the help of Mr. Brian Gover.



**DR. JAMES LAWS**  
Chair

### COMMITTEE MEMBERS

**Dr. Peter Amlinger**

**Dr. Michaela Cadeau**  
Non-Council Member

**Ms Lynn Daigneault**

**Dr. David Gohn**  
Non-Council Member

**Mr. Ganesan Sugumar**

### 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. | To review applications for reinstatement following a discipline finding.

**Dr. Bruce Fuhrman, Ottawa**

#### Allegations

CCO alleged that Dr. Bruce Fuhrman (the Member) committed acts of professional misconduct contrary to the Professional Misconduct Regulation, including that he: contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession (namely, record keeping), provided a diagnostic or therapeutic service that is not necessary; failed, without reasonable cause, to provide a report or certificate relating to an examination or treatment within a reasonable time after a patient had requested such a report or certificate; failed to disclose to a patient the fee for a service before the service was provided, including a fee not payable by the patient; engaged in conduct or performed an act that having regard to all the circumstances, would reasonably be regarded by members as unprofessional (namely, his premises were not maintained to ensure a patient's privacy and confidentiality), and he failed to respond to CCO with respect to the complaint in a timely fashion, or at all.

#### Agreed Statement of Facts

The parties reached a Resolution Agreement (Agreement), which included an agreed statement of facts summarized below.

- On October 26, 2001, Ms J.V. contacted the Member because of the location of his office as listed in the *Yellow Pages*. She felt obligated to follow through with an appointment at the Member's home, where the Member was practising.
- Ms J.V. felt the atmosphere at the Member's home was not professional and was uncomfortable with the lack of privacy.
- The Member charged Ms J.V. \$121.40 for her first visit, although the consultation was advertised as free and he did not adjust her.
- The Member misrepresented his fees by quoting a cost excluding the portion covered by OHIP. Ms J.V. did not receive a refund for a small accumulated credit.
- The Member performed acupuncture even though Ms J.V. did not ask for it and told him she hated needles.

- After repeated requests, the Member provided requested information to Ms J.V. but the dates and numbers of treatments were incorrect.
- CCO received a complaint and began an investigation. Despite several requests to respond and discussion with CCO's investigator, the member failed to respond to CCO with respect to the complaint in a timely fashion or at all, and failed to provide CCO with his records.

#### Joint Submission as to Penalty

The parties agreed on a submission as to penalty summarized below, namely, that the Committee make an order:

- directing the Registrar to suspend the Member's certificate of registration for a period of 12 weeks. Six weeks of the suspension to be suspended if the Member fulfills specified conditions (evidence of successful completion of a record keeping course, undergoing a peer assessment in a timely manner, advising of his current address and any changes, and payment of \$1,500 to CCO within one year of the hearing);
- requiring the Member to be reprimanded; and
- requiring that the results of the proceeding be recorded in the public portion of the register and published in the annual report.

#### Decision

The panel, following deliberation, concluded that the proposed penalty was reasonable and in the public interest. The panel noted that the resolution was endorsed at the pre-hearing conference. The Member co-operated with CCO, and, by agreeing to the facts and proposed penalty, accepted responsibility for his actions and avoided unnecessary expense to CCO. The Member attended before the panel on November 25, 2005, for an oral reprimand.



## patient relations committee

THE PATIENT RELATIONS COMMITTEE (COMMITTEE) MET THREE TIMES IN 2005, AND IN THOSE MEETINGS, ACCOMPLISHED THE FOLLOWING:

- developed standard of practice S-014: Prohibition Against a Sexual Relationship with a Patient (approved by Council in February 2005);
- developed the *Patients' Charter of Rights and Responsibilities*;
- revised its vision statement and terms of reference; and
- reviewed all regulations, standards of practice, policies and guidelines related to Patient Relations.

### **S-014: Prohibition Against a Sexual Relationship with a Patient**

Approved by Council on February 8, 2005, this standard stipulates that a sexual relationship between a chiropractor and a current patient is strictly forbidden by law and the penalties for a finding of professional misconduct relating to sexual abuse of a patient are severe.

Penalties include:

- revocation of a member's licence for five years;
- stringent conditions on a member's licence before applying for reinstatement;
- results of the discipline proceedings to remain on the public register indefinitely; and
- financial obligations, such as paying for therapy and / or

counselling for the victims and reimbursing CCO for legal and investigative costs.

### **Patients' Charter of Rights and Responsibilities**

Approved by Council in principle, this document recognizes a "partnership of care" between the patient and the chiropractor, and each playing an equal and vital role in the pursuit of the patient's optimum health and well-being.

The *Charter* outlines the rights of both patients and chiropractors in seven categories and tracks the *Core Competencies for CCO Members*, a document developed by the Core Competency Project, a sub-committee of the Quality Assurance Committee.

The seven categories are:

- communication;
- clinical competence;
- maintenance of records;
- life-long learning and self-assessment;
- scope of practice;
- CCO regulations, standards, policies and guidelines;
- inter/intra professional relationships; and
- responsibility to patients/public.

This endeavour arose out of CCO's strategic planning workshops in September 2004.



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





PHOTO LOCATION: ALONG THE BRUCE TRAIL NEAR WIARTON



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



### Revised Vision Statement

The revised vision statement includes the following:

- The Committee values and encourages open, honest and clear communication between members and patients.

### Revised Terms of Reference

The revised terms of reference include the following:

Areas of Responsibility:

- Develop, implement and monitor:
  - A program to enhance relations between the patient and the member.
  - Educational requirements for members, including their responsibility to report possible sexual abuse by any regulated health provider.
  - Guidelines for the conduct of members with their patients.
  - Measures for preventing and dealing with sexual abuse of patients, including funding for therapy and counselling for patients sexually abused by members.
  - Training for CCO staff.
  - Provision of information to the public, including rights and responsibilities.
- Report to HPRAC on the program and on any significant changes to the program.

- Make recommendations to Council respecting new regulations, standards of practice, policies or guidelines related to the Patient Relations mandate.

### Regulation, Standard of Practice, Policy and Guideline Review

The Committee reviewed all items related to patient relations to ensure patients are protected and received funding for therapy and counselling if defined criteria were met.

### Acknowledgements

The Committee made excellent strides in 2005 carrying out its mandate. The Chair thanks the Committee members and staff for their tremendous contribution.

PHOTO LOCATION: HOME GARDEN OF DR. BRUCE WALTON

## quality assurance committee

### Peer Assessment Component of the Quality Assurance Program

The Quality Assurance Committee extends its sincerest thanks to the dedicated peer assessors in 2005 who have helped make the peer assessment program such a success.

