



A BALANCED LANDSCAPE ~ *supporting healthy collaboration*

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

2006 Annual Report

THANK YOU TO DR. BRUCE WALTON,
for the use of his nature photography
in this annual report.



COLLEGE OF CHIROPRACTORS OF ONTARIO

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LIST OF COMMONLY USED ACRONYMS AT CCO

Acronym	Full Name
ACO	Acupuncture Council of Ontario
ADR	Alternate Dispute Resolution
<i>Bill 171</i>	<i>The Health Systems Improvement Act, 2007</i>
CCEC	Council on Chiropractic Education (Canada)
CCO	College of Chiropractors of Ontario
CFCRB	Canadian Federation of Chiropractic Regulatory Boards
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
<i>Code</i>	<i>Health Professions Procedural Code, Schedule 2 to the RHPA</i>
CRC	Chiropractic Review Committee
DAC	Designated Assessment Centre
<i>DPA</i>	<i>Drugless Practitioners Act, 1980 as amended</i>
FHRCO	Federation of Health Regulatory Colleges of Ontario
<i>HIA</i>	<i>Health Insurance Act, 1990 as amended</i>
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
IME	Independent Medical Examination
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 as amended</i>
TTDP	Techniques, Technologies, Devices or Procedures
UQTR	Université du Québec à Trois-Rivières
WHO	World Health Organization



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PASSION AND COMMITMENT ARE DRIVING FORCES

to ensure the
protection of the public



Chiropractic Act

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 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

You can rest assured that the CCO Council is made up of 16 truly dedicated individuals who live the mission and the vision outlined in the annual report. When you elect a professional member in your district, you are trusting that this person will make decisions that support CCO's mandate to govern the chiropractic profession in the public interest. Self-governance of chiropractic is a privilege that was granted to our profession by the government of Ontario. The people elected by you and those appointed to CCO by the Hon. George Smitherman, Minister of Health and Long-Term Care, have been a joy to work with during my first several months as president. As always, we face challenges and opportunities, and these have served to make us stronger.

Our mission defines who we are, motivates us in our work, and directs our expansion efforts. It achieves the right balance between providing focus and giving room for creative interpretation. CCO has a clearly defined mission, which is being exploited to its fullest and utilized to energize all of us. That level of focus is critical, otherwise the problems we are sometimes trying to alleviate appear very large and the progress would not be possible without concentrated effort. A natural reaction to the frustration of working with intractable chronic issues is to give up. Yet because of CCO's well-defined focus and the contribution of every member of Council and staff, we continue to live the mission. Many topics of discussion, though important, fall outside CCO's mandate. When developing specific programs and strategies, we discuss the kinds of initiatives and projects that can and cannot be funded by CCO, and even when many chiropractors at the table would love to have CCO participate, we must vote no. Our staff uses logic in its planning and activity development. This has become very evident to me.

The present team at CCO is cohesive, critically challenging of issues, conscientious and hard-working, and this includes all Council members and staff. This group has been and continues to be fiscally responsible and is looking at different ways to enhance public confidence and communication strategies with all stakeholders. Technology has moved forward much quicker than we have. Many of you have commented that our communication strategies are ineffective, and we have listened. Your Council has declared an interest in substantially upgrading our technology base, so we can facilitate communication with our members. In the year to come, we will invest time, energy and money to enhance our technology so we can better interface with you. Regular e-mail newsletters, online surveys, online registration and a member's only section on the site to maintain confidential data, are all possibilities in the not too distant future.

In the best of worlds, we will develop a well-designed communication strategy that aligns our mission, culture and resources. In my experience, our preoccupation with strategy all too often causes us to gloss over the equally important decisions about the way a goal or an individual program must be implemented. When I became president, I wanted to harness CCO's reputation, as well as its moral and financial capital, to promote specific change strategies, specifically communication. I have come to appreciate the leadership that exists, the human qualities of creativity, personality, unpredictability and dedication, more than ever before. With this we have attempted to stay in tune with what is happening in the broad environment of health care and look for ways to maintain strength in both strategy and execution. All of this is easier said than done, considering the fact that Council is really made up of volunteers, albeit individuals who receive a small per diem. At the end of the day, what matters is the strength and usefulness of what has been built, not how elegant was the blueprint. We have faced problems with significant consequences, and multiple causes and contributors. If they were all easy they all would have been solved already.

Recognizing that it will be difficult to achieve social change that would completely solve all problems faced at CCO this past year, I ask you to acknowledge the efforts put forth by Council and our staff, efforts that have been relevant and successful in moving us part of the way. How do we know how much we have accomplished in measurable terms? Sometimes the choice seems to be between picking easy targets to measure and finding proxy measures for social change, neither of which gives a satisfactory status report. And sometimes, we must decide that an avenue is worth pursuing even though progress measures are not sensitive enough to guide us. We must recognize the significant problems placed on our staff and organization, and the wonderful attempts that have been put forth to fulfil our mandate to govern chiropractic in the public interest.

It has been an honour to serve at CCO with such a dedicated group of people who truly want to serve at every level.



Dr. Gilles Lamarche
President

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

REGISTRAR'S REPORT

Balance

The concept of "balance" appeals to me for a number of reasons. I am a Libra by birth sign, and a lawyer by training. In the unique role of Registrar and General Counsel, there are a host of people, tasks, resources and priorities that have to be considered, mobilized and balanced.

Elected/Appointed members of Council

CCO Council is composed of nine chiropractors elected from six districts in Ontario, and seven public members appointed by the Minister. There are always a variety of views and experiences brought to bear on any topic debated at Council. Diversity of views and opinions is valued and encouraged. At the end of the day, however, 16 Council members should be "rowing" in the same general direction so CCO not only moves in an agreed upon direction, but gains some momentum as the journey progresses.

Council/Staff

The roles of Council and staff are mutually supportive but different. Council is charged with the difficult task of developing policy and deciding on strategic direction, and doing so in a manner consistent with CCO's statutory mandate. Staff is responsible for implementing policy decisions made by Council and for administering the internal operations, also in a manner consistent with the legislation. For example, Maria Simas, Registration Coordinator, is primarily responsible for registration, Kristina Mulak, Investigations/Resolutions Officer and Tina Perryman, Complaints Coordinator, are primarily responsible for addressing complaints, and Sue Gargiulo, Communications Officer, is responsible for communications. With a small yet efficient and long-standing group of staff members, there are a number of individuals who are "cross-trained" or do more than one task to ensure the effective running of the organization, including Rose Bustria, Administrative Assistant, Karen McGrady, Receptionist, and Joel Friedman, articling student. Add to the Council/staff mix various others, including Andrea Szametz, Recording Secretary, Bruce Walton, QA Consultant, and Anda Vopni, Financial Officer, all of whom play an important role in CCO operations. I am so grateful to each and every one of them for the hard work and quiet efficiency they bring to their individual roles and responsibilities.

Public/Profession

There is sometimes a perceived tension between what is in the public interest and what is in the profession's interest. Members of the public and other stakeholders occasionally express the view that the problem with self-regulation is that members of a profession "protect their own" and make decisions "behind closed doors." Members of the profession often express the view that what is in the public's interest is also in the profession's interest – the two are not mutually exclusive. For example, it is in the public and the profession's interest to have access to chiropractic services, and for CCO and others to facilitate chiropractors being able to order laboratory tests to support their obligation to communicate a diagnosis and to conduct a proper examination and history. In reality, self-regulation only works if the profession is "on-side" with CCO's public interest initiatives, and for that reason, in 2006, CCO engaged in extensive consultation with stakeholders, including members, about a number of controversial issues, including advertising and block fees. At the end of 2006, some committees were still struggling with the fine balance involved in recommending standards of practice to Council which both protect the public and have broad member support. All standards of practice are reviewed by committees on a periodic basis to ensure the appropriate balance is maintained.

Landscape

If I want to truly be inspired and gain some perspective, I look to the incredible variety of possibilities that nature offers in all its forms. The possible landscapes are limitless. Similarly, when engaged in the important role of regulating chiropractic in the public interest, it is important to look beyond chiropractic and to consider what is going on in the broader health care context. What goals and objectives has the Minister identified? Are there opportunities for growth and expansion with others involved in the health community? Where does chiropractic fit in the broader health community landscape? Where *should* it fit?



Ms Jo-Ann Willson
Registrar and General Counsel

“LIFE IS LIKE
RIDING A
BICYCLE.
TO KEEP YOUR
BALANCE YOU
MUST KEEP
MOVING.”

Albert Einstein

Support

Support is an interesting choice of words in the theme of the Annual Report because it means that CCO not only “does it” (healthy collaboration), but supports it being done by those it regulates. In 2006, I am particularly proud of the Quality Assurance initiatives as supporting the work of members, including the peer assessment program, the record keeping workshops and the brave new steps taken by the Core Competency Project in reviewing techniques, technologies, devices and procedures. As these initiatives evolve, I hope members will continue to find them educational and supportive.

Healthy Collaboration

Can there be a more important word than healthy? I don't think so. Unfortunately, while all the activities of 2006 were taking place, CCO Council and staff were working in a sometimes less than healthy work environment. Our physical space was (and continues to be) a construction site, with the noise, dust and disruption that go along with the major renovations required to build several new stories of condominiums above the CCO premises. In 2006 we considered various other options (like purchasing a building) but for now, we are staying in the existing premises for a variety of reasons – proximity to Queen's Park and other regulators, accommodation for Council members, subway access for staff and visitors. Trust me when I tell you there have been days when I have questioned that decision, particularly when they are bringing steel beams through an office window to reinforce the side of the building or I have to dodge a front end loader piling debris into a dump truck to get into the parking garage. At least the construction crews have been as polite and as accommodating as possible in the circumstances.

