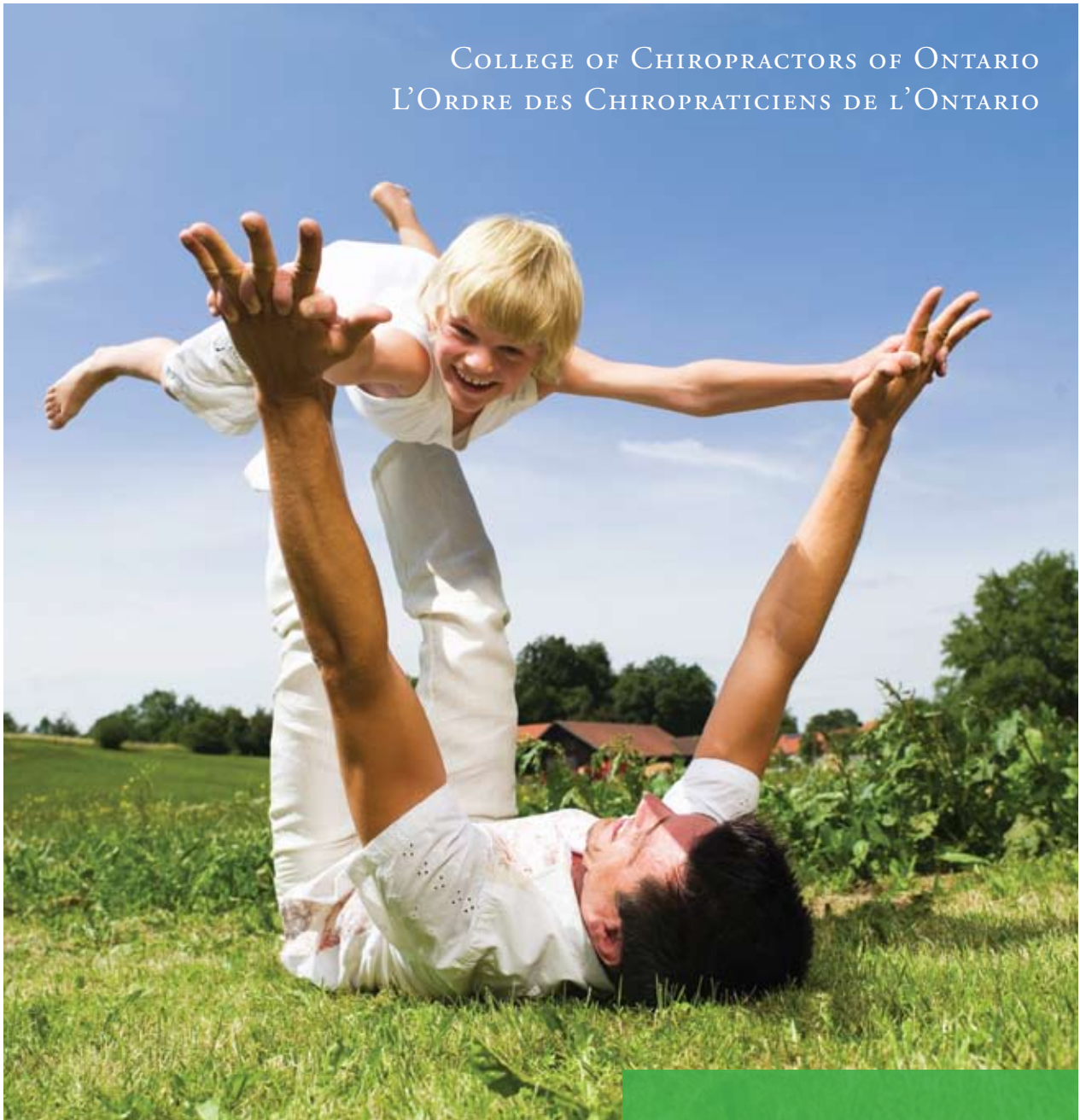


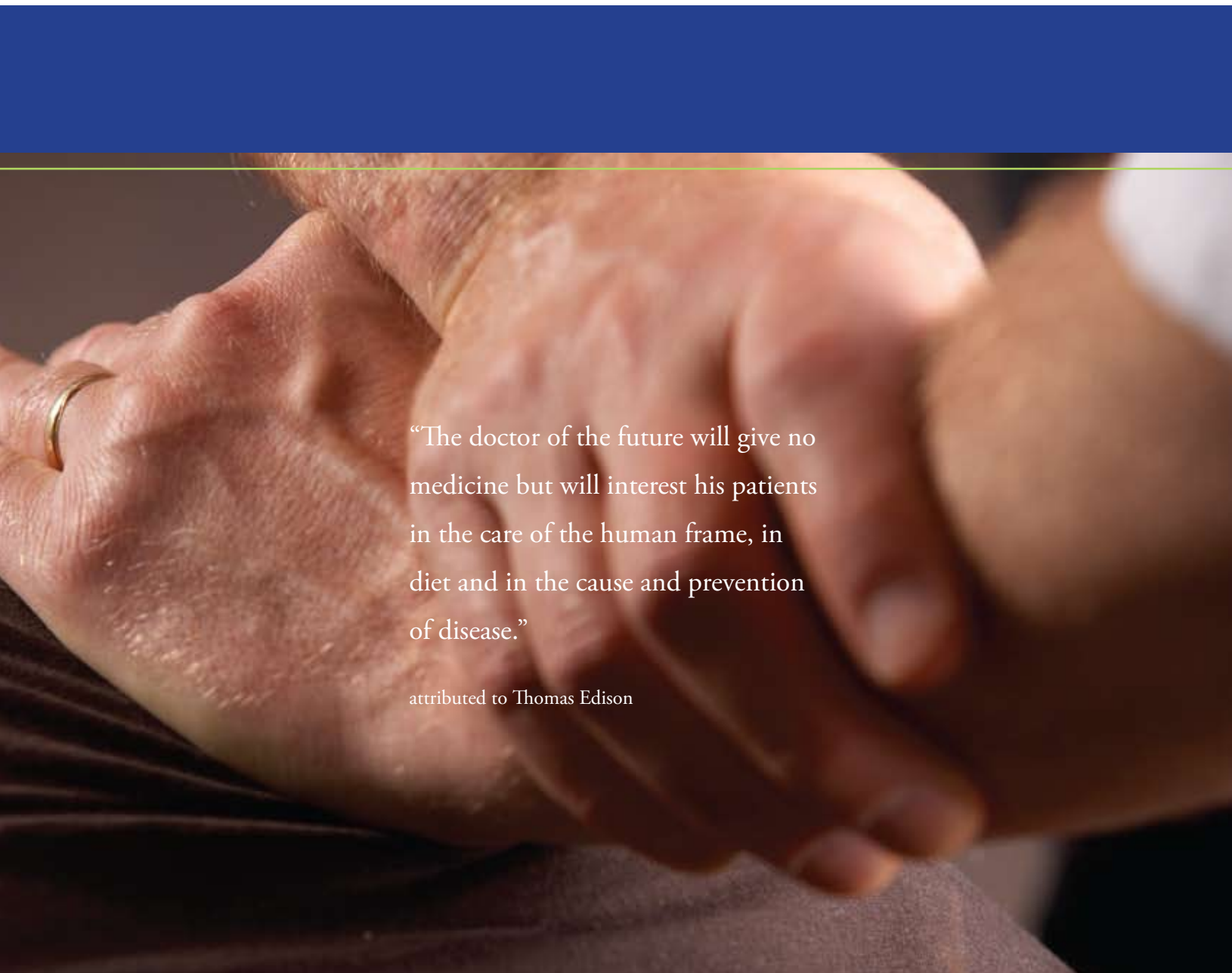


Assuring the public, Guiding the profession  
Assurer le grand public, servir de guide à la profession