#### 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. Gauri Shankar**, Prescott

**Dr. Steven Silk**, Warton

**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. Dennis Yurkiw**, Owen Sound

**Dr. David Zurawel**, Peterborough



Table 1: 2005 Record Keeping Workshops

| Date               | Location         | # of Participants |
|--------------------|------------------|-------------------|
| May 14, 2005       | Sault Ste. Marie | 19                |
| September 10, 2005 | Toronto          | 135               |
| September 24, 2005 | Ottawa           | 109               |
| October 22, 2005   | Thunder Bay      | 43                |
| October 29, 2005   | Toronto          | 186               |
| November 12, 2005  | St. Catharines   | 82                |
| November 26, 2005  | Peterborough     | 93                |
| December 10, 2005  | Toronto          | 234               |
|                    | Total            | 901               |

## quality assurance committee



DR. FRAZER SMITH  
Chair

### COMMITTEE MEMBERS

**Dr. Robbie Berman**

**Ms Lynn Daigneault**

**Mr. Richard Frame**

**Dr. Jeffrey Lustig**  
Non-Council Member

### STAFF SUPPORT

**Ms Sue Gargiulo**  
Communications Officer

**Ms Jo-Ann Willson**  
Registrar and General Counsel

### Some Things Never Change

THE QUALITY ASSURANCE COMMITTEE (COMMITTEE) REMAINED ONE OF THE BUSIEST CCO COMMITTEES IN 2005, HAVING MET 15 TIMES DURING THE YEAR.

The early part of the year was largely devoted to managing the peer assessment program. Since the program's inception in 2003, it has evolved based on the feedback received from peer assessors and members who have been peer assessed.

In January, the Committee held a brainstorming session with several peer assessors, followed by a peer assessor training workshop on January 29, 2005. This workshop helped the Committee create a "playbook" that would be used to provide direction to peer assessors with the goal being more consistent assessments and reports.

Traditionally, the Committee expended a great deal of time and resources reviewing each peer assessment report and providing members with a disposition. Assessment information continued to be scanned onto CD-ROM for each Committee member. This year, however, the Committee held teleconference meetings to dispose of peer assessments, thereby saving considerable time and money.

With more of the profession undergoing peer assessment, remediation continued to challenge the Committee. The Committee required members with deficiencies to attend record keeping workshops, while those with more significant deficiencies were required to undergo individual remediation. The Committee

is grateful for the work of its consultants, Dr. Keith Thomson and Dr. Bruce Walton, for developing a one-on-one remediation program for those members.

### Some Things Do Change

As part of the evolution of peer assessment, the Committee recognized that more follow-through was required to ensure members were proceeding with recommendations made on their dispositions. As a result, the Committee required members with deficiencies in certain areas of their peer assessments to submit evidence of changes to the Committee within two months of attending a record keeping workshop.

### Change is Growth

The Committee continued to host record keeping workshops for remediation purposes and noted an interesting trend – more volunteers were attending the workshops than members requiring remediation. Furthermore, feedback from many participants suggested that the workshops be made available for the whole profession. Individuals who had been peer assessed noted that the workshops would have been particularly welcome before their assessments. In April, the Committee recommended to Council that workshop attendance be mandatory and complimentary until May 2006. Thus, the Committee embarked on one of the largest challenges – hosting workshops across the province.

## quality assurance committee

By the end of 2005, the Committee had hosted a total of 10 workshops for approximately 900 members, with stops in Sault Ste. Marie, Ottawa, Thunder Bay, St. Catharines, Peterborough and Toronto (see Table 1). The feedback has been overwhelmingly positive and early evidence of improved competency is being revealed by the peer assessment program. The Committee is very thankful for the efforts and commitments of Dr. Frazer Smith, Dr. Keith Thomson, Dr. Bruce Walton, Ms Jo-Ann Willson and Ms Sue Gargiulo, as they devoted a great deal of personal time to improve communication with the profession and make the program a success.

In April, the Committee also developed a draft standard of practice on pre-payment plans/block fees, which was circulated for feedback to members and other stakeholders in September. The standard was revised at the November Council meeting, and will be re-circulated to members for further feedback in 2006.

### Defining Re-assessment

Early in the year, the Committee faced the challenge of appropriately defining what constitutes a re-assessment. Based on the Ontario Divisional Court decision arising from a 2003 discipline hearing, it is considered a significant deficiency in record keeping if a member does not perform a re-assessment on or before each 24<sup>th</sup> patient visit. In September, the Committee circulated a proposed definition of a re-assessment to members,

which Council incorporated into the record keeping standard of practice (S-002) in November.

The purpose of defining a re-assessment was to provide guidance to the profession, and, specifically, to peer assessors. The Committee is proud of this endeavour, as it provides parameters that will help serve the public interest.

### Quality Assurance Regulation Passed

A landmark event occurred for the Committee and for CCO when the Ontario government passed CCO's Quality Assurance Regulation in May. The Regulation was published in the *Ontario Gazette* on June 4, 2005. This event is significant because it enables CCO to enforce the various components of the Quality Assurance program.

### Acupuncture

In August, MPP Tony Wong released a report on acupuncture with recommendations for developing a regulatory process for clinicians using Traditional Chinese Medicine and acupuncture. Many members successfully incorporate the use of acupuncture in their practices to the benefit of patients. By year's end, the Committee gathered materials on acupuncture standards and guidelines from various organizations and developed a draft standard of practice on the use of acupuncture by chiropractors.

### Defining Re-assessment

A re-assessment must:

- (a) be conducted on or before each 24<sup>th</sup> visit;
- (b) be sufficiently comprehensive for the member to:
  - evaluate the patient's current condition;
  - assess the effectiveness of the member's chiropractic care;
  - discuss with the patient, the patient's goals and expectations for his/her ongoing care; and
  - affirm or revise the member's plan of management for the patient;
- (c) include documented evidence on the performance of three or more of the clinically indicated analytical/assessment procedures listed below (not an exhaustive list) in order to demonstrate the need for ongoing care:
  - activities of daily living questionnaires;
  - analog pain scales;
  - any questionnaire designed by the member to have the patient compare his / her current and past health and/or lifestyle ratings;
  - bilateral weight scales;
  - blood pressure/pulse testing;
  - disability questionnaires;
  - exercise compliance;
  - leg length checks;
  - malingering testing;
  - muscle function testing;
  - neurological tests;
  - orthopedic tests;
  - palpation / motion palpation;
  - posture evaluation;
  - range of motion;
  - reflexes;
  - SEMG;
  - sensory testing;
  - thermography;
  - trigger points;
  - x-ray.

Although members may add other procedures, a minimum of three from this list must be included.





PHOTO LOCATION: PRIVATE GARDEN IN TORONTO

**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 a patient.

### **Peer Assessor Training Workshop – Take 2**

The Committee hosted a peer assessor training workshop on December 3, 2005, at the CCO office. Several potential new peer assessors (selected from under-serviced districts) attended the workshop and were matched with mentors to shadow for several assessments before they begin working independently. Dr. Doug Lawson, former Registrar of the College of Chiropractors of Alberta, was invited to attend this meeting, perform an analysis on the current peer assessment data, and provide some thoughts on future program developments. At year's end, the Committee had randomly selected another 300 members to participate in the peer assessment program.