On the positive front, there have been some exciting initiatives relating to healthy collaboration. CCO continues to participate in a number of initiatives of FHRCO, including those relating to Quality Assurance, Communications, Joint Discipline Training Sessions, and Investigations and Hearings. The Ministry has conducted various stakeholder forums in which healthy collaboration was emphasized as an important theme for future health care delivery. *Bill 171* includes as a new objects clause for all of the colleges the following: “*To promote inter-professional collaboration with other health profession colleges.*”

The Future

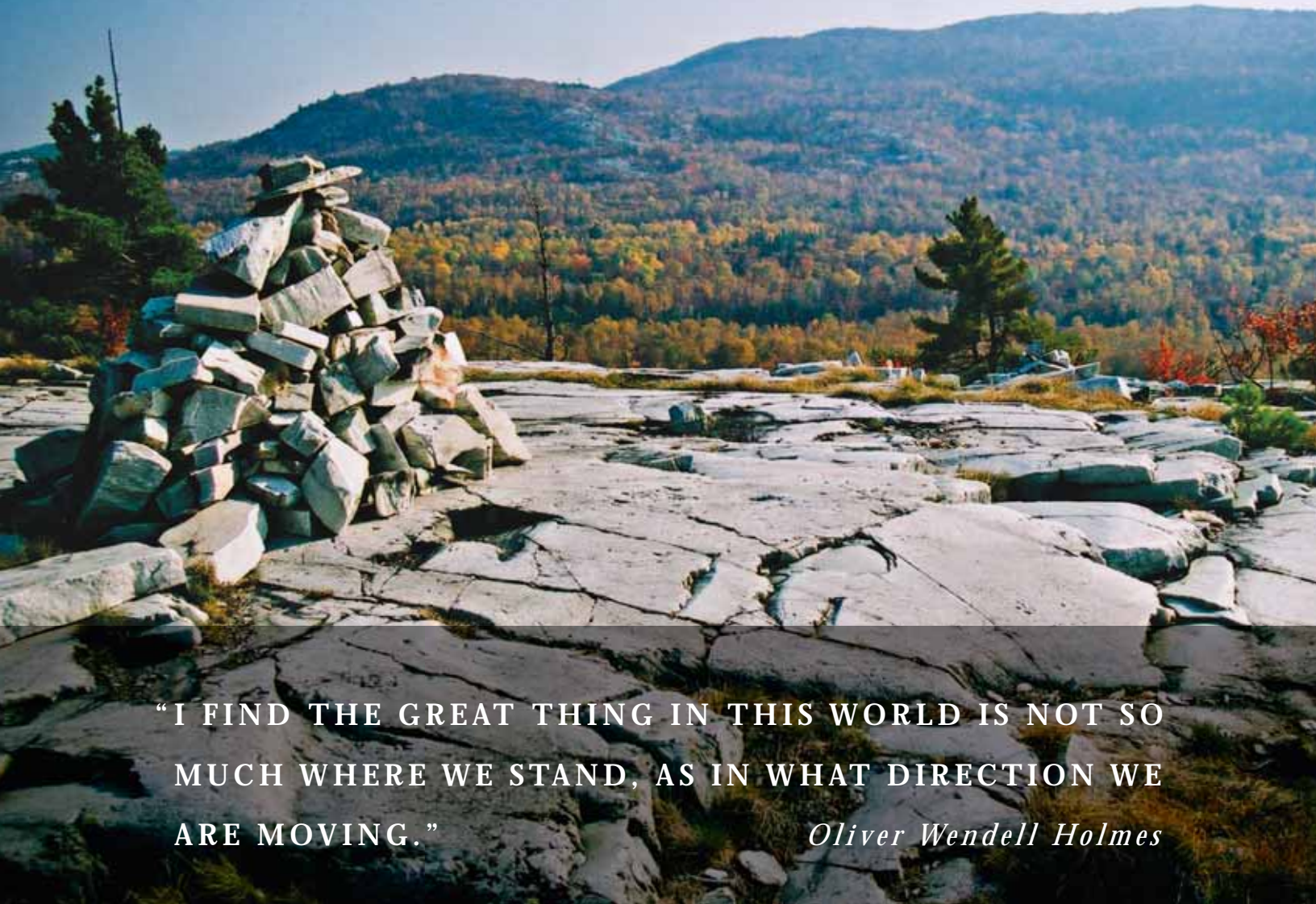
Clearly, the future of health regulation will require collaboration by individuals and organizations. It may be a bold new step to suggest that colleges, who regulate members with overlapping scopes of practice, have similar standards of practice with respect to the same authorized acts (including moving the joints of the spine). Shouldn't members of the public be entitled to expect the same high standard of care by different health professionals in the performance of an authorized act which has some risk if improperly performed?

2006 was a time of growth and reflection, and we can all eagerly anticipate further growth and renewal in 2007. I thank all of you for participating in the important role of self-regulation of the chiropractic profession, and look forward to all of your participation in shaping the future for CCO, the profession and the public in Ontario.

2006 WAS A TIME OF GROWTH AND REFLECTION

in anticipation of growth
and renewal in 2007





“I FIND THE GREAT THING IN THIS WORLD IS NOT SO MUCH WHERE WE STAND, AS IN WHAT DIRECTION WE ARE MOVING.”

Oliver Wendell Holmes



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, 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.

EXECUTIVE COMMITTEE

You should know, or can at least find out, where CCO stands on various issues by reviewing the legislation, standards of practice, policies and guidelines already approved by Council and posted on the web site at www.cco.on.ca.

In 2006, however, CCO embarked on a strategic planning exercise to review CCO's mission, vision and leadership goal to determine where it *should* be going. The session was held on September 30 - October 1, 2006, following a Council meeting on September 29, 2006.

Strategic planning exercises are challenging, thought-provoking and always interesting. For an organization to move forward there must be some agreement about the direction in which the organization should be moving. As President, I am pleased to tell you that there was agreement on a number of "pillars" for future growth and direction, including a focus on enhanced communications and a commitment to upgrade technology to support communications. Further work and commitment is required, and I will report to you in future communiqués on other strategic planning initiatives.

In 2006, the Executive Committee (the "Committee") was also busy with a number of other challenges. There were:

- legislative changes to consider, including the *Traditional Chinese Medicine Act*, the *Fair Access to Regulated Professions Act*, and *Bill 171*;
- policy issues to grapple with, including CCO's role in political activities;
- investigations to monitor;
- CCO's physical space requirements to re-evaluate;
- unauthorized practice cases to refer for prosecution;
- stakeholder consultations to review (such as advertising and block fees);
- elections issues to consider;
- by-laws to review and revise; and
- the implications of the merger of national organizations (namely, CFCRB and CCEC) to consider.

In addition, every Committee agenda includes a financial report from the Treasurer, and a "landscape" review of the activities of other chiropractic organizations, other regulators, the MOHLTC and FHRCO.

This was all part of a steep learning curve for me, particularly in my first full term as President. You have my commitment to continue to journey together with vision and leadership.



Dr. Gilles Lamarche

Chair

COMMITTEE MEMBERS:

Dr. Peter Amlinger

Ms Lynn Daigneault

Mr. Robert MacKay

Dr. Brian Schut

Vice Chair

Dr. Frazer Smith

Mr. Martin Ward

Treasurer

STAFF SUPPORT:

Mr. Joel Friedman

Student-at-Law

Ms Jo-Ann Willson

Registrar and General Counsel

"THE JOURNEY OF 1000 MILES BEGINS WITH A SINGLE STEP."

Confucius

STRATEGIC PLANNING

Strategic Planning was held at the Taboo Resort (Gravenhurst, Ontario) September 30 – October 1, 2006

COUNCIL

1. Mr. Robert MacKay
2. Dr. Peter Amlinger
3. Mr. Martin Ward
4. Dr. Keith Thomson
5. Dr. James Laws
6. Dr. Marshall Deltoff
7. Ms Ellie Moaveni
8. Ms Cindy Maule
9. Dr. Dennis Mizel
10. Dr. Calvin Neely
11. Ms Jo-Ann Willson
12. Dr. Gilles Lamarche
13. Dr. Brian Schut
14. Mme Lise Marin
15. Dr. Frazer Smith

MISSING FROM PHOTO

- Ms Lynn Daigneault
Mr. Ganesan Sugumar



Ms Maria Simas, Mr. Gilbert Sharpe, Ms Rose Bustria





**STAFF AND
DR. BRUCE WALTON,
QA CONSULTANT**

Standing (L-R)

Ms Maria Simas

Ms Kristina Mulak

**Ms Andrea Szametz
*Recording Secretary***

Ms Sue Gargiulo

Seated (L-R)

Ms Karen McGrady

Ms Tina Perryman

**Dr. Bruce Walton
*Consultant to the QA Committee***

Ms Jo-Ann Willson

Ms Rose Bustria



Council and staff at the strategic planning session

COMPLAINTS COMMITTEE

The Complaints Committee (the “Committee”) met 12 times in 2006 and completed 62 decisions. The Investigations/Resolutions Officer resolved an additional nine complaints informally through the Alternate Dispute Resolution process.

Nature of Complaints

The Committee received 85 complaints in 2006. *Table 1* outlines the main areas of concern identified by complainants who filed complaints with CCO.

Origin of Complaints

Graph 1 outlines the complaints filed with CCO in 2006. Patients filed the majority of complaints (46), followed by other professionals, including CCO members (17).

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 it considers appropriate that is not inconsistent with the legislation; 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 2006, the Committee disposed of 88 complaints. *Graph 2* illustrates the breakdown of the disposition of complaints.

HPARB

Under the *RHPA*, 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.



Dr. Marshall Deltoff
Chair

COMMITTEE MEMBERS:

Dr. Lezlee Detzler
Non-Council Member

Mr. Robert MacKay
Alternate

Dr. Brian Schut

Mr. Martin Ward

STAFF SUPPORT:

Ms Kristina Mulak
Investigations/Resolutions Officer

Ms Tina Perryman
Complaints Coordinator

Photo Location: University of Guelph, Arboretum

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.

Graph 1:
Origin of
Complaints in 2006
Total: 85



In 2006, HPARB upheld four Committee decisions and did not return any decision to the Committee for further investigation. HPARB also instituted a new procedure that requires holding a pre-review conference before a complaint proceeds to a review. Three pre-review conferences were held in 2006.

Acknowledgements

It has been my pleasure and privilege to serve you as the Chair of the Complaints Committee this year. I have learned so much about this crucial aspect of self-regulation.

First and foremost, my sincere appreciation to the efficient and effective Complaints Committee team, namely, professional members Drs. Brian Schut and Lezlee Detzler, our public member Mr. Martin Ward, and alternate Mr. Rob MacKay. Thanks also to Dr. Calvin Neely for stepping in when we required an alternate professional member. Of course, we simply could not function without the incredible work and guidance of Ms Kristina Mulak and Ms Tina Perryman. All of you make the meetings interesting, enjoyable and thought-provoking.

Most importantly, I thank you all for ensuring that our decisions are as thorough and just as possible, allowing this Committee to fulfil its mandate in a fair and reasonable manner. Serving on this Committee is an extremely responsible position, and the workload is heavy (literally!). I respect your commitment to protecting the public interest through the often painstakingly careful and methodical analysis of all information submitted with each complaint.