COLLEGE OF CHIROPRACTORS OF ONTARIO  
L'ORDRE DES CHIROPRACTICIENS DE L'ONTARIO



ANNUAL REPORT  
RAPPORT ANNUEL  
2007

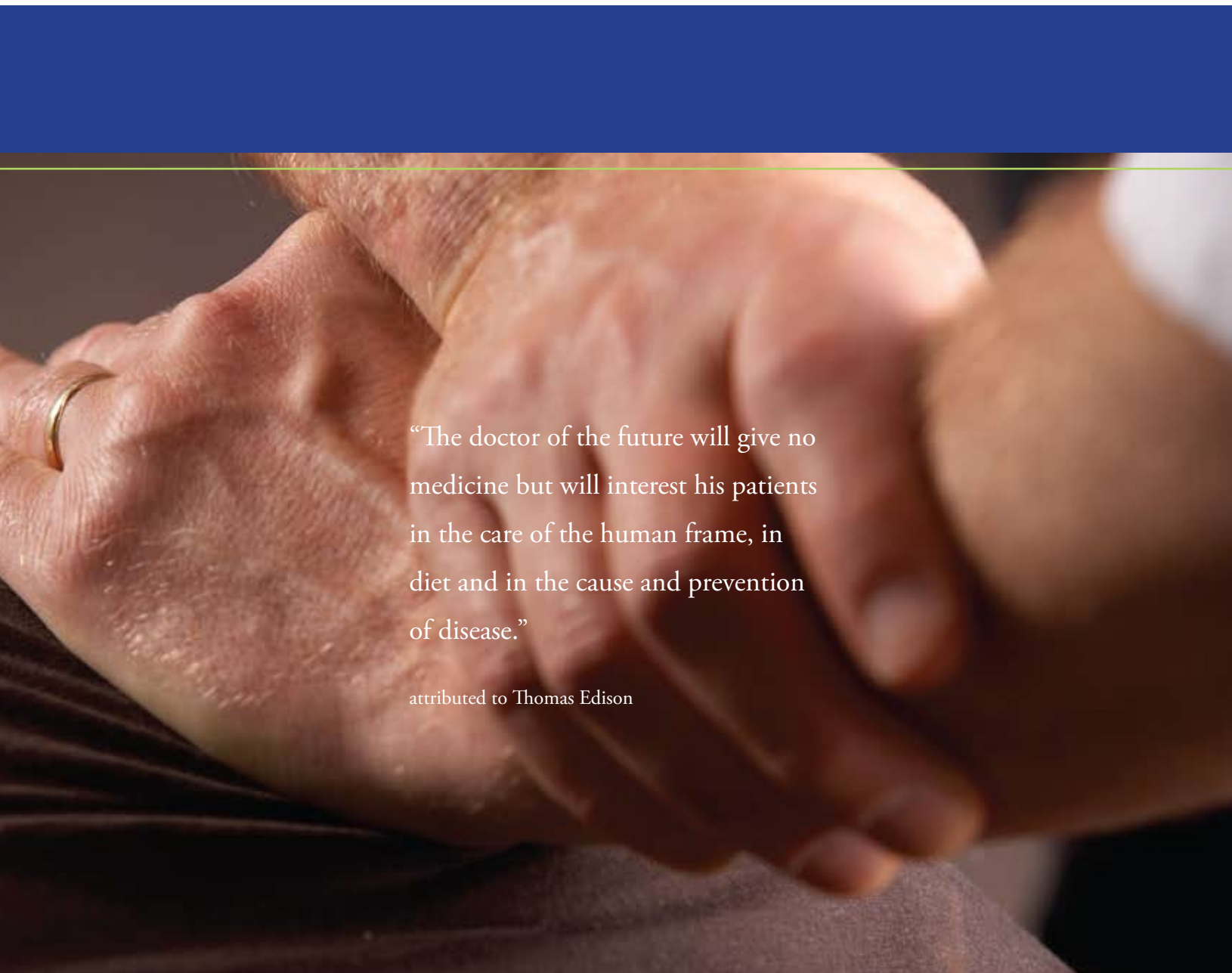


“The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease.”

attributed to Thomas Edison



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## LIST OF COMMONLY USED ACRONYMS AT CCO

ACRONYM	FULL NAME
ACO	Acupuncture Council of Ontario
<i>Act</i>	<i>Fair Access to Regulated Professions Act, 2006</i>
ADR	Alternate Dispute Resolution
BDC	Board of Directors of Chiropractic
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</i>
Federation	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
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
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</i>
WHO	World Health Organization
WSIB	Workplace Safety & Insurance Board



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# enriching lives



# Assuring the public, Guiding the profession

Meet Karen. She enjoys an active outdoor lifestyle and credits regular visits to her chiropractor for keeping her healthy. As a wife and mother of two Karen is also concerned with the health of her entire family, including her parents. They've all made regular visits to the chiropractor part of their plan for healthy living.