### **Acknowledgements**

Overall, the Committee spent long hours working through some challenging issues and was able to process assessments, advance programs, review and recommend new standards or changes to existing standards, collaborate with other committees and stakeholders, attend external meetings and workshops, and implement an extremely successful record keeping program throughout the province. This could not have been done without an exceptional Committee that was devoted to governance in the public interest.

I extend my sincere appreciation and thanks to Committee

members Mr. Richard Frame, Ms Lynn Daigneault, Dr. Robbie Berman, Dr. Jeff Lustig, former Committee member Dr. Allan Godlib, and former public member and Chair, Mrs. Regina Willmann.

The Committee would like to acknowledge Ms Sue Gargiulo and Ms Jo-Ann Willson for going the distance (literally!) and contributing a great deal more than should be expected to make the Committee's programs and initiatives successful.

The Committee would also like to acknowledge consultants Dr. Keith Thomson and Dr. Bruce Walton, who were integral in developing and hosting individual member remediation and record keeping workshops. These initiatives would not have seen success without their involvement.

As Chair, I would like to acknowledge Ms Patricia Henshaw for her long-standing devotion to CCO. Ms Henshaw will be retiring in 2006 after more than 30 years of service to CCO. Good luck and best of health in the future, Pat!

Finally, I would like to thank all of the members of the profession who contribute to self-regulation by volunteering long hours away from their practice and family to serve as peer assessors and x-ray peer reviewers. As Chair, I feel extremely fortunate to have had such a committed group of individuals to work with. I believe that we all can be very proud of a program that fulfills its mandate and is the envy of many other regulatory groups.

## core competency project

THE CORE COMPETENCIES PROJECT (PROJECT) GROUP DID NOT MEET IN 2005.

The Project developed *Core Competencies for CCO Members* (*Core Competencies*), approved in principle by Council in 2004. *Core Competencies* summarizes the knowledge, skills and judgment Ontario chiropractors require to perform the services and procedures within their scope of practice.

The intent of *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.

*Core Competencies* encompasses eight general categories, and each category includes behaviour indicators and cues. 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 complete document is on CCO's web site at [www.cco.on.ca](http://www.cco.on.ca).

To ensure *Core Competencies* remains relevant, practical, meaningful, and a living document for the profession, the Project will:

- review the document annually;
- ensure the document continues to be supported by the major stakeholders who provided input into the drafting of the document;
- ensure the document is distributed to all chiropractic societies in Ontario for discussion at society meetings;
- create an outcome measure to be analysed in one year; and
- incorporate the document into the peer assessment program.

### Acknowledgements

The chair thanks Committee members for their ongoing commitment to this important project.



DR. KEITH THOMSON  
Chair

### COMMITTEE MEMBERS

**Ms Lynn Daigneault**

**Dr. Dennis Mizel**

**Mr. John Quinney**

**Dr. Kelly Ramsay**

### STAFF SUPPORT

**Ms Sue Gargiulo**  
Communications Officer

**Ms Jo-Ann Willson**  
Registrar and General Counsel

*Core Competencies* models  
safe, effective and ethical  
outcomes for patients.



PHOTO LOCATION: HOME GARDEN OF DR. BRUCE WALTON





PHOTO LOCATION: PINERY PROVINCIAL PARK, NEAR GRAND BEND



## registration committee



DR. JAMES LAWS  
Chair

THE REGISTRATION COMMITTEE (COMMITTEE) REVIEWS APPLICATIONS SUBMITTED BY CHIROPRACTORS INTERESTED IN PRACTISING IN ONTARIO. This includes new graduates from chiropractic colleges around the world and chiropractors licensed in other jurisdictions. In fact, the Committee has developed several objective criteria to evaluate applications from such chiropractors.

The Committee met on February 8, 2005, via teleconference to review several applications.

Guidance in dealing with the numerous and complicated issues affecting registration, including the *Mutual Recognition Agreement* under the *Agreement on Internal Trade*, has been provided by Ms Jo-Ann Willson, Registrar and General Counsel, and the Committee wishes to thank her.

### CCEB Examiners 2005

Thank you to the CCO members who served as CCEB examiners in 2005. Your efforts help to ensure applicants for registration meet national clinical competency standards.

Drs. Judy Adler, Norman Allan, Tony Anziano, Gerard Arbour, Sterling Armata, Evelyn Bak, Grant Bjornson, Luke Boudreau, Chris Bozzo, Percy Chan, Kevin Charbonneau, Elise Damecour, Alex Dougley, Brian Dower, Bryan Dumanski, Gary Dyck, Vinay Garg, Sheldon Gilchrist, David Homer, Norman Houle, Karen

Table 1: Colleges of Graduation for New Members Registered in 2005

| College  | Totals     |
|--|------------|
| CMCC .....   | 114        |
| New York .....                                       | 12         |
| National .....                                       | 10         |
| Logan .....  | 8          |
| Palmer .....   | 5          |
| Los Angeles.....                                     | 3          |
| Life CC .....  | 1          |
| Parker.....  | 1          |
| Texas.....   | 1          |
| University of Bridgeport, Connecticut.....           | 1          |
| <b>Total number of new CCO members in 2005 .....</b> | <b>156</b> |

Hudes, Karen Jongedijk, Michael Kennedy, Susanne Langdon, Feng Lee, Christopher Lyn, Sue Lyons, James Mason, David Mattinen, Shannon McEwan, Scott McGregor, Rosanne Metz, Virginia Nsitem, Dave Olujic, Amanda Ostrowski, Matthew Ostrowski, Maya Pande, Alan Pintaric, Dan Proctor, Frank Ramelli, Marco Ramelli, Peter Rissis, Paul Roros, Marco Sacchetti, Michael Shaughnessy, Brent Souter, Mary Anne Staples, Richard Stover, Anthony Tartaglia, Janine Taylor, Grace Tridico, Howard Wasser, Joel Weisberg and Robin Whale.