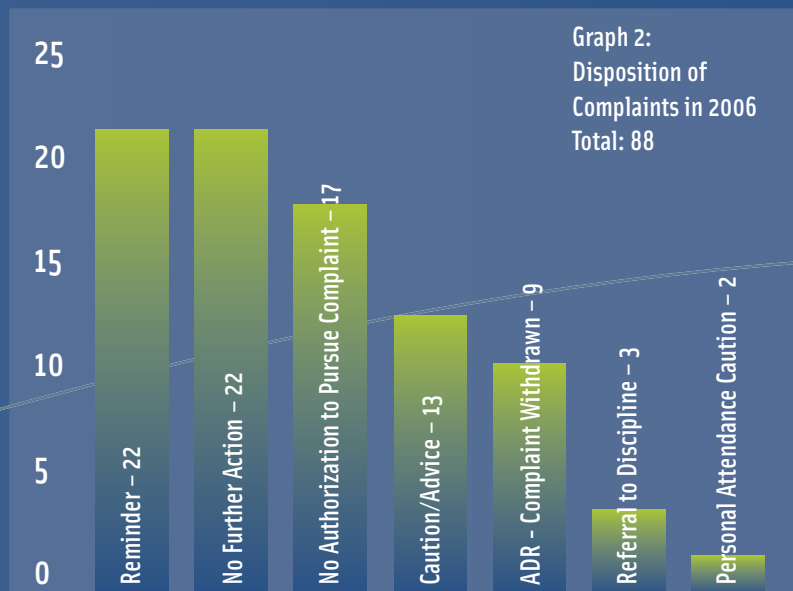
Additionally, a sincere thank you to Ms Jo-Ann Willson for her invaluable and easy-to-understand legal input when required.

It is my pleasure to report that the overall number of complaints received in 2006 was only 85, down from 113 in 2005. Of note, problematic DAC/IME assessments are down to nine from 35, and advertising complaints are down to 10 from 25. Sexual abuse complaints, however, have increased to eight from two, and problematic inter-professional relationships are up to nine from two. Food for thought.

Lastly, I would like to thank you, my colleagues, for taking the privilege of self-regulation seriously, and cooperating with us openly and in a timely manner. This collaboration serves to reduce processing time and costs for all concerned.

**Table 1:
Main Areas of Concern
Identified by Complainants
in 2006
Total: 85**

Main Area of Concern	Totals
Incompetent practice causing harm	12
Advertising	10
Problematic assessment completed by DAC/IME	9
Problematic inter-professional relationships	9
Sexual abuse	8
Billing irregularities	8
Unnecessary or excessive treatment	8
Dispensing orthotics, including improper fitting and overcharging	5
Misinformation or lack of information regarding treatment	4
Failure to provide information on request of patient	2
Breach of patient confidentiality	1
Pressure tactics	1
Other	8



“THE ONLY STABLE STATE IS THE ONE IN WHICH ALL
PEOPLE ARE EQUAL BEFORE THE LAW.” *Aristotle*



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.

DISCIPLINE COMMITTEE

Discipline Activities

The Discipline Committee (the “Committee”) adjudicated four referrals in 2006, and in particular, accepted joint submissions in three referrals and conducted one contested hearing.

CCO Council members and non-Council members of the Committee attended the two discipline training sessions conducted by FHRCO on April 27-28, 2006, and October 18-19, 2006. These sessions, available to all FHRCO members, supplement the training sessions specifically for CCO Discipline Committee members that are facilitated by CCO’s independent legal counsels. All Discipline Committee training is conducted at arm’s length and is independent of CCO staff and prosecutors to maintain the independent and impartial functioning of the Discipline Committee and specific discipline panels.

A Discipline panel comprised of Dr. David Gohn (chair), Dr. Peter Amlinger, Dr. Marshall Deltoff, Mr. Robert MacKay and Ms Ellie Moaveni presided over a discipline hearing involving allegations of professional misconduct against **Dr. Michael Venneri (St. Catharines)** for 12 days in 2006 (from May 23 to October 19, 2006). Although the hearing was concluded in 2006, the panel’s decision was released in 2007. The penalty hearing is scheduled for 2007. The panel’s decision with respect to finding, penalty and costs (if any) will be summarized in the 2007 Annual Report.

As Chair, I wish to thank the Committee and Council members for their participation in hearings and training sessions. The Committee thanks Ms Jo-Ann Willson for her support and guidance on administrative issues related to discipline matters. The Committee also acknowledges, with appreciation, the assistance of its independent legal counsels who attend all discipline hearings to provide advice on an as needed basis to the panels.

Resolution Agreements (Agreements)

All referrals to Discipline first proceed to a pre-hearing conference or conferences. In 2006, Dr. Drew Potter, former Council member and experienced former Discipline Committee member, presided over the pre-hearing conferences. At a pre-hearing conference, efforts are made by the parties to resolve or narrow the issues. Any agreement reached by the parties is reflected in an Agreed Statement of Facts and Joint Submission on Penalty. Agreements are presented by the parties to a panel of the Committee, which has the discretion, but not the obligation, to accept the Agreement.

In general, Agreements:

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

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

- concludes, following deliberation, that the proposed resolution is reasonable and in the public interest;
- 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 saved significant time and expense for the parties (CCO and the member), the complainant(s) and other potential witnesses; and
- administers any reprimand at the hearing immediately following acceptance of the Agreement.

There were three Agreements presented to and accepted by the Committee in 2006, summarized on the following pages.



Dr. James Laws

Chair

COMMITTEE MEMBERS

Dr. Michaela Cadeau

Non-Council Member

Dr. David Gohn

Non-Council Member

Mme Lise Marin

Dr. Dennis Mizel

Mr. Ganesan Sugumar

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

STAFF SUPPORT

Mr. Joel Friedman

Student-at-Law

Ms Jo-Ann Willson

Registrar and General Counsel

DISCIPLINE COMMITTEE *continued*

DR. JEAN BUREAU, TILLSONBURG AND KITCHENER-WATERLOO

Allegations

CCO alleged that Dr. Jean Bureau (the Member) committed acts of professional misconduct, including that he failed to maintain the standards of practice of a reasonably competent chiropractor in the province of Ontario with respect to treatment of a patient contrary to the *DPA*, and the regulations thereunder.

Agreed Statement of Facts

The agreed statement of facts is summarized below:

- The Member has been a member of CCO since 1981.
- The Member provided chiropractic treatments to a female patient during the period 1992 to 1993. The patient had been diagnosed with scoliosis. The patient was 16 years of age in 1992.
- The Member took Polaroid photographs of the patient (a total of seven, three frontal and four of the patient's back) at four-month intervals during her course of treatment, where the patient was required to strip down to her panties.
- The Member drew dots and lines on both sides of the patient's upper torso with a marker and then took Polaroid pictures.
- The Member told the patient that the pictures were required to evaluate her scoliosis and see whether the curvature was changing.
- Prior to an examination on July 22, 1993, the patient expressed discomfort with stripping down to her panties and declined the Member's request to take photographs. The doctor-patient relationship ended in January, 1994.
- The Member was not relying on any peer-reviewed literature to justify taking Polaroid photographs of the patient's bare torso and exposed breasts as a means to determine the progression of scoliosis.
- The Member did not document receiving either oral or written consent with respect to taking the photographs.
- The Member failed to have a female assistant or chaperone attend while the patient was being photographed.
- The Member agrees that his conduct as outlined above constitutes professional misconduct within the meaning of the *DPA* and the regulations thereunder in that he failed to maintain the standards of practice of a reasonably competent chiropractor in Ontario with respect to his treatment of the patient.

Joint Submission as to Penalty

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

- that the Member is guilty of misconduct pursuant to the *DPA* in that he failed to maintain the standards of practice of a reasonably competent chiropractor in Ontario;
- directing the Registrar to suspend the Member's certificate of registration for a period of four months to be served for one continuous period which must be completed by August 31, 2006. One month of the suspension shall be remitted in the event that the Member successfully completes the requirements of an undertaking;
- directing the Registrar to impose specified terms, limitations and conditions on the Member's certificate of registration, outlined in the undertaking signed by the Member which direct him to:
 - take and successfully complete a course in record keeping approved by the Registrar;
 - take and provide proof of completion, at his own expense, a course or training on gender sensitivity and maintaining professional boundaries approved by the Registrar within six months of the discipline hearing or within such time as agreed to by the Registrar;
 - review and comply with CCO's standards and policies with respect to record keeping, consent, advertising, and techniques, technologies, devices or procedures; and
 - submit all advertising to CCO's Advertising Committee for review and approval prior to printing, posting or otherwise distributing the advertisement, for a period of one year from the date of the discipline hearing;
- requiring the Member to pay \$4,500 to CCO in respect of a portion of the costs and expenses related to the investigation and prosecution of these matters, such costs to be paid by December 15, 2006.

DR. PATRICIA CAMPBELL, SOUTHAMPTON

Allegations

CCO alleged that Dr. Patricia Campbell (the Member) committed acts of professional misconduct, including that she engaged in sexual abuse of a patient within the meaning of s. 1(3)(a) and (b) of the *Code*.

Agreed Statement of Facts

The agreed statement of facts is summarized below:

- The Member has been a member of CCO since 1991.

Photo Location:
Massassauga Provincial Park

DISCIPLINE COMMITTEE *continued*

- The Member treated a patient over a number of years. At some point, while providing treatment, an intimate and personal relationship developed between the Member and the patient.
- The Member agrees that the relationship was inappropriate and constituted sexual abuse within the meaning of s. 1(3) (a) and (b) of the *Code*.

Joint Submission as to Penalty

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

- requiring the Member to be reprimanded;
- revoking the Member's certificate of registration;
- disallowing the Member to reapply for a certificate of registration for a period of five years from the date of the decision;
- requiring the Member to pay a portion of CCO's expenses incurred in investigating and bringing this matter to a hearing in the amount of \$2,500 payable by December 31, 2006;
- requiring the Member to reimburse CCO for funding to the patient provided under the program required under section 85.7 of the *Code*;
- if an application for readmission is made by the Member, the following conditions must be satisfied:
 - the Member must submit a report from a psychologist to determine if there are any concerns about the Member's treatment of male patients and any plan of remediation if necessary;
 - the Member will successfully complete, at her own expense, a gender sensitivity course approved by the Registrar;
 - the Member will successfully complete a clinical competency program, at her own expense; and
 - if successful in gaining readmission, the Member will cooperate in having her practice monitored and, at CCO's option, to have a review of her practice and files every six months for a period of two years.

DR. STEVEN PERRY, ST. THOMAS

Allegations

CCO alleged that Dr. Steven Perry, (the Member) committed acts of professional misconduct contrary to the *RHPA*, including the *Code* and *Chiropractic Act* and regulations thereunder, including that he:

- contravened a standard of practice of the profession or failed to maintain the standard of practice of the profession expected of members of the profession;
- failed to obtain informed consent;
- failed to keep proper records; and
- engaged in conduct or performed an act or acts that, having regard to all circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Agreed Statement of Facts

The agreed statement of facts is summarized below:

- The Member has been a member of CCO since 1995.