# President's Message

*"I've sown many seeds that have fallen by the way,  
For the birds to feed upon,  
But I've held enough golden sheaves in my hand,  
To make me keep sowing on."*

**This** statement seems to be a true testament to the Council members and staff at CCO. Some seeds sewn at CCO have fallen by the wayside, but the successes experienced in the last two years make everyone on staff and Council carry on.

There have been some challenging times, requiring leadership from our registrar and all committee chairs, and a steadfast commitment to fulfill the mandate thrust upon the profession, granted by the right and privilege of self-regulation. It has become very clear that many in the profession do not understand the value and the responsibility of this privilege. Many still see CCO as the chiropractic-punishing police when, in fact, the present Council is truly dedicated to governing the profession in the public interest. The chiropractors who choose to practise according to the standards and guidelines are valued and respected, and that is the majority. Thank you. You have made our work a pleasure.

Other issues present more serious challenges. Difficult decisions have been made after careful consultation with all stakeholders, and we know that not all decisions have been popular with everyone. Nevertheless, I ask you to trust that all decisions were made after very careful consideration and were made in an effort to govern chiropractic in the interest of the public we serve.

## *Chiropractic Act, 1991*

**SCOPE OF PRACTICE** | The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of, (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and (b) dysfunctions or disorders arising from the structures or functions of the joints.

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

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

### THREE-YEAR VISION

(2004-2007)

A clear focus and exemplary leadership in order to have a bold, yet responsible impact!

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

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

Dr. Gilles Lamarche,  
*President*  
 A member of CCO  
 since 1979



CCO is not about personal agendas. It's about respecting the right of the chiropractor to practise his/her profession in a way that is aligned with the standards, and when standards are breached, to deal with these issues in a fair and equitable fashion. We have strived to improve communication with all stakeholders; we have embraced initiatives set forth by Health Minister George Smitherman and his team at the MOHLTC; we have listened to the profession gaining insight during the record keeping workshops and the Peer Assessment program; we have prepared briefs and submissions regarding *Bill 171* and other issues that appeared on the radar sometimes completely unannounced – and this has been done with concern and integrity.

As president, I am grateful to have had the opportunity to work with such a diligent group of individuals (staff, elected professional members, appointed professional members and appointed public members). Each has brought skills and insight to the discussion table, and all have unselfishly brought their best forward. During arduous times, they all showed up ready to discuss and ready to fulfill the mandate. As you read this message, please reflect on how you could choose to thank these people and how you could choose to participate, whether by having your name stand for Council or committee work, by choosing to read and implement the information that comes to you from CCO and encouraging colleagues to do the same, by choosing to be proud of your profession and behaving in a way that makes us all proud, or by simply showing your support. Your voice is important to the chiropractic profession and to the public of Ontario. Even in difficult times you must keep going on. Sometimes life punches you in the stomach. It knocks your breath out and leaves you bowed and gasping. No doubt some of you have felt this way regarding chiropractic.

OHIP is cancelled for chiropractic, Bill 171 is implemented, the initiative on inter-professional collaboration is announced and we feel somewhat dismayed... we must keep going. Complaints are received even when everyone is trying and engaged... we must keep going. Sometimes the issues are not serious but they affect you nevertheless... you must keep going. You have a big argument with a colleague or other health professional, neither of you feels like talking and maybe not even looking at each other...you must keep going.

There are times that make us just want to curl up, stick our heads in a hole, and make the world go away. Life is full of those circumstances. Many of you when you awoke this morning, for a variety of reasons, didn't feel like getting out of bed, but you felt obligated to and you did. In times like those, and we all have them, please remember the blessing.

The blessing is not in that we must keep going, the blessing is that we can. That, my dear friends, is the wonder of what you have to offer humanity, the wonder of the great profession we call chiropractic.

Thank you for giving me the privilege to serve as Council member and as president. Can we count on all of you to make us all proud of being chiropractors? That would be the way we can truly serve the public of Ontario.

#### MISSION

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

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.



# Registrar's Report



2007 seems like a blur. In preparing the 2007 Registrar's Report, I decided to peruse my daytimer (no, I do not have a black or blueberry or any other electronic device), in an effort to determine what and who made the year most interesting and challenging. This is what I came up with.