### COMMITTEE MEMBERS

Dr. Calvin Neely

Ms Clarissa D'Cunha

### STAFF SUPPORT

Ms Jo-Ann Willson

Registrar and General Counsel

# registration committee



GRAPH 1:  
**Classes of Certificate for CCO Members**  
 (as at December 31, 2005)  
 TOTAL: **3,502**

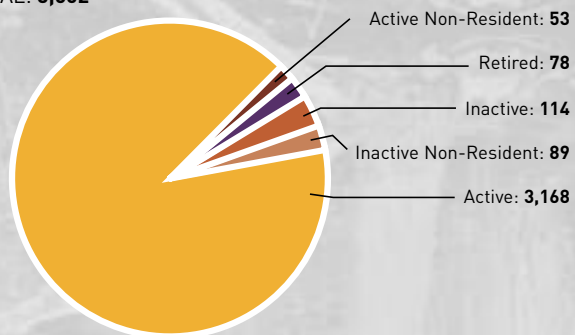
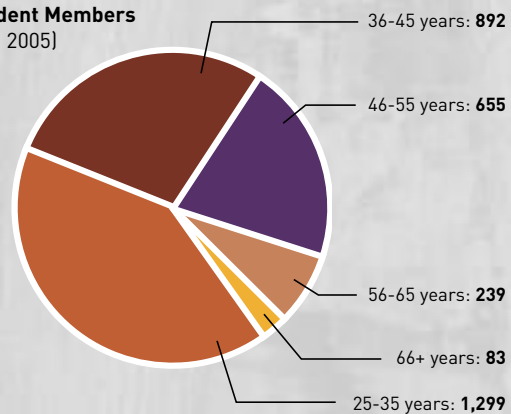


Table 2: **Ages / Gender of Active Resident Members**  
 (as at December 31, 2005)

**Total active members – 3,168**

| Age Group     | Female     | Male         | Total        |
|---------------|------------|--------------|--------------|
| 25 – 35       | 519        | 780          | 1,299        |
| 36 – 45       | 266        | 626          | 892          |
| 46 – 55       | 115        | 540          | 655          |
| 56 – 65       | 15         | 224          | 239          |
| 66+           | 5          | 78           | 83           |
| <b>Totals</b> | <b>920</b> | <b>2,248</b> | <b>3,168</b> |

GRAPH 2:  
**Ages of Active Resident Members**  
 (as at December 31, 2005)  
 TOTAL ACTIVE  
 MEMBERS: **3,168**



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

## advertising committee



**DR. ROBBIE BERMAN**  
Chair

### COMMITTEE MEMBERS

**Ms Georgia Allan**

**Dr. Peter Amlinger**

**Dr. Richard Stover**  
Non-Council Member

### STAFF SUPPORT

**Ms Sue Gargiulo**  
Communications Officer

**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).

THE ADVERTISING COMMITTEE (COMMITTEE) MET FOUR TIMES IN 2005 and, in addition to reviewing and responding to advertisements submitted for approval or by way of a complaint, the Committee undertook the important task of reviewing and revising the proposed advertising regulation (R-12), standard of practice (S-003: Advertising) and guideline (G-003: Advertising Code). The task was onerous and the debate, spirited.

In December 2004, the Committee met with CCO's legal counsel, Mr. Chris Paliare, to discuss the implications of the new advertising template developed by the MOHLTC, and to obtain a legal opinion regarding potential challenges to CCO's advertising standard of practice based on the *Canadian Charter of Rights and Freedoms*.

In 2005, the Committee focused on revising the advertising regulation, standard and guideline. In January, the Committee reviewed feedback from CCO stakeholders, including OCA, on recommended changes to the standard that had been distributed in 2004. Those recommendations included placing members' web sites under the Committee's jurisdiction, allowing members to advertise specific named techniques, and allowing members to make presentations in public venues, such as malls.

A subsequent issue arose from the debate regarding public displays/presentations – specifically, whether members could perform testing procedures in a public setting. Consequently, while the Committee continued to fine-tune the regulation, standard and guideline, it also began work on developing a protocol to allow members to perform testing procedures in a public setting, with input from the Chairs of the Complaints and Quality Assurance committees.

At year's end, both the Committee and Council were still grappling with several of these issues but remain confident that a revised and enhanced regulation, standard and guideline will be ready for distribution and members' feedback in the near future.

### Acknowledgements

2005 was a difficult year. Kudos to Committee members for their time, patience and perseverance. Special thanks to Ms Sue Gargiulo, Ms Patricia Henshaw, the Committee's recording secretary, and Ms Jo-Ann Willson.

## chiropractic review committee

IN 1974, THE ONTARIO GOVERNMENT AMENDED THE *HIA* TO ALLOW FOR CHIROPRACTIC SERVICES TO BE PARTIALLY REIMBURSED BY OHIP. For 30 years, Ontarians enjoyed receiving chiropractic care and the added benefit of having part of the cost subsidized by the provincial government. Along with this privilege came the responsibility of protecting the tax dollar investment that was made in chiropractic care. Thus, CRC was created.

The mandate of CRC, as set out in the *HIA*, is:

“6(7) Every practitioner review committee shall perform such duties as are assigned to it under the Act and shall make reports and recommendations respecting any matter referred to it by the Minister, the Appeal Board or the board or college of which it is a committee.”

CRC has primarily been involved in reviewing a practitioner’s OHIP billings and determining whether:

- all or part of the insured services were rendered;
- all or part of the services were therapeutically necessary;
- the nature of the service was not misrepresented, whether deliberately or inadvertently;
- all or part of the services were provided in accordance with accepted professional standards and practice; and
- in such other circumstances as may be prescribed.

Since its inception, CRC has functioned as a CCO sub-committee, with appointments of both professional and public members coming from the MOHLTC. CRC is unique in that it fulfils its mandate by responding to directions for reviews from OHIP’s general manager, and makes directions to OHIP’s general manager based on those investigations while functioning at “arm’s length” from both CCO and the MOHLTC. Directions to OHIP’s general manager, typically, would be: pay all claims as submitted, increase the payment of claims submitted, or repay all or part of any payment made under the plan.

As of November 30, 2004, chiropractic services were no longer covered under OHIP. This marked a significant change for the profession, the public and CRC.

On March 8, 2005, CRC met with government officials via teleconference to discuss CRC’s future. MOHLTC directed CRC to remain intact until all current and future cases had been completed. It was agreed that a future meeting would be set for early 2006 to revisit similar issues.

In essence, it was business as usual in 2005 for CRC, which met 17 times. Table 1 outlines CRC activities for 2005.

In addition to analyzing and reviewing materials related to all cases referred for review, CRC, through representation of the Chair, reported to CCO Council and provided a CRC perspective on a variety of related issues before Council.



**DR. BRUCE WALTON**  
Chair

#### COMMITTEE MEMBERS

**Mr. John Bolus**  
**Ms Corrine Hardey**  
**Dr. Dan Higginson**  
**Ms Rebecca Kwok**  
**Dr. David Linden**

#### INSPECTORS

**Dr. John Cadieux**  
**Dr. Rhonda Kirkwood**  
**Dr. Larry McCarthy**  
**Dr. Jason Potter**  
**Dr. Kelly Ramsay**

#### STAFF SUPPORT

**Ms Jill Silk**  
Administrative Assistant





PHOTO LOCATION: KILLARNEY PROVINCIAL PARK, NEAR SUDBURY

Table 1: **CRC Activities for 2005**

Jan. 1, 2005 – Dec. 31, 2005 (inclusive)

**Case Activity**

Referrals

|                                     |   |
|-------------------------------------|---|
| In progress as at January 1, 2005   | 6 |
| Received – Full Review              | 3 |
| Received – Expedited Review         | 0 |
| Completed                           | 4 |
| In progress as at December 31, 2005 | 5 |

Inspections

|                                 |   |
|---------------------------------|---|
| Completed                       | 1 |
| Pending as at December 31, 2005 | 3 |

Interviews

|                                 |   |
|---------------------------------|---|
| Conducted                       | 2 |
| Pending as at December 31, 2005 | 4 |

Settlement Agreements

|                                     |   |
|-------------------------------------|---|
| In progress as at January 1, 2005   | 0 |
| Received                            | 1 |
| Completed                           | 1 |
| In progress as at December 31, 2005 | 0 |

Appeals

|                                     |   |
|-------------------------------------|---|
| In progress as at January 1, 2005   | 2 |
| Received                            | 0 |
| Resolved                            | 0 |
| In progress as at December 31, 2005 | 2 |

**Mandate** | To investigate and respond to referrals from the general manager of OHIP relating to perceived billing irregularities under the *HIA*.