Patient 1

- The Member treated patient 1 on approximately nine occasions prior to June 5, 1999. Patient 1 was 18 years old on June 5, 1999.
- On June 5, 1999, patient 1 attended the Member's office for treatment. The Member palpated the pectoral musculature in patient 1's breast area. As a result of this incident, patient 1 did not return for any further treatments.
- If patient 1 were to give evidence, she would say she did not understand that the Member was going to touch her breast and she did not consent to such treatment.
- If the Member were to give evidence, he would say that he thought that he had provided a satisfactory explanation and thought that patient 1 had consented to the treatment. The Member recognized that patient 1 perceived that his treatment crossed a professional boundary and, therefore, admits that he did not obtain informed consent of the patient prior to conducting this procedure. The Member denies that he committed any act of sexual impropriety or acted with any sexual intent.
- The Member admits that he failed to keep proper records in respect of patient 1's treatment on June 5, 1999.

Patient 2

- The Member treated patient 2 on 15 occasions between 1999 and July 25, 2001. In July of 2001, patient 2 was 15 years old.
- On July 20 and 25, 2001, the Member palpated the pectoral musculature in patient 2's breast area during the course of the chiropractic treatments. As a result of these treatments, patient 2 did not return for any further treatment after July 25, 2001.

DISCIPLINE COMMITTEE *continued*

- If patient 2 were to give evidence, she would say that she did not understand that the Member was going to touch her breast area and did not consent to such treatment.
- If the Member were to give evidence, he would say that he thought that he had provided a satisfactory explanation and he thought patient 2 had consented to the treatment. The member recognizes that patient 2 perceived that this treatment crossed a professional boundary and, therefore, admits that he did not obtain consent of the patient prior to conducting this procedure.
- The Member denies that he committed any act of sexual impropriety or acted with any sexual intent.
- The Member now more fully understands the importance of providing a satisfactory explanation of a procedure to a patient prior to conducting any examination or treatment procedure that could reasonably be misinterpreted by the patient.

Remediation

- The member completed CCO's record keeping workshop, attended and completed a full day seminar entitled "Understanding the Health Effects of Woman Abuse: Working Together for Safety," voluntarily participated in CCO's Peer Assessment Program in 2003, and attended a two-hour education session on the topic of informing health care professionals of the issues surrounding family abuse.
- As a result of the allegations, the Member also faced criminal charges filed with respect to both complainants. The criminal charges were withdrawn with respect to one complainant and the Member was acquitted after a five-day trial with respect to the other complainant.

Admissions

- The member admits that he contravened a standard of practice of the profession expected of members of the profession, failed to obtain informed consent, failed to keep proper records and engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

Joint Submission as to Penalty

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

- that the Member is guilty of misconduct pursuant to the *RHPA* and, in particular, is guilty of contravening a standard of practice of the profession, failing to obtain informed consent, failing to keep proper records and unprofessional conduct;
- requiring the Member to be reprimanded;
- directing the Registrar to suspend the Member's certificate of registration for a period of three months. Two months of the suspension will itself be suspended if the Member:
 - participates in and completes a course, approved by the Registrar within 12 months of the discipline hearing, on maintaining professional boundaries;
 - provides the Registrar with proof of successful completion of CCO's record keeping workshop;
 - notifies the Registrar, in writing, of the commencement date of the suspension; and
- requiring the Member to pay \$7,500 to CCO in respect of a portion of its costs and expenses related to the investigation and prosecution of these matters, to be paid within 30 days of the Discipline panel's decision.

Unauthorized Practice Cases

In addition to conducting various discipline hearings, in 2006, CCO prosecuted three individuals for practising chiropractic without a license, namely, **Stephen Dies (King City)**, **Lloyd Anthony Deutscher (Ottawa)** and **Thomas Gaw (Tobermory)**. CCO obtained court orders that the respondents:

- comply with sections 27 (controlled acts), 30 (treatment, etc., where risk of harm) and 33 (restriction of title "doctor") of the *RHPA*, and sections 4 (authorized acts for chiropractors) and 9 (restricted titles and representations of qualification, etc.) of the *Chiropractic Act*; and
- pay a portion of CCO's costs.

Conclusion

As I complete my two year term as Chair of the Discipline Committee, I want to thank all CCO Council members and staff who participate in the discipline process and who demonstrate concern, impartiality and respect for all as they protect the public interest and maintain confidence in the chiropractic profession. In addition, I want to thank the great majority of the members of CCO who conduct themselves in an honourable and trustworthy manner. You bring credit to yourselves individually and credibility to the chiropractic profession collectively when you maintain high standards of practice and professionalism in all that you do. Thank you.



Photo Location:
Algonquin Provincial Park

PATIENT RELATIONS COMMITTEE

The Patient Relations Committee (the "Committee") met once in 2006. The Committee reviewed the *Patients' Charter of Rights and Responsibilities*, which had been approved in principle by Council in 2005, with the intent of simplifying the language and format. The revised document, re-titled *Partnership of Care*, outlines the rights and responsibilities of both the chiropractor and the patient in the delivery of health care.

At year's end, the Committee was still in the process of fine-tuning this document and will present it to Council for review and approval at the earliest opportunity.

Acknowledgements

The chair extends his sincerest thanks and appreciation to all members and staff for their support and dedication.

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*.



Dr. Calvin Neely

Chair

COMMITTEE MEMBERS

Dr. Brian Kleinberg

Non-Council Member

Mme Lise Marin

Ms Ellie Moaveni

Dr. Robin Whale

Non-Council Member

STAFF SUPPORT

Ms Sue Gargiulo

Communications Officer

Ms Jo-Ann Willson

Registrar and General Counsel

KEEPING OPEN LINES OF COMMUNICATION

between patients
and our doctors





Dr. Frazer Smith

Chair

COMMITTEE MEMBERS

Dr. Robbie Berman

Non-Council Member

Ms Lynn Daigneault

Mr. Robert MacKay

Dr. Keith Thomson

STAFF SUPPORT

Mr. Joel Friedman

Student-at-Law

Ms Sue Gargiulo

Communications Officer

Dr. Bruce Walton

Consultant

Ms Jo-Ann Willson

Registrar and General Counsel

QUALITY ASSURANCE COMMITTEE

With its peer assessment and x-ray peer review programs, peer assessor and record keeping workshops, and standards of practice development and review, the Quality Assurance Committee (the "Committee") continued to be one of the busiest committees of CCO. The Committee met seven times in 2007, and hosted a peer assessment workshop, an individual member remediation workshop, an x-ray peer reviewer workshop, and 15 record keeping workshops across Ontario.

Record Keeping Workshops

The beginning of 2006 saw the Committee continuing to fulfil its commitment to present mandatory record keeping workshops to members across the province. In 2005, Council committed to offering the workshops to members for free until May 28, 2006, after which members were charged \$150 to attend. Due to the high demand, several additional workshops were added to the original roster.

The Committee hosted a total of 15 record keeping workshops in 2006, from Toronto to Timmins, and Windsor to Ottawa.

Initially, the presenters included Dr. Keith Thomson, Dr. Bruce Walton and Dr. Frazer Smith.

However, the hectic schedule led to the Committee enlisting Dr. Dennis Mizel, who began presenting at workshops in September. The workshops gave participants an interactive, step-by-step presentation on how to maintain proper records that included a patient visit from start to finish (i.e., consultation, history, examination, report of findings, treatment, SOAP notes, and dismissal). The presentation also featured information relating to informed consent, the professional portfolio, x-rays and x-ray reports, privacy legislation, sign-in sheets, and the importance of re-assessing patients on or before each 24th visit. Overall, the feedback received from the majority of attendees was very positive.

The workshop initiative has been a tremendous achievement for CCO. Not only has it improved the communication with members but, more importantly, it has had a positive impact on the quality of record keeping. Records of members who have attended a workshop before their peer assessments, on average, are better than members who have not attended a workshop.

Overall, approximately 2,700 members, including staff, have attended a workshop since the workshops were launched in September 2005 and 1,800 attended in 2006.

Peer Assessment Program

The peer assessment program continued to evolve in the past year. The committee hosted a peer assessment workshop on October 14, 2006, at the CCO office. The workshop focussed on providing each peer assessor with feedback on their performance to date. This type of individual feedback had been requested by the peer assessors in the workshop the previous year. Revisions that were made to the checklist were reviewed with assessors.

A significant change to the peer review process was the addition of a comprehensive review of the *Core Competencies for CCO Members* document. The Committee reviewed the importance of this document with the peer assessors and included questions on the eight core competencies in the peer assessment program checklist, one of the documents used by the peer assessors when assessing members.

Another change in the peer assessment process involved simplifying the dispositions. Originally, on the Peer Assessment Report Form, assessors would evaluate a member in each category and assess them as either satisfactory, having a minor deficiency, or having a major deficiency. The Committee then would

review the report and make a final disposition. The problem arose when the Committee would question an assessor's report. This left members confused about the final outcome of their assessment. As a result, the Committee removed the major and minor categories from the report form, and the assessor will now note if the member is satisfactory or deficient. The Committee will continue to review the assessment and determine if the member is satisfactory, has a major deficiency or has a minor deficiency in each of the categories. The Committee believes this will eliminate some of the potential inconsistencies that have occurred to date.

As with the previous peer assessment workshops, this workshop also stressed the importance to the peer assessors of their role as ambassadors for CCO and the QA program.

Remediation

On March 7, 2006, Drs. Keith Thomson and Bruce Walton held a one-day individual member remediation workshop for eight out of 10 members the Committee had previously identified as requiring remediation following their peer assessments. All eight members underwent a point-by-point discussion of their deficiencies along with instruction on how to improve. Following the workshop, these members submitted five current sterilized patient files for review to ensure they are complying with the various standards, and, in particular, record keeping.

The profession should be proud that only 10 members were originally identified as requiring remediation in more than 700 peer assessments. The Committee now has a process in place that ensures members identified by peer assessment as falling significantly below the standards of record keeping will receive appropriate remedial training.

X-Ray Peer Review Program Revived

It takes a great deal of time and resources to manage the Quality Assurance program. One component, the x-ray peer review program, had been overlooked for some time. In an effort to revitalize the program, the Committee hosted a workshop for x-ray peer reviewers on June 15, 2006. The day focussed on the x-ray standards of care and reviewing the assessment process. The Committee is grateful for the services of Drs. Marshall Deltoff and Keith Thomson who hosted the event.

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.



QUALITY ASSURANCE COMMITTEE *continued*

Following the workshop, the Committee randomly selected for review 50 members from stream A (members with active on-site x-ray facilities who take their own x-rays). The Committee spent the balance of the year developing a mentoring component that will involve the assessors as tutors and it is expected this will lead to improved x-ray competency.