## What was interesting?

I really enjoyed the numerous consultations that HPRAC, chaired by Ms Barbara Sullivan, conducted throughout 2007 on a variety of topics, including interprofessional collaboration, amendments to the *RHPA* and the colleges' patient relations programs. In April 2007, I was invited to give a brief presentation to HPRAC and stakeholders on the general topic of "Regulator's Best Practices in Sexual Abuse Cases." I addressed a number of topics, including voluntary undertakings by members before a discipline finding, expanding eligibility for funding for therapy and counseling, and joint resolution agreements.

What was also both interesting and impressive in 2007 is that the CRC members, inspectors and staff, chaired by Dr. Bruce Walton, continued their work in a committed, competent and professional manner, in the face of chiropractic being delisted from OHIP. They did not have an easy task, and we are grateful for their efforts in difficult circumstances.

Finally, in 2007, as in many prior years, I really enjoyed the opportunities afforded by the Federation to meet with chiropractic regulators from across the country. In March 2007, we met in beautiful Vancouver, British Columbia, and in November 2007, we met in Regina, Saskatchewan. The Chiropractors' Association of Saskatchewan did an incredible job of hosting organizations from across the country in their celebration of 100 years of chiropractic in Saskatchewan, and the events surrounding that celebration are one of my fondest memories.

## What was challenging?

One of the major challenges in 2007 was trying to review and implement the necessary changes to respond to a number of significant legislative initiatives. CCO operates under two main pieces of legislation, namely the *RHPA*, and the *Chiropractic Act*. A number of significant changes were made to the *RHPA* through Bill 171, which require CCO, and other regulators, to change various processes and committee structures. In addition, a number of new professions have been added to the list of health professions regulated under the *RHPA* (including naturopathy, kinesiology and psychotherapy).

CCO participated in the consultation relating to the *Traditional Chinese Medicine Act, 2006*, and in particular, made a

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



presentation to the Standing Committee on the use of acupuncture by chiropractors. It was particularly useful to be able to reference S-017: Acupuncture, and ultimately, chiropractors were authorized in the legislation to use acupuncture consistent with CCO's standards of practice.

Finally, CCO representatives had various discussions and meetings with the Fairness Commissioner, who is responsible for ensuring compliance by regulators with the *Fair Access to Regulated Professions Act, 2006*. Fortunately, CCO does not have the same challenges that others have with the registration of foreign trained applicants. All applicants, from anywhere in the world, must meet the same criteria to be registered with CCO. Those requirements include graduation from an accredited chiropractic educational institution, successful completion of the national clinical competency examinations, and successful completion of CCO's Legislation and Ethics examination.

In the context of rapidly changing legislation, CCO premises were under renovation, the building was under major construction, and there was a very serious fire requiring me and three other staff members, late on a Friday night in November 2007, to run down nine flights of stairs into a pitch black lobby filled with water. The good news is that the people were all safe and sound. Also, the Council information packages were distributed in time for the upcoming meeting!

One of the facts about which not everyone is aware is the extent to which interprofessional collaboration occurs on an informal, unhesitating manner among regulators. CCO staff members participate in a number of working groups of FHRCO, including the Registration, Discipline Orientation, Quality Assurance, Communications, and Investigators working groups. Separate and apart from that more formal collaboration, are however, a number of examples of informal collaboration. When I called Linda Gough, Registrar, College of Medical Radiation Technologists of Ontario, after the fire at CCO's premises in November 2007, she, without missing a beat, offered her council room and staff to host CCO's November Council meeting. When I mentioned to Deanna Williams, Registrar, College of Pharmacists of Ontario, that CCO needed help with technology upgrades, she set up meetings with key people at her college to review details about that college's database and web site. Informal collaboration is what happens when trusting relationships are built up over time and I am grateful to so many colleagues for their mentoring and assistance in 2007.