**Acknowledgements**

The Chair would like to acknowledge the following individuals for their outstanding contributions to CRC: Drs. Dave Linden and Dan Higginson served as professional members, bringing unique and valuable skills and perspectives to our work. Drs. Rhonda Kirkwood, Larry McCarthy, Kelly Ramsay, Jason Potter and John Cadieux served as inspectors, and their efforts insured that all matters before CRC were dealt with fairly and thoroughly. Ms Corrine Hardey served as a public member for six-and-a-half years and has done so with a keen interest in how the public is best served. Ms Rebecca Kwok was appointed as a public member on October 26, 2005, and has already shown an enthusiasm to contribute.

As well, the Chair wishes to acknowledge Mr. John Bolus, who served as a public member for six-and-a-half years. While his last few years were difficult because of health problems, John continued to provide a valuable perspective in all the cases CRC reviewed. John passed away in April 2005.

The support team that has served CRC has been invaluable. The legal team of Mr. Jeff Leon and Ms Sarah Armstrong have represented CRC's interests at all appeals and guided us through some difficult discussions in 2005. Their expertise and ability to advise has insured a thorough and fair auditing process. Ms Jo-Ann Willson, CCO Registrar and General Counsel, assisted us on several occasions.

Finally, on behalf of all CRC members, a great big thanks goes to our Administrative Assistant, Ms Jill Silk. Her knowledge of CRC history and process, her attention to detail and her commitment to this work has been invaluable. She continued to perform her duties with the greatest of professionalism despite the knowledge that one day her services would no longer be required.

CRC thanks the members of the CCO Council for their continued confidence in our abilities to serve both the public and the profession in this valuable and important capacity.



**DR. MARSHALL DELTOFF**  
Chair

**fitness to practise committee**

There were no referrals to the Fitness to Practise Committee in 2005.

COMMITTEE MEMBERS      STAFF SUPPORT

**Dr. Calvin Neely**

**Ms Jo-Ann Willson**

Registrar and  
General Counsel

**Mr. John Quinney**

**Mandate** | To hear and determine allegations of mental or physical incapacity referred to the committee by the Executive Committee. | To review applications for reinstatement following an incapacity finding.

# 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, 2005, 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, 2005, 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 23, 2006



# statement of financial position

## Statement 1

December 31, 2005  
(With 2004 Comparisons)

|  | 2005               | 2004               |
|--|--------------------|--------------------|
| <b>ASSETS</b>                            |                    |                    |
| <b>Current</b>                           |                    |                    |
| Bank                                     | \$ 396,558         | \$ 347,818         |
| Short-Term Investments                   | 3,806,466          | 3,001,811          |
| Prepaid Expenses and Sundry Assets       | 29,948             | 21,340             |
|  | 4,232,972          | 3,370,969          |
| Capital (Note 2)                         | 129,604            | 122,893            |
| <b>Total Assets</b>                      | <b>\$4,362,576</b> | <b>\$3,493,862</b> |
| <b>LIABILITIES</b>                       |                    |                    |
| <b>Current</b>                           |                    |                    |
| Accounts Payable and Accrued Liabilities | \$ 170,036         | \$ 65,539          |
| Deferred Revenue                         | 406,260            | 382,279            |
| <b>Total Liabilities</b>                 | <b>576,296</b>     | <b>447,818</b>     |
| Net Assets (Per Statement 3)             | 3,786,280          | 3,046,044          |
| <b>Total Liabilities and Net Assets</b>  | <b>\$4,362,576</b> | <b>\$3,493,862</b> |

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, 2005 (With 2004 Comparisons)      2005      2004

|   | 2005              | 2004              |
|---|-------------------|-------------------|
| <b>INCOME</b>                             |                   |                   |
| Renewal Fees                              | \$ 2,779,038      | \$ 2,688,462      |
| Registration Fees                         | 54,600            | 69,875            |
| Examination Fees                          | 31,338            | 36,230            |
| Incorporation Fees                        | 48,825            | 55,100            |
| Recovery of Discipline Costs              | 7,687             | 5,950             |
| Interest & Sundry                         | 119,539           | 84,467            |
| <b>Total Income</b>                       | <b>3,041,027</b>  | <b>2,940,084</b>  |
| <b>EXPENDITURES</b>                       |                   |                   |
| Salaries and Benefits (Note 3)            | 727,827           | 687,847           |
| Pension - Past Service (Note 4)           | 9,600             | 9,600             |
| Rent and Utilities (Note 6)               | 251,688           | 245,239           |
| Telephone                                 | 17,962            | 17,128            |
| Office Supplies and General (Note 7)      | 261,490           | 223,812           |
| Printing                                  | 132,900           | 156,855           |
| Postage                                   | 55,186            | 54,146            |
| Insurance                                 | 19,636            | 18,199            |
| Meetings, Fees and Expenses (Schedule 1)  | 222,955           | 208,473           |
| Audit                                     | 17,189            | 13,086            |
| Federation Meetings                       | 17,487            | 14,903            |
| CFCRB Dues                                | 30,000            | 25,000            |
| Record Keeping Workshops (Note 8)         | 103,934           | -                 |
| Government Relations                      | 49,019            | -                 |
| CCEC Dues                                 | 35,000            | 33,000            |
| Consulting Fees                           | 64,989            | 73,890            |
| Consulting Fees - Peer Assessors          | 62,932            | 101,728           |
| Consulting Fees - Road Show               | 1,323             | 6,639             |
| Consulting Fees - Complaints              | 25,535            | 41,666            |
| Legal Fees - Complaints                   | 9,301             | 19,114            |
| Legal Fees - Executive                    | 5,818             | 6,960             |
| Legal Fees - Discipline                   | 79,513            | 39,548            |
| Legal Fees - General                      | 21,533            | 54,319            |
| Equipment Lease                           | 29,524            | 34,783            |
| Media Advertising                         | 5,687             | 5,043             |
| <b>Total Expenditures</b>                 | <b>2,258,028</b>  | <b>2,090,978</b>  |
| Excess of Income Over Expenditures        |                   |                   |
| Before Amortization                       | 782,999           | 849,106           |
| Amortization                              | 42,763            | 38,581            |
| <b>Excess of Income Over Expenditures</b> | <b>\$ 740,236</b> | <b>\$ 810,525</b> |