Draft Standard of Practice S-016: Block Fees/Payment Plans

In September 2006, the Committee distributed proposed standard of practice S-016: Block Fees/Payment Plans to members and other stakeholders for feedback. The Committee received more than 700 responses expressing diverse views. In the end, no consensus could be drawn from the feedback as members were clearly polarized on this issue. The feedback did reveal that members were more concerned with the ethics surrounding business practices rather than block fees or payment plans specifically. After critically assessing the feedback, the Committee recommended to Council that a new standard of practice on business practices be developed.

Standard of Practice S-017: Acupuncture

Until recently, acupuncture had been in the public domain. It will be regulated under the *Traditional Chinese Medicine Act* which received Royal Assent on December 20, 2006. In early 2006, the Committee took a leadership role and began developing a draft standard of practice on acupuncture. Derived from information gathered from various sources, such as ACO and WHO, the standard outlined members' duties and obligations when providing acupuncture services as an adjunctive therapy to their patients.

In September 2006, the Committee distributed draft standard of practice S-017: Acupuncture to members and stakeholders for review. The Committee received more than 500 responses, the majority in support of the draft standard. In fact, CCO's acupuncture standard was referenced favourably in the Ontario Legislature during the passing of the *Traditional Chinese Medicine Act*.

The draft standard was approved in principle by Council, subject to refining the grandparenting clause. Council is expected to approve a final draft in 2007.

Acknowledgements

2006 was a very busy year for the Committee. The Committee would not have been able to accomplish as much as it did without the commitment and teamwork of all members, staff and consultants. As chair, I would like to personally acknowledge committee members Dr. Robbie Berman, Ms Lynn Daigneault, Mr. Robert MacKay and Dr. Keith Thomson for their dedication to Quality Assurance and the public interest. Of course none of this hard work would have been realized without the expertise and knowledge of Ms Jo-Ann Willson, Registrar and General Counsel, Ms Sue Gargiulo, Communications Officer, and Dr. Bruce Walton, QA Consultant. I would also like to acknowledge the efforts of Mr. Joel Friedman, Student-at-Law, and Ms Andrea Szametz, Recording Secretary.

Finally, the Quality Assurance program requires the participation of many individuals for successful implementation and I would like to extend my sincere appreciation to those members who took time from their personal lives to contribute to the process of self-regulation by participating as peer assessors, x-ray peer reviewers, or record keeping workshop presenters.



“BE GREAT IN ACT, AS YOU HAVE BEEN IN THOUGHT.”

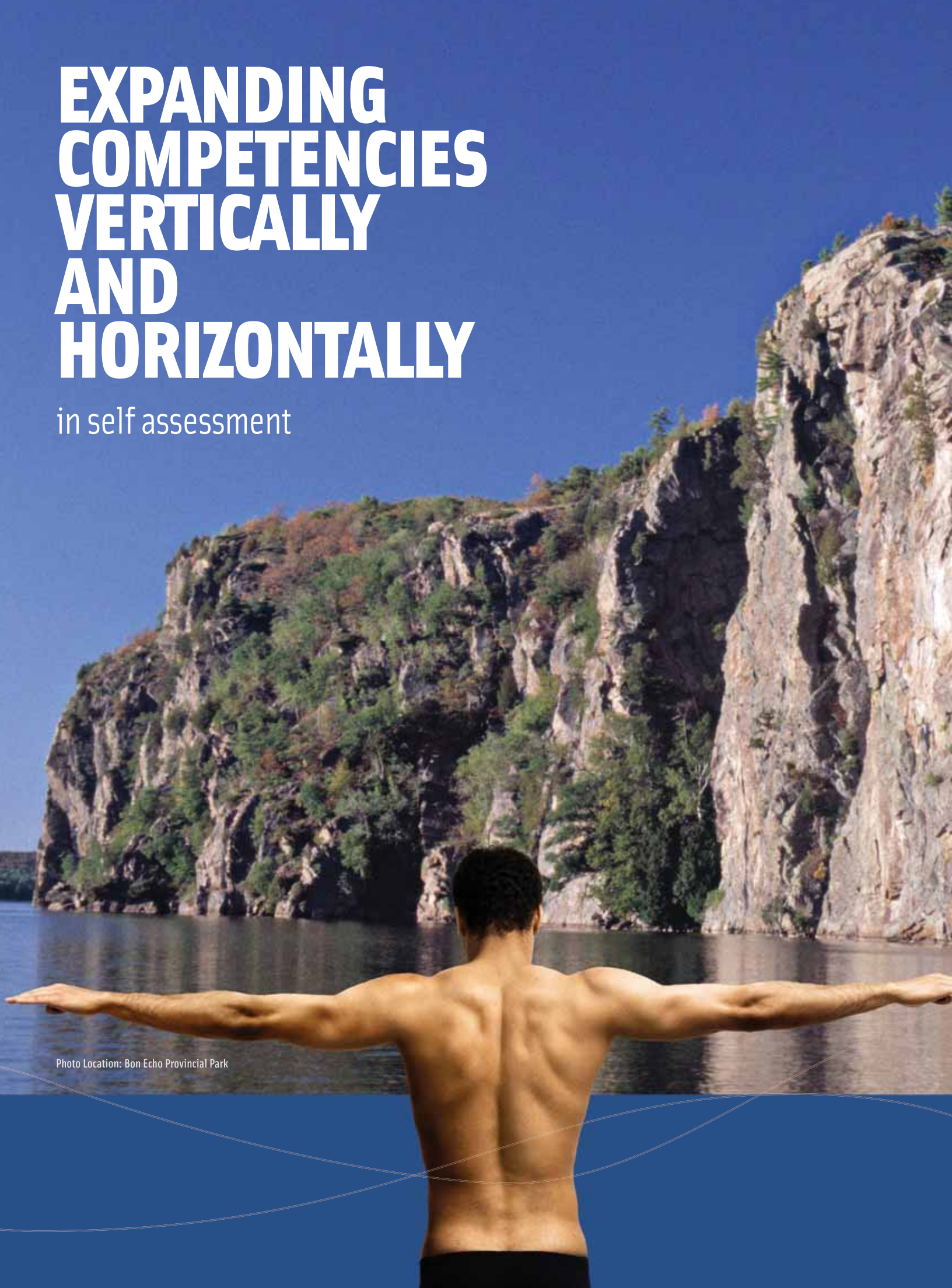
William Shakespeare



EXPANDING COMPETENCIES VERTICALLY AND HORIZONTALLY

in self assessment

Photo Location: Bon Echo Provincial Park

A photograph of a shirtless man from behind, standing on a boat with his arms outstretched horizontally. He is looking towards a large, rocky cliff face with some greenery on top, under a clear blue sky. The water is calm and reflects the sky. The bottom of the image has a solid blue background with white curved lines.

CORE COMPETENCY PROJECT

The Core Competency Project (the "Project"), which reports to the Quality Assurance Committee, met six times in 2006.

The Project embarked on two exciting and innovative initiatives in 2006:

- expanding the purpose, definitions and actual competencies in the *Core Competencies for CCO Members* document, approved in principle by Council in 2004; and
- inviting submissions to present various techniques, technologies, devices or procedures (TTDPs) for review.

Core Competencies Rubrics

Core Competencies for CCO Members encompasses the knowledge, skills and judgment Ontario chiropractors need to achieve exemplary performance within their scope of practice. It provides chiropractors with a model of professional practice to ensure safe, effective and ethical outcomes for patients.

The Project revisited *Core Competencies* in 2006 because it became apparent from the peer assessment program that many chiropractors were not familiar with the document nor did they know how to use it. Using the original *Core Competencies* as a source document, the Project members expanded each of the eight competencies (Communication; Clinical Competency/ Maintenance of Records; Life-Long Learning and Self-Assessment; Scope of Practice; CCO Regulations, Standards, Policies and Guidelines; Collaboration; Responsibility to Patients and the Public; and Best Practices/Ethics) into a series of rubrics which form a self-assessment tool that can be read both horizontally and vertically.

Horizontally, rubrics show incremental growth through four levels of proficiency. Vertically, it captures the essence of each level. The intention was to create a self-assessment tool members can use to determine their own level of professional competence and to engage in continuous improvement so they can reach the next level and beyond throughout their careers. This process of self-assessment responds as well to the proposed requirements of *Bill 17: Health Systems Improvement Act, 2007*. This bill will require that each health profession develop a self-assessment tool and engage in a program of continuing education.

By year's end, the Project was fine-tuning the rubrics and its various levels, and creating a process for finalizing the draft document. The next steps will be to present the document to Council for review and approval, and communicate further with CCO members.

The Project extends its sincerest thanks and gratitude to Mr. Gregg Bereznick, a Superintendent of Education with the Waterloo Region District School Board and the brother of Dr. David Bereznick, the non-Council member on the Project. Mr. Bereznick helped the members develop the rubrics.

Techniques, Technologies, Devices or Procedures Submissions (TTDPs)

In September 2006, the Project extended an invitation to CCO members to make submissions on various TTDPs for CCO review and subsequent approval. The Project also invited specific CCO members to present their TTDPs. The presentations were held at the CCO office in September and November 2006, and the Project thanks the following members for their excellent presentations – Dr. Russell Bradshaw (Pro-Adjuster), Dr. David Fletcher (Surface Electromyography), Dr. Stanley Gorchynski (Activator), Drs. Jayson Grossman and John Millett (Applied Kinesiology), Dr. Ian Horseman (Pettibon), Dr. Paul Oakley (Chiropractic Biophysics) and Dr. Allan Oolo Austin (Trigenics).

The Project will continue to tackle the important task of reviewing the various TTDPs, and will review and recommend revisions to the standards pertaining to this task.

Acknowledgements

As chair, I would like to thank the Project members, the guest panellists on the TTDP presentations (Drs. Brian Gleberzon, Allan Gotlib, Drew Potter) and CCO staff for their continued support and participation. I would also like to thank all CCO members who made written submissions to the Project on their TTDPs.



Dr. Keith Thomson

Chair

PROJECT MEMBERS

Dr. David Bereznick

Non-Council Member

Ms Lynn Daigneault

Ms Cindy Maule

Dr. Dennis Mizel

STAFF SUPPORT

Mr. Joel Friedman

Student-at-Law

Ms Sue Gargiulo

Communications Officer

Ms Jo-Ann Willson

Registrar and General Counsel

REGISTRATION COMMITTEE

The Registration Committee (the “Committee”) reviews applications for registration in Ontario referred to the Committee by the Registrar. The Committee was not required to meet in 2006, but 185 applications for registration and 48 applications for incorporation were reviewed and processed internally (*Table 1*). Applications for registration are from new graduates from chiropractic colleges around the world and from chiropractors licensed in other jurisdictions. Decisions of the Committee may be reviewed by HPARB, although there were no reviews in 2006.