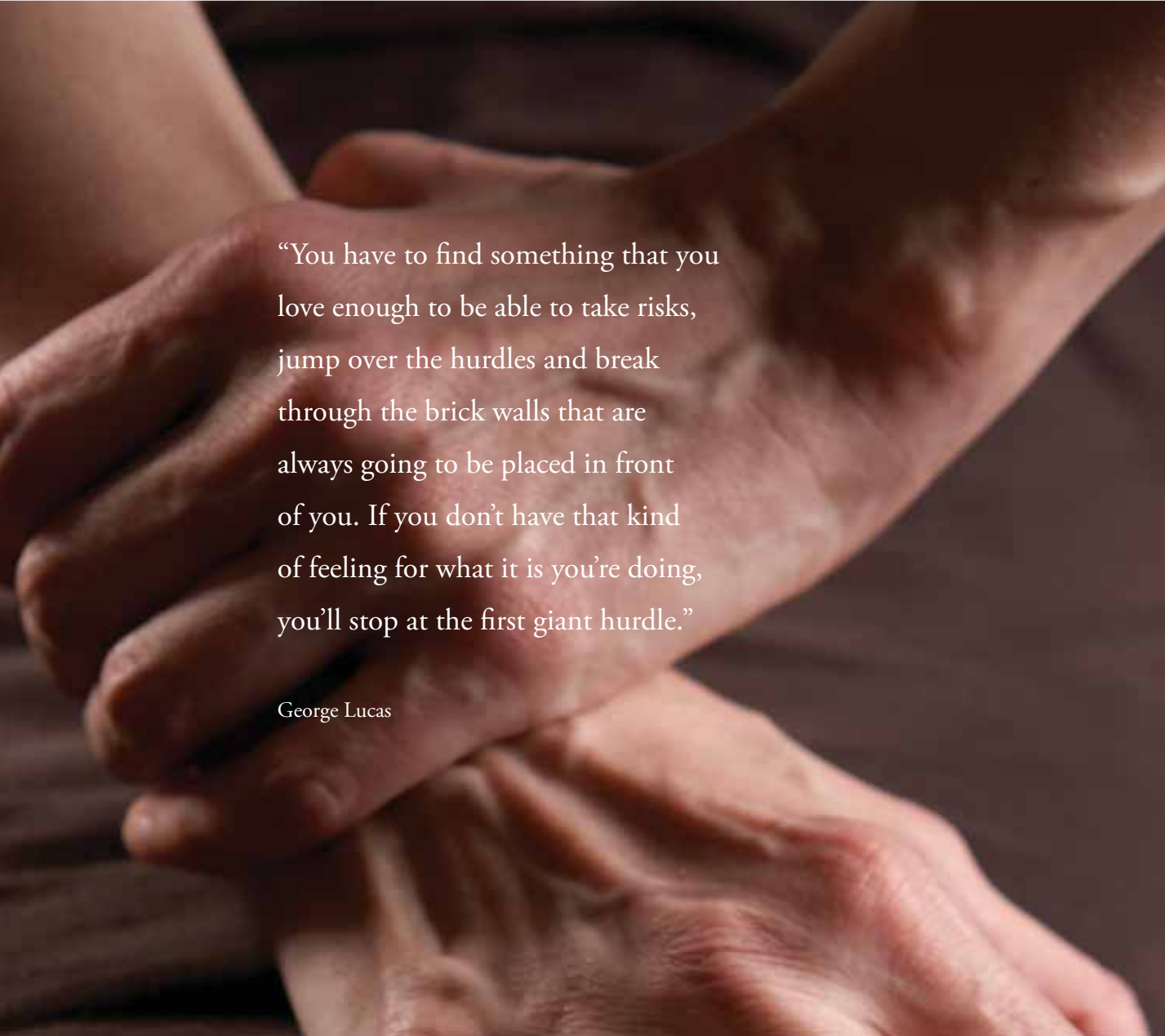
#### The Future

Council and staff worked together to meet the challenges in 2007 head on. We are in very good shape heading into 2008 and beyond, both organizationally and financially.

When I look back on the year, I am so incredibly grateful for the staff and all the people who work behind the scenes. When you read about the activities, accomplishments and challenges of the various committees and projects, and reflect on CCO's commitment to assuring the public and guiding the profession, remember that all these efforts are supported by a full-time staff of eight, a part-time financial officer, one consultant and a recording secretary. They are all fabulous.

I ended the year with a much needed vacation in the Turks and Caicos. Trust me when I tell you that the regulation of health care professionals in the Caribbean is not necessarily as safe and effective as what we benefit from in Ontario. Technically, however, my appointment with the health care provider on my vacation was in early January 2008, so I will have to tell you the story on another occasion. Stay tuned for a description of more challenges and opportunities in 2008!