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



## change in net assets

### Statement 3

For the year ended December 31, 2005

| (With 2004 Comparisons)                                      | 2005               | 2004               |
|--|--------------------|--------------------|
| <b>UNRESTRICTED FUND</b>                                     |                    |                    |
| Balance, January 1,  | \$2,837,208        | \$2,026,683        |
| Add: Excess of Income Over Expenditures<br>(Per Statement 2) | 740,236            | 810,525            |
| Transfer from Restricted Fund                                | 208,836            | -                  |
| Balance, December 31,  | <u>3,786,280</u>   | <u>2,837,208</u>   |
| <b>RESTRICTED FUND (NOTE 5)</b>                              |                    |                    |
| Balance, January 1,  | 208,836            | 210,844            |
| Add: Transfer from Unrestricted Fund                         | -                  | -                  |
|  | 208,836            | 210,844            |
| Less: Legal fees paid during the year                        | -                  | (2,008)            |
| Transfer to Unrestricted Fund                                | (208,836)          | -                  |
| Balance, December 31,  | <u>-</u>           | <u>208,836</u>     |
| <b>TOTAL</b>   | <u>\$3,786,280</u> | <u>\$3,046,044</u> |

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

## statement of cash flow

### Statement 4

For the year ended December 31, 2005

| (With 2004 Comparisons)   | 2005               | 2004               |
|---|--------------------|--------------------|
| <b>Cash and equivalents provided by (used for):</b>             |                    |                    |
| <b>OPERATING ACTIVITIES</b>                                     |                    |                    |
| Excess of Income Over Expenditures<br>(per Statement 2)         | \$ 740,236         | \$ 810,525         |
| Restricted Fund Expenditures During the Year (per Statement 3)  | -                  | ( 2,008)           |
| Amortization - Capital Assets                                   | 42,763             | 38,581             |
| (Increase) Decrease in Prepaid Expenses and Sundry Assets       | (8,608)            | 17,265             |
| Increase (Decrease) in Accounts Payable and Accrued Liabilities | 104,498            | ( 8,862)           |
| Increase (Decrease) in Deferred Revenue                         | 23,981             | (26,140)           |
|   | <u>902,869</u>     | <u>829,361</u>     |
| <b>INVESTING ACTIVITIES</b>                                     |                    |                    |
| Purchase of Capital Assets (Net)                                | (49,743)           | ( 60,073)          |
| <b>Change in cash and equivalents during the year</b>           | <b>853,395</b>     | <b>769,288</b>     |
| <b>Cash and equivalents at the beginning of the year</b>        | <u>3,349,629</u>   | <u>2,580,341</u>   |
| <b>Cash and equivalents at the end of the year</b>              | <b>\$4,203,024</b> | <b>\$3,349,629</b> |
| <b>CASH AND EQUIVALENTS REPRESENTED BY:</b>                     |                    |                    |
| Bank  | \$ 396,558         | \$ 347,818         |
| Short-Term Investments  | 3,806,466          | 3,001,811          |
|   | <u>\$4,203,024</u> | <u>\$3,349,629</u> |

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

# schedule of meetings, fees and expenses

For the year ended December 31, 2005 (With 2004 Comparisons)

|                          | <b>Fees</b>      | <b>Expenses</b>  | <b>Total<br/>2005</b> | <b>Total<br/>2004</b> |
|--------------------------|------------------|------------------|-----------------------|-----------------------|
| Dr. Peter Amlinger 3,8   | \$ 4,050         | \$ 1,224         | \$ 5,274              | \$ -                  |
| Dr. Robbie Berman 6,9    | 9,825            | 2,283            | 12,108                | 5,185                 |
| Dr. Marshall Deltoff 2,4 | 8,250            | 571              | 8,821                 | 2,761                 |
| Dr. Allan Gotlib         | 4,275            | 609              | 4,884                 | 51,692                |
| Dr. Gilles Lamarche 1,2  | 18,950           | 20,585           | 39,535                | 46,295                |
| Dr. Jacques Laquerre     | -                | -                | -                     | 5,465                 |
| Dr. James Laws 3,7       | 3,975            | 1,202            | 5,177                 | -                     |
| Dr. David Leprich        | 1,600            | 390              | 1,990                 | 8,419                 |
| Dr. Lynda Montgomery     | 2,100            | 1,843            | 3,943                 | 14,174                |
| Dr. Calvin Neely 4,7     | 3,750            | 2,619            | 6,369                 | -                     |
| Dr. Andrew R. Potter 1   | 55,925           | 16,341           | 72,266                | 37,524                |
| Dr. Brian Schut 1,5      | 9,150            | 1,739            | 10,889                | 14,693                |
| Dr. Frazer Smith 1,6     | 27,250           | 23,040           | 50,290                | 20,841                |
| Ms Jo-Ann Willson        | -                | 1,409            | 1,409                 | 1,424                 |
|                          | <b>\$149,100</b> | <b>\$ 73,855</b> | <b>\$222,955</b>      | <b>\$208,473</b>      |

Note: Numbers refer to committee membership, April - December 2005

|                     |   |
|---------------------|---|
| Executive           | 1 |
| Complaints          | 2 |
| Discipline          | 3 |
| Fitness to Practise | 4 |
| Patient Relations   | 5 |
| Quality Assurance   | 6 |
| Registration        | 7 |
| Advertising         | 8 |
| Core Competency     | 9 |

# notes to financial statements

December 31, 2005

## 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 16 Council members, nine members are elected and seven are appointed by the Lieutenant Governor in Council. There are seven statutory committees and two non-statutory committees.

## 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 in revenue in that year.

## 2. Capital Assets

|                                | Cost             | Accumulated Amortization | 2005 Net         | 2004 Net         |
|--------------------------------|------------------|--------------------------|------------------|------------------|
| Furniture and Office Equipment | \$326,897        | \$260,227                | \$ 66,670        | \$ 68,336        |
| Computer and Software          | 316,016          | 274,016                  | 42,000           | 38,379           |
| Leasehold Improvements         | 31,098           | 10,164                   | 20,934           | 16,178           |
|                                | <b>\$674,011</b> | <b>\$544,407</b>         | <b>\$129,604</b> | <b>\$122,893</b> |

## 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. Restricted Fund

During 2005, the balance of the restricted funds were transferred to the unrestricted fund.

## 6. Lease Commitments

The College has commitments under leases for office space. The leases expire on December 11, 2008, and the basic minimum annual payments over the next three years are as follows:

|      |           |
|------|-----------|
| 2006 | \$117,626 |
| 2007 | 117,626   |
| 2008 | 117,626   |

## 7. Office Supplies and General

Includes payment of \$50,000 for Clinical Practice Guidelines.