Dr. James Laws
Chair

COMMITTEE MEMBERS

- Dr. Marshall Deltoff
- Ms Cindy Maule

STAFF SUPPORT

- Ms Jo-Ann Willson
Registrar and General Counsel

Table 1: Colleges of Graduation for Members Registered in 2006

College	Totals	College	Totals
CMCC	124	Parker	4
New York	19	LifeCC	3
National	8	Cleveland (LA)	2
Logan	7	University of Bridgeport, Connecticut	2
Palmer	5	Cleveland (KC)	1
Los Angeles	4	LifeCC – West	1
Northwestern	4	UQTR	1
		TOTAL	185

Towards the end of 2006, the Committee began informal discussions with the Quality Assurance Committee concerning the current classes of certificates of registration (i.e. active, inactive and retired) and whether there should be any other classes in view of some of the challenges in peer assessing active members who are outside Ontario or do not actively treat patients. These discussions will continue in 2007, and any recommendations will be subject to Council’s approval.

Acknowledgements

As Chair, I would like to thank the Committee members for being available to participate in Committee matters, as the need arises. I would like to thank Ms Jo-Ann Willson, Registrar and General Counsel, for guiding the Committee on issues affecting registration, such as *Mutual Recognition Agreement* under the *Agreement on Internal Trade*, and various legislative initiatives, such as the *Fair Access to Regulated Health Professions Act, 2006*. I would also like to thank Ms Maria Simas, Registration Coordinator, for her work at CCO and contribution to the work of the Committee.

MANDATE

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

Graph 1:
Classes of Certificate for CCO Members
(as at December 31, 2006)
Total: 3,673

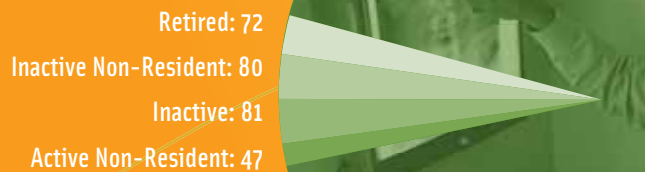
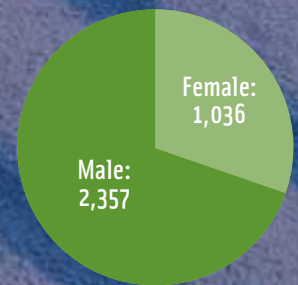




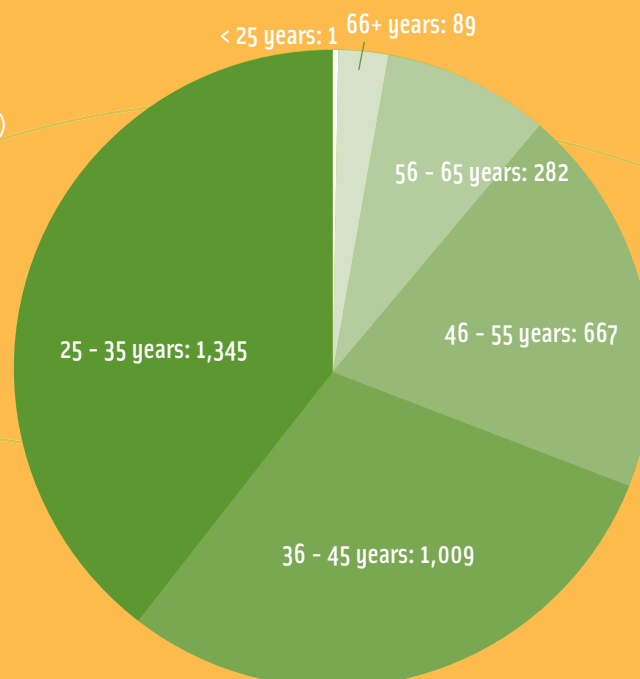
Photo Location: Pinery Provincial Park

Table 2:
Ages/Gender of Active Members
(as at December 31, 2006)
Total - 3,393

Age Group	Female	Male	Total
< 25	1	0	1
25 - 35	571	774	1,345
36 - 45	307	702	1,009
46 - 55	127	540	667
56 - 65	22	260	282
66 +	8	81	89
Total	1,036	2,357	3,393



Graph 2:
Ages of Active Members
(as at December 31, 2006)
Total: 3,393



FINE TUNING STANDARDS

with feedback from
members

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).

ADVERTISING COMMITTEE

The Advertising Committee (the "Committee") worked diligently throughout the year reviewing proposed advertisements sent in for approval and evaluating advertisements submitted by CCO members and members of the public to determine if they complied with current advertising regulations, standards of practice and guidelines.

The Committee encourages all members to submit their advertisements for approval **prior** to publishing them. It is also each member's responsibility to be familiar with current advertising regulations, standards of practice and guidelines to ensure his/her advertisements comply.

The Committee also reviewed and revised proposed advertising regulation R-12, standard of practice S-003: Advertising and guideline G-003: Advertising, and developed the Public Display Protocol, a document that outlines members' responsibilities when conducting community events/displays. All of these items were reviewed by Council and, with Council's approval, distributed to members and stakeholders for comment in September 2006.

The Committee received an immense amount of feedback from members and continued to fine tune the regulation, standard, guideline and protocol, with the incorporation of comments and feedback from the members. The Committee is hopeful that the revised items will finally be ready for Council's review and approval in 2007.

Watch CCO's web site (www.cco.on.ca) for updates. In the interim, standard of practice S-003: Advertising and guideline G-003: Advertising Code continue to govern members' advertising conduct.

Acknowledgements

As chair, I wish to acknowledge the tremendous amount of work each and every member of the Committee contributes, and the positive energy and ideas that they bring to the table. I would like to thank Ms Jo-Ann Willson for her guidance and support. Without the dedication, organizational skills and effort of Ms Sue Gargiulo, this Committee simply would not function and I would like to thank her for all that she does, and the fantastic attitude she displays while doing it.



Dr. Peter Amlinger

Chair

COMMITTEE MEMBERS

Dr. Jeff Lustig

Non-Council Member

Mme Lise Marin

Dr. Keith Thomson

STAFF SUPPORT

Ms Sue Gargiulo

Communications Officer

"IN A WORLD WE NEED TO SHARE, IT'S NOT ENOUGH TO
STAND AND STARE."
Pink Floyd



Dr. J. Bruce Walton

Chair

COMMITTEE MEMBERS

Ms Corrine Hardey

Dr. Dan Higginson

Ms Rebecca Kwok

Dr. David Linden

INSPECTORS

Dr. John Cadieux

Dr. Rhonda Kirkwood

Dr. Jason Potter

Dr. Kelly Ramsay

STAFF SUPPORT

Ms Jill Silk

Administrative Assistant

CHIROPRACTIC REVIEW COMMITTEE

Many may be surprised to see a CRC report in the 2006 CCO Annual Report as chiropractic care has not been subsidized by the Ontario Government since November 30, 2004. However, several factors created the circumstances that necessitated the full function of the CRC in 2006 and, indeed, will require it to remain active into 2007.

The mandate of the 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.”

Since its inception, the CRC has functioned as a CCO sub-committee, with appointments of both professional and public members coming from the MOHLTC. The CRC is unique in that it fulfils its mandate by responding to directions for reviews from the general manager of OHIP, and makes directions to the general manager based on those investigations while functioning at arm's length from both CCO and the MOHLTC.

In essence, the CRC acts as the investigator and auditor of chiropractors' billings at the request of the general manager of OHIP. In fulfilling its role, the CRC has primarily been involved in reviewing a member's OHIP billings to determine whether:

- all or part of the insured services were rendered;
- all or part of the services were therapeutically necessary;
- the nature of the service is misrepresented, whether deliberately or inadvertently;
- all or part of the services were provided in accordance with accepted professional standards of practice; and
- in such other circumstances as may be prescribed.

Once the CRC has reached a decision, it directs the general manager to:

- pay all claims as submitted;
- increase the payment of claims submitted; or
- repay all or part of the claims submitted under OHIP.

The process of determining if a referral is made for review is completed by the Provider Services Branch of MOHLTC. This process can be lengthy and time consuming. As such, referrals often reach the CRC well after billings have been submitted and paid to the chiropractor. In fact, the CRC received the final referral for review in December 2005, even though OHIP billings stopped in November 2004. *Table 1* outlines the CRC's activities in 2006.

The CRC dealt with three new referrals in 2006, referrals which were received at the end of 2005. In discussions with government officials, OHIP is no longer monitoring or reviewing chiropractic billings. The CRC has been notified verbally that there will be no more referrals for investigation.

As well as handling the new referrals, the CRC continued its processing of three ongoing appeals of previous directions to the general manager of OHIP. One of these cases, a member-requested review, was dealt with and closed in 2006.

MANDATE

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

Acknowledgements

It would be simple, yet inadequate, to say that all the Committee members, inspectors and staff have performed their duties admirably in the past year. Given the circumstances of this Committee's status and impending dissolution, the chair wishes to acknowledge everyone for their dedication and commitment to fulfilling the Committee's mandate. The tasks before the CRC are not easy ones and typically involve very sensitive issues. Everyone involved with this Committee – the members, inspectors, support team of legal counsel – need to be thanked for their efforts. A special thank you goes to the Committee's Administrative Assistant, Ms Jill Silk. Her efforts and skills, her experience and dedication, have been valuable assets to this Committee's function.

Table 1: CRC Activities for 2006

Case Activity	January 1, 2006 – December 31, 2006 (inclusive)
Referrals	
In progress as at January 1, 2006	3
Received – Full Review	3
Received – Expedited Review	0
Completed	0
In progress as at December 31, 2006	3
Inspections	
Completed	3
Pending as at December 31, 2006	0
Interviews	
Conducted	0
Pending as at December 31, 2006	3
Settlement Agreements	
In progress as at January 1, 2006	0
Received	0
Completed	0
In progress as at December 31, 2006	0
Appeals	
In progress as at January 1, 2006	3
Received	0
Resolved	1
In progress as at December 31, 2006	2

FITNESS TO PRACTISE COMMITTEE

The Fitness to Practise Committee did not meet in 2006.



Dr. Calvin Neely

Chair

COMMITTEE MEMBERS

Dr. Peter Amlinger

Ms Ellie Moaveni

STAFF SUPPORT

Ms Jo-Ann Willson

Registrar and General Counsel

“LEARN FROM
YESTERDAY, LIVE
FOR TODAY, HOPE
FOR TOMORROW.”
unknown



Photo Location: Wings of Paradise, Waterloo

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.