# Executive Committee



“You have to find something that you love enough to be able to take risks, jump over the hurdles and break through the brick walls that are always going to be placed in front of you. If you don’t have that kind of feeling for what it is you’re doing, you’ll stop at the first giant hurdle.”

George Lucas

Dr. Gilles Lamarche,  
*Chair*  
A member of CCO  
since 1979



### Assuring the Public, Guiding the Profession

CCO's Executive Committee has an enormous responsibility in facilitating CCO's role in assuring the public of competent, ethical chiropractic care and in guiding the profession. There were a number of successes in 2007 which advanced these two goals, namely CCO's:

- o hosting of record keeping workshops for members across the province (at the end of 2007, less than 50 members out of approximately 3,700 had not yet attended);
- o submissions to government and monitoring of legislative changes to ensure chiropractors can continue to operate within their full scope of practice for the betterment of their patients;
- o participation in FHRCO activities, such as the Joint Discipline Orientation Sessions, which ensure CCO Council members are knowledgeable and trained to effectively carry out their statutory mandates on various committees, including the Discipline Committee; and
- o increasing role in government and public relations, including our attendance at various political events which provided an opportunity to speak to decision makers about policies that affect and are affected by CCO's statutory mandate to regulate chiropractic in the public interest.

We accomplished all of these successes in the face of a number of challenges, including the necessity of conducting business in a construction zone.

I am very excited about the future for CCO. You should know that in 2007, CCO Council approved in principle the allocation of significant resources (human and financial) to advancing CCO's technology, and in particular, CCO's database and web site, in an effort to both comply with new legislative requirements and to increase CCO's ability to communicate with the public, including the profession. We look forward to the implementation of the technology upgrades to enhance communication with all our stakeholders.

I have tried, in my position of President, to build bridges and not fences with stakeholders, and I believe significant progress has been made. It has been a real honour and a privilege to serve as CCO President for the past two years, and I thank all of you for your support and encouragement.

#### MANDATE:

- o 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.
- o 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.
- o To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest.

#### COMMITTEE MEMBERS

Dr. Peter Amlinger  
*Vice Chair*

Mr. Martin Ward  
Treasurer

Ms Lynn Daigneault

Dr. Marshall Deltoff

Mr. Robert MacKay

Dr. Dennis Mizel

#### STAFF SUPPORT:

Ms Jo-Ann Willson  
*Registrar and General Counsel*

Mr. Joel Friedman  
*Director, Policy & Research*

enriching lives



# Assuring the public, Guiding the profession

This is Tom, a retired engineer and former Sudbury City Councillor, housebound following a spinal injury. When he began chiropractic treatment in his home, Tom was not able to walk. Through regular chiropractic care he has regained not only his mobility, but also his independence; he now walks using only a cane.



# Complaints Committee

## MANDATE:

- o To respond to complaints in a manner consistent with CCO's legislative mandate under the *RHPA*.
- o 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 and promote continuous quality improvement.

TABLE 1:  
MAIN AREAS OF CONCERN IDENTIFIED  
BY COMPLAINANTS IN 2007  
TOTAL: 80

Main Area of Concern	Totals
Problematic assessment completed by DAC/IME	14
Dispensing orthotics, including improper fitting and overcharging	12
Billing irregularities	10
Insurance fraud	8
Unnecessary or excessive treatment	6
Advertising	6
Incompetent practice causing harm	5
Failure to provide information on request of patient	5
Problematic inter-professional relationships	5
Sexual abuse	3
Misinformation or lack of information regarding treatment	2
Breach of patient confidentiality	1
Pressure tactics	1
Other	2

The Complaints Committee met 14 times in 2007 and completed 74 decisions. The Investigations/Resolutions Officer, Ms Kristina Mulak, resolved an additional five complaints informally through the Alternate Dispute Resolution process, for a total of 79 completed cases. Complaints disposed of were not all received in 2007.

### Nature of Complaints

The Committee received 80 complaints in 2007. *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 2007. Patients filed the majority of complaints (36), followed by insurance companies (17).

### Disposition of Complaints

Following an appropriate investigation, the Committee reviews all complaints to determine whether it should:

- o refer specified allegations of professional misconduct or incompetence to the Discipline Committee;
- o refer the member to the Executive Committee for incapacity proceedings where there is a possible incapacity;
- o require the member to appear before the panel to be cautioned;
- o take other action it considers appropriate that is not inconsistent with the legislation; or
- o 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 2007, the Committee disposed of 79 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 requests a review.