## 8. Record Keeping Workshops

These expenditures exclude amounts paid to Council Members.

# council and staff 2005

## EXECUTIVE COMMITTEE



**Dr. Drew Potter**  
Executive Committee, Chair



**Dr. Gilles Lamarche**  
Complaints Committee, Chair  
Executive Committee, Vice Chair



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



**Dr. Peter Amlinger**  
Advertising Committee  
Discipline Committee



**Dr. Robbie Berman**  
Advertising Committee, Chair  
Quality Assurance Committee



**Ms Lynn Daigneault**  
Core Competency Project  
Discipline Committee  
Quality Assurance Committee



**Mr. Martin Ward**  
Complaints Committee  
Executive Committee



**Ms Georgia Allan**  
Advertising Committee  
Executive Committee  
Patient Relations Committee



**Dr. Brian Schut**  
Executive Committee  
Patient Relations Committee



**Ms Clarissa D'Cunha**  
Complaints Committee, Alternate  
Registration Committee



**Dr. Marshall Deltoff**  
Complaints Committee  
Fitness to Practise Committee, Chair



**Dr. James Laws**  
Discipline Committee, Chair  
Registration Committee, Chair



**Dr. Frazer Smith**  
Executive Committee  
Quality Assurance Committee, Chair



**Ms Jo-Ann Willson**  
Registrar and General Counsel



**Dr. Calvin Neely**  
Fitness to Practise Committee  
Registration Committee



**Mr. John Quinney**  
Complaints Committee, Alternate  
Core Competency Project  
Fitness to Practise Committee



**Mr. Ganesan Sugumar**  
Discipline Committee





### College Staff 2005

SEATED (L-R) **Ms Kristina Mulak**, Investigations / Resolutions Officer; **Ms Ann Duncan**, Financial Officer

STANDING (L-R) **Ms Karen McGrady**, Receptionist; **Ms Jo-Ann Willson**, Registrar and General Counsel; **Ms Sue Gargiulo**, Communications Officer; **Ms Tina Perryman**, Complaints Coordinator; **Ms Rose Bustria**, Administrative Assistant; **Ms Patricia Henshaw**, Recording Secretary; **Ms Maria Simas**, Registration Coordinator

#### Ms Rose Bustria

ADMINISTRATIVE ASSISTANT (START DATE – NOVEMBER 1998)  
Rose facilitates the effective functioning of the Registrar's work, including providing administrative support. These tasks include scheduling meetings, maintaining files, circulating monthly calendars and committee composition charts, and preparing and distributing Council and committee information packages. Rose is also responsible for maintaining the CCO database.

#### Ms Ann Duncan

FINANCIAL OFFICER (START DATE – FEBRUARY 2001)  
Ann handles CCO's accounts and finances. Her responsibilities include administering staff payroll and benefits, managing petty cash, monitoring daily financial transactions, assisting the auditor in preparing year-end financial statements, and reviewing per diem and expense submissions from Council members. Ann ensures that all accounting practices make the business aspect of CCO run smoothly and efficiently.

#### Ms Sue Gargiulo

COMMUNICATIONS OFFICER (START DATE – JUNE 1998)  
Sue manages communications for CCO, such as developing newsletters, annual reports, news releases, election materials, and various presentation materials. She also provides staff support for the Advertising, Patient Relations, and Quality Assurance committees, liaises with the FHRCO, and answers inquiries from CCO members and the public.

#### Ms Karen McGrady

RECEPTIONIST (START DATE – MAY 2002)  
Karen is the first point of contact for all inquiries to CCO from the public, including members. She directs all calls and works behind the scenes to ensure the many committee and Council meetings run as smoothly as possible.

#### Ms Kristina Mulak

INVESTIGATIONS / RESOLUTIONS OFFICER (START DATE – JUNE 2000)  
Kristina manages the complaints department. She has daily contact with the public and CCO members about concerns regarding chiropractic care. She is responsible for administering the complaints review process, including staffing the Complaints Committee, investigations, informal complaint resolutions, referrals to Discipline, and attending HPARB complaint reviews.

#### Ms Tina Perryman

COMPLAINTS COORDINATOR (START DATE – MAY 2002)  
Tina assists the Investigations/Resolutions Officer in the daily functions of the complaints department. She provides support to the Complaints Committee by organizing meetings, preparing and distributing agendas/information materials for meetings, and taking minutes.

#### Ms Maria Simas

REGISTRATION COORDINATOR (START DATE – JUNE 1989)  
Maria is responsible for examinations, registration and incorporation. She coordinates CCO's examinations process (registering candidates, distributing examination materials for review) and registration process (new members, renewals, incorporation). She also responds to routine telephone and written enquiries relating to the above.

#### Ms Jo-Ann Willson

REGISTRAR AND GENERAL COUNSEL (START DATE – SEPTEMBER 1993)  
Jo-Ann joined CCO in 1993 and was appointed Registrar and General Counsel in September 1998. She has overall responsibility for the functioning of CCO, including administering the duties and responsibilities of the Registrar under the *RHPA*, overseeing all legal issues affecting the regulation of members in Ontario, and providing legal and administrative support for all committees and Council.

PHOTO LOCATION: ARROWHEAD PROVINCIAL PARK, NEAR SUDBURY



### CCO Council 2005

SEATED (L-R) **Dr. Frazer Smith**; **Dr. Gilles Lamarche**, Vice President; **Ms Jo-Ann Willson**, Registrar and General Counsel; **Dr. Drew Potter**, President; **Dr. Bruce Walton**, Chair, CRC

MIDDLE ROW (L-R) **Mr. John Quinney**; **Ms Lynn Daigneault**; **Dr. Marshall Deltoff**; **Ms Georgia Allan**; **Dr. Robbie Berman**; **Ms Clarissa D'Cunha**

BACK ROW (L-R) **Dr. James Laws**; **Mr. Ganesan Sugumar**; **Dr. Brian Schut**; **Mr. Martin Ward**; **Dr. Calvin Neely**

MISSING **Dr. Peter Amlinger**; **Mr. Richard Frame**, Treasurer



**Peer Assessor Workshop** – January 29, 2005



**Barrie Chiropractic Society Meeting** – February 23, 2005



**Election Day in District 4** – March 10, 2005  
**Dr. Peter Hryciuk** congratulates **Dr. James Laws**



**Lecture at CMCC** – April 20, 2005  
(L-R) **Dr. Jean Moss**, President, CMCC; **Dr. Keith Thomson**, Consultant, Quality Assurance Committee; **Ms Jo-Ann Willson**, Registrar and General Counsel, CCO; **Mr. Allan Freedman**, Course Instructor



## the year in review







**Annual General Meeting** – June 16, 2005  
Four Seasons Hotel, Toronto  
Guest Speaker: **Ms Barbara Sullivan**, Chair, HPRAC



**Record Keeping Workshop**  
September 10, 2005  
Old Mill, Toronto  
**Dr. Dennis Mizel**, presenter



**CCO Holiday Party** – November 24, 2005  
**Dr. Gilles Lamarche**, Vice President



**Joint CFCRB/CCA Board Meeting at CCO** – November 26, 2005



PHOTO LOCATION: GUELPH LAKE CONSERVATION AREA





**Joint CFCRB/CCA Board Meeting at CCO** – November 26, 2005  
Mr. Gilbert Sharpe, presenter



**Peer Assessor Workshop, CCO** – December 3, 2005



**Peer Assessor Workshop, CCO** – December 3, 2005  
Ms Willson presents the Mr. Geekman Award to **Dr. Doug Lawson**, presenter



**Record Keeping Workshop** – December 10, 2005  
Delta Chelsea Hotel, Toronto

the year in review

# tribute to departing council members

CCO thanks the following Council members whose terms ended in 2005 for their significant contribution and years of excellent service.