AUDITOR'S REPORT

To the Members of the College of Chiropractors of Ontario:

We have audited the statement of financial position of the College of Chiropractors of Ontario as at December 31, 2006, 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, 2006, 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
Licensed Public Accountants

TORONTO, CANADA
June 6, 2007

STATEMENT OF FINANCIAL POSITION

STATEMENT 1

DECEMBER 31, 2006 *(With 2005 Comparisons)*

	2006	2005
ASSETS		
CURRENT		
Bank	\$ 472,861	\$ 396,558
Short-term Investments	4,230,477	3,806,466
Prepaid Expenses and Sundry Assets	15,043	29,948
	<u>4,718,381</u>	<u>4,232,972</u>
CAPITAL <i>(Note 2)</i>	113,306	129,604
	<u>\$ 4,831,687</u>	<u>\$ 4,362,576</u>
LIABILITIES		
CURRENT		
Accounts Payable and Accrued Liabilities	\$ 244,213	\$ 170,036
Deferred Revenue	462,716	406,260
	<u>706,929</u>	<u>576,296</u>
TOTAL LIABILITIES	706,929	576,296
NET ASSETS <i>(Per Statement 2)</i>	<u>4,124,758</u>	<u>3,786,280</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 4,831,687</u>	<u>\$ 4,362,576</u>

Approved on behalf of College:

Director Mark J. Wal

Director [Signature]

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

STATEMENT OF OPERATIONS

STATEMENT 3

FOR THE YEAR ENDED DECEMBER 31, 2006 *(With 2005 Comparisons)*

	2006	2005
INCOME		
Renewal Fees	\$ 2,834,838	\$ 2,779,038
Registration Fees	61,690	54,600
Examination Fees	36,180	31,338
Incorporation Fees	66,850	48,825
Record Keeping Workshops	65,195	-
Recovery of Discipline Costs	25,500	7,687
Interest & Sundry	193,655	119,539
TOTAL INCOME	3,283,908	3,041,027
EXPENDITURES		
Salaries and Benefits <i>(Note 3)</i>	742,387	727,827
Pension - Past Service <i>(Note 4)</i>	9,600	9,600
Rent and Utilities <i>(Note 6)</i>	286,569	269,650
Office Supplies and General <i>(Note 7)</i>	423,777	261,490
Printing and Postage	195,552	188,086
Insurance	19,891	19,636
Meetings, Fees and Expenses <i>(Schedule 1)</i>	275,140	222,955
Audit	21,541	17,189
Federation Meetings	36,621	17,487
CFCRB Dues	30,000	30,000
Record Keeping Workshops <i>(Note 8)</i>	54,941	105,257
Government Relations	6,189	49,019
CCEC Dues	35,000	35,000
Consulting Fees	117,422	64,989
Consulting Fees - Peer Assessors	136,288	62,932
Consulting Fees - Complaints	33,689	25,535
Legal Fees - Complaints	13,099	9,301
Legal Fees - Executive	16,040	5,818
Legal Fees - Discipline	337,974	79,513
Legal Fees - General	31,680	21,533
Sub-Contractors	55,065	-
Equipment Lease	22,947	29,524
Media Advertising	6,307	5,687
TOTAL EXPENDITURES	2,907,719	2,258,028
Excess of Income Over Expenditures		
Before Amortization	376,189	782,999
Amortization	37,711	42,763
EXCESS OF INCOME OVER EXPENDITURES	\$ 338,478	\$ 740,236

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

STATEMENT OF CHANGES IN NET ASSETS

STATEMENT 2

FOR THE YEAR ENDED DECEMBER 31, 2006 *(With 2005 Comparisons)*

	2006	2005
UNRESTRICTED FUND		
Balance, January 1,	\$ 3,786,280	\$ 2,837,208
Add: Excess of Income Over Expenditures <i>(Per Statement 3)</i>	338,478	740,236
Transfer from Restricted Fund	-	208,836
Balance, December 31,	<u>4,124,758</u>	<u>3,786,280</u>
RESTRICTED FUND <i>(Note 5)</i>		
Balance, January 1,	-	208,836
Add: Transfer from Unrestricted Fund	-	-
	-	208,836
Less: Transfer to Unrestricted Fund	-	(208,836)
Balance, December 31,	<u>-</u>	<u>-</u>
TOTAL	<u>\$ 4,124,758</u>	<u>\$ 3,786,280</u>

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

STATEMENT OF CASH FLOW

STATEMENT 4

FOR THE YEAR ENDED DECEMBER 31, 2006 *(With 2005 Comparisons)*

	2006	2005
CASH AND EQUIVALENTS PROVIDED BY (USED FOR):		
OPERATING ACTIVITIES		
Excess of Income Over Expenditures <i>(per Statement 3)</i>	\$ 338,478	\$ 740,236
Amortization - Capital Assets	37,711	42,763
Decrease (Increase) in Prepaid Expenses and Sundry Assets	14,905	(8,608)
Increase in Accounts Payable and Accrued Liabilities	74,177	104,498
Increase in Deferred Revenue	56,456	23,981
	<u>521,727</u>	<u>902,869</u>
INVESTING ACTIVITIES		
Purchase of Capital Assets (Net)	(21,413)	(49,743)
CHANGE IN CASH AND EQUIVALENTS DURING THE YEAR	500,314	853,395
CASH AND EQUIVALENTS AT THE BEGINNING OF THE YEAR	4,203,024	3,349,629
CASH AND EQUIVALENTS AT THE END OF THE YEAR	<u>\$ 4,703,338</u>	<u>\$ 4,203,024</u>
CASH AND EQUIVALENTS REPRESENTED BY:		
Bank	\$ 472,861	\$ 396,558
Short-term Investments	4,230,477	3,806,466
	<u>\$ 4,703,338</u>	<u>\$ 4,203,024</u>

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

SCHEDULE OF MEETINGS FEES AND EXPENSES

SCHEDULE 1

FOR THE YEAR ENDED DECEMBER 31, 2006 *(With 2005 Comparisons)*

	Fees	Expenses	Total 2006	Total 2005
Dr. Peter Amlinger 1,4,8	\$ 10,950	\$ 5,273	\$ 16,223	\$ 5,274
Dr. Robbie Berman	1,950	611	2,561	12,108
Dr. Marshall Deltoff 2,7	18,714	1,608	20,322	8,821
Dr. Allan Gotlib	0	0	0	4,884
Dr. Gilles Lamarche 1	28,675	30,660	59,335	39,535
Dr. James Laws 3,7	6,250	2,858	9,108	5,177
Dr. David Leprich	0	0	0	1,990
Dr. Dennis Mizel 3,9	12,625	9,449	22,074	0
Dr. Lynda A. Montgomery	0	0	0	3,943
Dr. Calvin Neely 4,5	4,950	3,144	8,094	6,369
Dr. Andrew R. Potter	31,275	4,644	35,919	72,266
Dr. Brian Schut 1,2	10,200	2,524	12,724	10,889
Dr. Frazer Smith 1,6	24,025	26,782	50,807	50,290
Dr. Keith Thomson 6,8,9	22,525	15,448	37,973	0
Ms Jo-Ann Willson	0	0	0	1,409
	\$ 172,139	\$ 103,001	\$ 275,140	\$ 222,955

Note: Committee membership changes in April.

Numbers refer to committee/project membership *(April - December 2006)*.

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

NOTES TO THE FINANCIAL STATEMENTS

COLLEGE OF CHIROPRACTORS OF ONTARIO
DECEMBER 31, 2006

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 elected and seven 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:

NOTES TO THE FINANCIAL STATEMENTS

COLLEGE OF CHIROPRACTORS OF ONTARIO
DECEMBER 31, 2006

1(b) SUMMARY OF ACCOUNTING POLICIES (continued)

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	2006 Net	2005 Net
Furniture and Office Equipment	\$ 339,737	\$ 276,646	\$ 63,091	\$ 66,670
Computer and Software	324,589	289,188	35,401	42,000
Leasehold Improvements	31,098	16,284	14,814	20,934
	<u>\$ 695,424</u>	<u>\$ 582,118</u>	<u>\$ 113,306</u>	<u>\$ 129,604</u>

3 SALARIES AND BENEFITS

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

4 PENSION PLAN - PAST SERVICE

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

5 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 two years are as follows:

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.