**Mr. Richard Frame**  
Treasurer  
April 2005 – December 2005

**Mr. Richard Frame** (DECEMBER 2005)

Mr. Frame was dedicated to relentlessly fulfilling any responsibility he took on. He made an extraordinarily immense contribution to the chiropractic profession and to CCO and played a significant role in addressing the many regulatory challenges that faced CCO. His background in communications and strategic planning undoubtedly advanced the public's protection. Through his efforts as Chair of the Patient Relations Committee and also Treasurer of CCO, his commitment to the promotion of chiropractic

standards was unparalleled. Mr. Frame's efforts led to the development of the *Patients' Charter of Rights and Responsibilities*.



**Dr. Allan Gottlieb**  
President, March 1999 – March 2001,  
March 2002 – April 2004  
Vice President, March 2001 – March 2002  
Treasurer, January 2005 – April 2005

**Dr. Allan Gottlieb** (APRIL 2005)

Dr. Gottlieb was originally appointed by the Minister of Health in 1988 and served passionately for the next 18 years at the CCO. He held almost all positions, including two terms as President (four years), one term each as Vice President and Treasurer, and several terms as Chair of the Discipline Committee. During his second two-year term as President (2002-2004), Dr. Gottlieb focused on strategic planning, consensus building, and raising CCO's credibility by enhancing key relationships with government, organizations and agencies. Under his leadership, CCO enjoyed high public confidence balanced with fiscal responsibility,

despite a lengthy Coroner's Inquest. The profession participated in the implementation of an effective quality assurance program that included peer assessment, and raised the profession's commitment to the privilege of self governance.



**Dr. David Leprich**

**Dr. David Leprich** (APRIL 2005)

Dr. Leprich recognized the need to get involved, to jump in with both feet. He chaired several committees, including Registration, Fitness to Practise, Advertising and Discipline. He recognized the need for members to provide information to the public in a clear, concise and professional manner. His brief tenure as Chair of Discipline gave him a healthy respect for the process and for the value of the service CCO provides to the public. Dr. Leprich provided outstanding service to the chiropractic profession and to the regulatory community. He distinguished himself as an outstanding and an extraordinary practitioner, a facilitator and leader with impeccable character.

He distinguished himself as an outstanding and an extraordinary practitioner, a facilitator and leader with impeccable character.



**Dr. Lynda Montgomery**

**Dr. Lynda Montgomery** (APRIL 2005)

Dr. Montgomery's commitment to the public came in the form of listening intently to all the voices on an issue and ensuring a decision-making process that was comprehensive and informed. Whether this was at a Council meeting or Registration Committee meeting or chairing a Discipline hearing, she was committed to ensuring a fair and equitable process for all parties. In addition, Dr. Montgomery's tenure on the Executive Committee brought tremendous insight to all of the issues before the Committee. She exemplified the best of our profession and the high standards of service expected from the regulatory community at large.



**Mrs. Regina Willmann**  
Vice President, April 2004 – January 2005  
Treasurer, April 2001 – April 2003

**Mrs. Regina Willmann** (JANUARY 2005)

Mrs. Willmann served on almost all of CCO's committees. In fact, she was Vice President of CCO and undertook her duties in a very dedicated and passionate way. As Chair of the Quality Assurance Committee, she was deeply involved with the peer assessment program, core competency and record keeping workshops. Not content with being limited to Ontario, she carried her message across Canada through CFRCB meetings with a passion seldom seen. Mrs. Willmann exemplifies the highest traditions upheld by CCO.



**Dr. Bertram L. Brandon**  
1938-2005

**Dr. Bertram L. Brandon**

On August 19, 2005, the life of a dedicated and fearless chiropractic advocate ended with the passing of Dr. Bertram ("Bert") Brandon of North Bay, Ontario. Bert was born in Toronto, the son of a Protestant pastor, into a family of five sisters and one brother. As a CMCC student, Bert served as SAC president and was graduate of the year in 1966. He later served on the CMCC board. In 1977, Bert moved to North Bay, building practices in North Bay and Sturgeon Falls. He became known as "The Doctor of Country" as a volunteer host of a country/gospel radio show for CKAT radio in North Bay. His listeners expressed their appreciation with a gift of a trip to Nashville, Tennessee.

Bert was appointed to BDC, serving as vice chair from 1986-1992. He was involved with the drafting of the *Chiropractic Act* and became the first elected president of the newly formed CCO (from April 1994 to April 1995). Bert served on a number of CCO committees and made significant contributions to the Examinations Committee (which he chaired) and the x-ray peer review program. He is fondly remembered at CCO for his passion, commitment and sense of fun.

### Chairs / Presidents of BDC and CCO

| Name                    | Organization | Title     | Term                            |
|-------------------------|--------------|-----------|---------------------------------|
| Dr. Harry A. Yates      | BDC          | Chair     | August 1952 – September 1961    |
| Dr. Harold W.R. Beasley | BDC          | Chair     | September 1961 – September 1974 |
| Dr. Stephen E. West     | BDC          | Chair     | September 1974 – February 1984  |
| Dr. Fred N. Barnes      | BDC          | Chair     | February 1984 – February 1986   |
| Dr. Robert M. Wingfield | BDC          | Chair     | February 1986 – February 1988   |
| Dr. Edward R. Burge     | BDC          | Chair     | February 1988 – March 1994      |
| Dr. Bertram L. Brandon  | CCO          | President | March 1994 – March 1995         |
| Dr. Leo K. Rosenberg    | CCO          | President | March 1995 – March 1997         |
| Dr. Lloyd E. MacDougall | CCO          | President | March 1997 – March 1999         |
| Dr. Allan C. Gottlib    | CCO          | President | March 1999 – March 2001         |
| Dr. Keith Thomson       | CCO          | President | March 2001 – March 2002         |
| Dr. Allan C. Gottlib    | CCO          | President | March 2002 – April 2004         |
| Dr. R. Andrew Potter    | CCO          | President | April 2004 – April 2006         |



PHOTO LOCATION: HALIBURTON COUNTY





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