9 COMPARATIVE FIGURES

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



1. Dr. Peter Amlinger
Mississauga



2. Ms Lynn Daigneault
Toronto



3. Dr. Marshall Deltoff
North York



4. Dr. Gilles Lamarche
Timmins

6



9. Dr. Dennis Mizel
St. Catharines



10. Ms Ellie Moaveni
Richmond Hill



11. Dr. Calvin Neely
London



12. Dr. Brian Schut
Scarborough



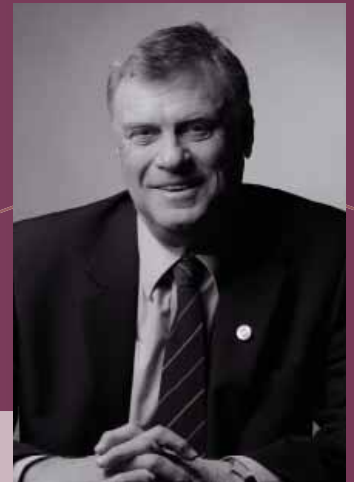
13. Dr. Frazer Smith
Smiths Falls



14. Mr. Ganesan Sugumar
Toronto



15. Dr. Keith Thomson
Peterborough



16. Mr. Martin Ward
Orillia



5. Dr. James Laws
Toronto



6. Mr. Robert MacKay
Thunder Bay



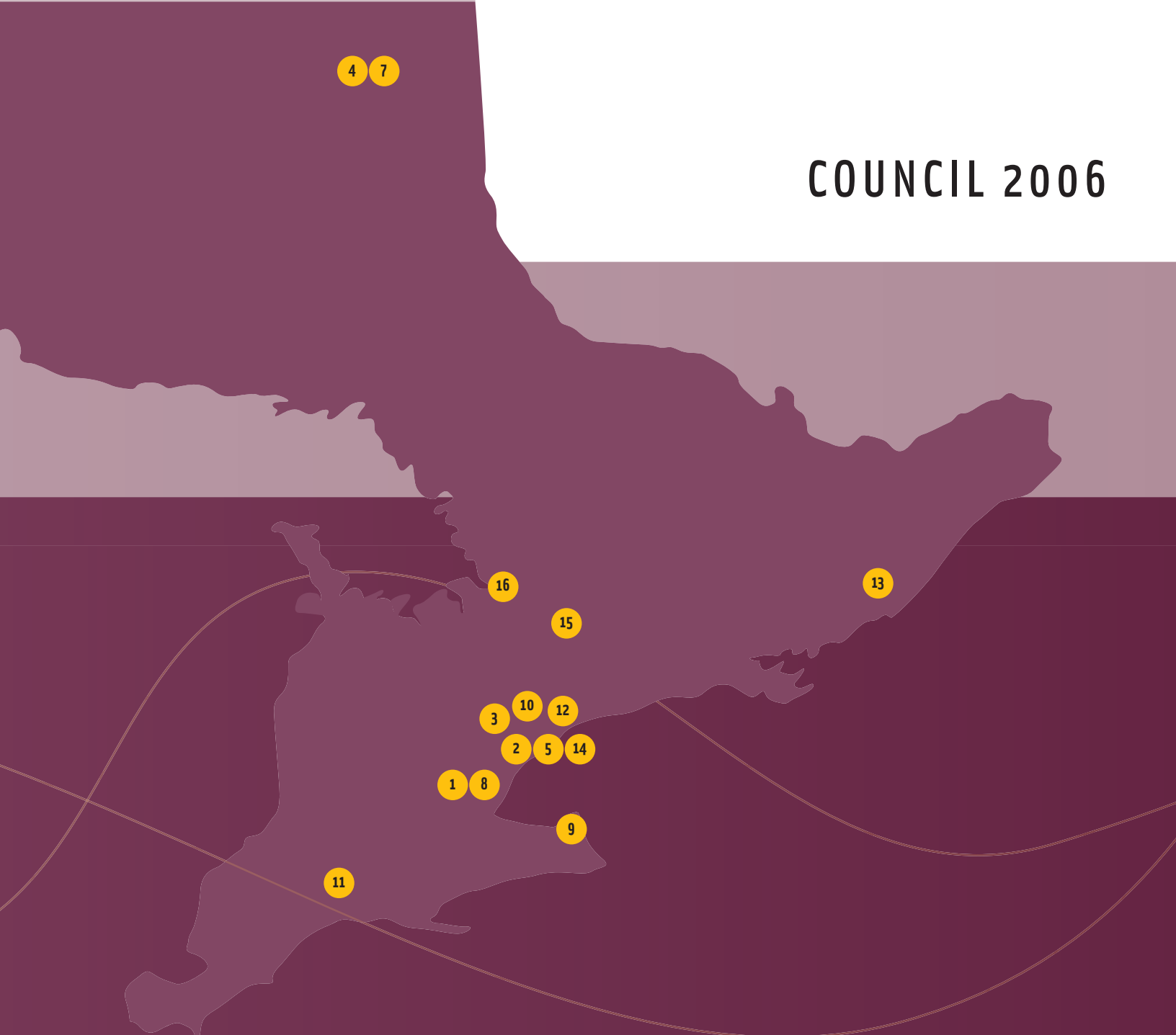
7. Mme Lise Marin
Timmins



8. Ms Cindy Maule
Mississauga

4 7

COUNCIL 2006



CCO STAFF 2006 (employment with CCO *start date*)



Ms Rose Bustria
Administrative Assistant
November 20, 1998



Mr. Joel Friedman
Student-at-Law
September 6, 2006



Ms Sue Gargiulo
Communications Officer
June 29, 2008



Ms Karen McGrady
Receptionist
May 6, 2002



Ms Kristina Mulak
Investigations/Resolutions Officer
June 19, 2000



Ms Tina Perryman
Complaints Coordinator
May 1, 2000



Ms Maria Simas
Registration Coordinator
June 26, 1989



Ms Jo-Ann Willson
Registrar and General Counsel
September 13, 1993

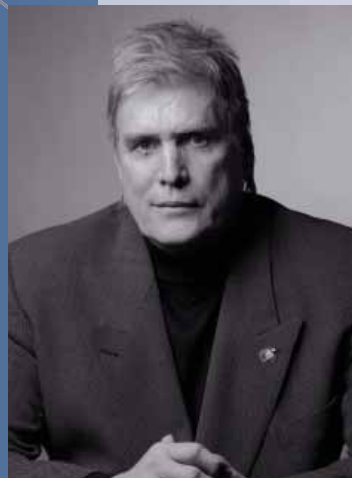
SUPPORTING ROLES

S/Sgt. Terry Keighley
Investigator

Ms Anda Vopni
Financial Officer



Ms Andrea Szametz
Recording Secretary



“WHEN YOU AWAKEN IN THE MORNING HUSH,
I AM THE SWEET UPLIFTING RUSH
OF QUIET BIRDS IN CIRCLED FLIGHT.
I AM THE SOFT STARS THAT SHINE AT NIGHT.
DO NOT STAND AT MY GRAVE AND CRY.
I AM NOT THERE, I DID NOT DIE.”

unknown author

In 2006, CCO Council and staff mourned the death of Ms Ann Duncan, Financial Officer. Ann was able to join her CCO friends and colleagues at the 2005 AGM on June 22, 2006, to celebrate CCO's accomplishments. Ann was an employee with CCO for more than five years, and is sadly missed by everyone.



Seated – Ms Ann Duncan, *Financial Officer*

Standing (L-R) – Ms Rose Bustria, Ms Tina Perryman, Ms Maria Simas,
Ms Karen McGrady, Ms Sue Gargiulo, Ms Jo-Ann Willson, Ms Kristina Mulak.

Photo Location: North Bay

CCO RECORD KEEPING WORKSHOPS



January 14, 2006
Waterloo



February 12, 2006
Toronto



February 19, 2006
CMCC (Toronto)



February 25, 2006
London



March 4, 2006
Windsor



April 8, 2006
Owen Sound



April 22, 2006
Kingston



May 6, 2006
Timmins

PEER ASSESSMENT WORKSHOP

Held at the CCO office on October 14, 2006



Thank You Peer Assessors!



(Left - Right) Drs. Timothy Barnes, Kevin Dinsmore, Gerard Arbour, Richard Bornstein



Dr. David Bereznick



(Left - Right) Drs. Gilles Lamarche, Frazer Smith, Sal Viscomi, Richard Stover, Hilary Petrus

CFCRB CONFERENCE

St. John's, Newfoundland
March 30 – April 1, 2006



Photo Location: St. John's Harbour



Photo Location: Stanley Park, Vancouver

CANADIAN CHIROPRACTIC CONVENTION

Vancouver, British Columbia
November 16-18, 2006

CCO representatives were Council members Dr. James Laws, Mme Lise Marin, Mr. Robert MacKay, Mr. Martin Ward, Dr. Dennis Mizel, Dr. Brian Schüt and Dr. Keith Thomson, and staff members Mr. Joel Friedman and Ms Jo-Ann Willson.

2005 ANNUAL GENERAL MEETING

CCO's 2005 AGM was held on Thursday, June 22, 2006, in the Windows Room (32nd Floor) of the Four Seasons Hotel, Toronto

Front (L-R)

Dr. Gilles Lamarche
Ms Lynn Daigneault
Ms Jo-Ann Willson
Mme Lise Marin
Ms Ellie Moaveni

Council Members Missing from Photo:

Dr. Peter Amlinger
Dr. Marshall Deltoff
Dr. James Laws
Dr. Cal Neely
Dr. Brian Schut
Mr. Ganesan Sugumar
Mr. Martin Ward

Back (L-R)

Dr. Dennis Mizel
Mr. Robert MacKay
Dr. Frazer Smith
Dr. Keith Thomson
Ms Clarissa D'Cunha



Front (L-R)

Ms Rose Bustria
Ms Maria Simas
Ms Karen McGrady
Ms Jo-Ann Willson

Back (L-R)

Dr. Bruce Walton
Ms Kristina Mulak
Ms Tina Perryman
Ms Sue Gargiulo



2005 Special Guest Mr. Richard Frame



TRIBUTE TO DEPARTING COUNCIL MEMBERS

CCO thanks the following Council members, whose terms ended in 2006, for their outstanding contributions in governing chiropractic and protecting the public interest.



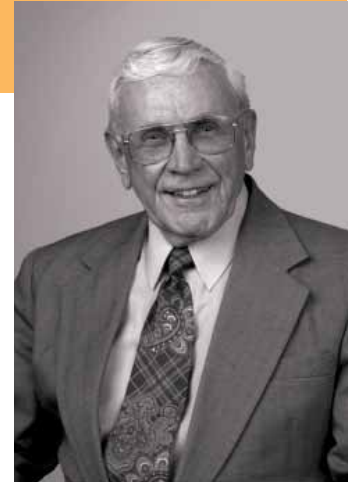
Dr. Drew Potter, Cambridge
Dr. Potter is a name familiar to many of you in the chiropractic profession, which he has been diligently and passionately serving for the past 40 years. Dr. Potter's nine-year term with CCO ended in April 2006 and during that time, he served on almost all CCO Committees, including two terms as President (2004-2005), one term as Vice President (2003), and several terms as chair of both the Discipline and Advertising Committees.



Ms Georgia Allan, Ottawa
Ms Allan's term with CCO began in April 2003. Ms Allan served on the Advertising, Executive, Patient Relations and Quality Assurance Committees, and briefly as Treasurer.



Ms Clarissa D'Cunha, Scarborough
Ms D'Cunha was appointed to CCO in December 1999. Ms D'Cunha served on the Advertising, Complaints (alternate), Fitness to Practise and Registration Committees.



Mr. John Quinney, London
Appointed to CCO in January 2003, Mr. Quinney served on the Advertising, Fitness to Practise and Registration Committees.



MS PATRICIA HENSHAW

Ms Patricia Henshaw served as a recording secretary for more than 20 years, starting in a small apartment on Prince Arthur Avenue in Downtown Toronto with Dr. Stan Stolarski, CCO Registrar until 1997. Pat retired at the 2005 AGM, held on June 22, 2006.

Pat immigrated to Canada from Ireland in June 1961, and worked until her retirement in 2006. Pat agrees to come out of retirement for CCO on an emergency basis.

Thank you Pat for your sense of humour, and many years of exemplary service!

AN IRISH RETIREMENT BLESSING

MAY YOU ALWAYS HAVE WORK
FOR YOUR HANDS TO DO.

MAY YOUR POCKETS HOLD
ALWAYS A COIN OR TWO.

MAY THE SUN SHINE BRIGHT
ON YOUR WINDOWPANE.

MAY THE RAINBOW BE CERTAIN
TO FOLLOW EACH RAIN.

MAY THE HAND OF A FRIEND
ALWAYS BE NEAR YOU.

AND MAY GOD FILL YOUR HEART
WITH A GLADNESS TO CHEER YOU.



Photo Location: Haliburton County

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 – April 1994
Dr. Bertram L. Brandon	CCO	President	April 1994 – April 1995
Dr. Leo K. Rosenberg	CCO	President	April 1995 – April 1997
Dr. Lloyd E. MacDougall	CCO	President	April 1997 – April 1999
Dr. Allan C. Gotlib	CCO	President	April 1999 – April 2001
Dr. Keith Thomson	CCO	President	April 2001 – April 2002
Dr. Allan C. Gotlib	CCO	President	April 2002 – April 2004
Dr. R. Andrew Potter	CCO	President	April 2004 – April 2006
Dr. Gilles Lamarche	CCO	President	April 2006 – Present



COLLEGE OF CHIROPRACTORS OF ONTARIO
www.cco.on.ca