In 2007, HPARB upheld two Committee decisions and returned one decision to the Committee for correction of an inadvertent error.

As part of a new HPARB initiative, the Investigations/Resolutions Officer participated in four pre-hearing conferences. She also attended two review hearings.

Dr. Marshall Deltoff,  
*Chair*  
 A member of CCO  
 since 1983



**Acknowledgements**

Two years ago, I began serving as chair of the Complaints Committee with more than a little anxious trepidation. Now, as I conclude my chairmanship, I am no longer nervous; rather, I feel sincere honour and gratitude for being given the privilege of serving my profession and its patients in such a responsible position.

I will continue to heap praises on this team, Drs. Brian Gleberzon and Lezlee Detzler, Mr. Martin Ward, Ms Kristina Mulak and Ms Tina Perryman, for their constant and unwavering diligence in pursuing uncompromising fairness in each and every case that comes before us. Although taxing and time-consuming, the work of this Committee is truly most enjoyable when these people sit around the table with you.

I would be remiss if I did not thank Dr. Gilles Lamarche for his valuable guidance as chair in my rookie year on this Committee, as well as Dr. Brian Schut, who brought a fair and balanced approach to the table during my first year as chair.

The public is becoming increasingly aware of the responsiveness of CCO’s complaints process. Therefore, it is heartening and encouraging to see that the actual number of complaints has declined, this year down to 80.

At Complaints, we do not just publish statistics. The Committee is using data collected through the complaints review process to suggest and develop new initiatives with the Quality Assurance Committee and other appropriate stakeholders, as well as engaging in detailed analyses of various standards of practice.

We constantly strive to help our profession better serve the people of Ontario while always protecting the public interest.

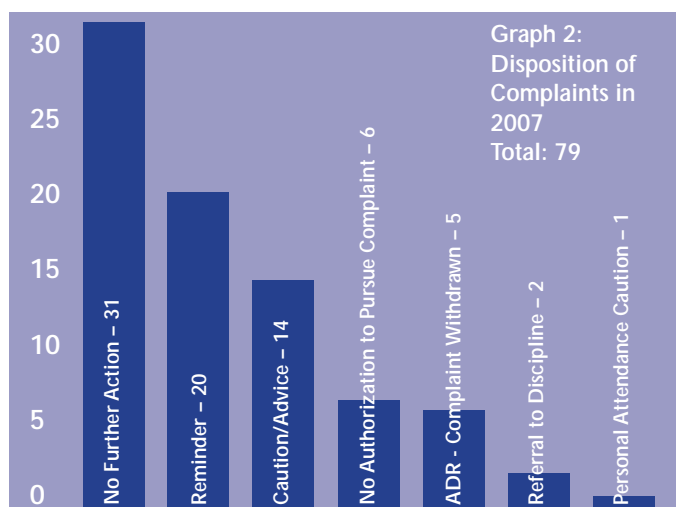
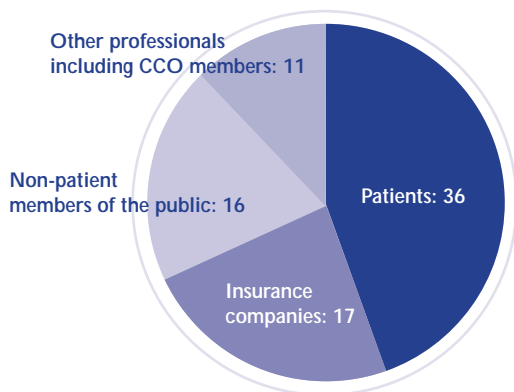
COMMITTEE MEMBERS:

- Dr. Lezlee Detzler  
*Non-Council member*
- Dr. Brian Gleberzon
- Ms Cindy Maule  
*Alternate*
- Mr. Martin Ward

STAFF SUPPORT:

- Ms Kristina Mulak  
*Investigations/Resolutions Officer*
- Ms Tina Perryman  
*Complaints Coordinator*

Graph 1:  
 Origin of Complaints in 2007  
 Total: 80



Graph 2:  
 Disposition of Complaints in 2007  
 Total: 79



# enriching lives



# Assuring the public, Guiding the profession

This is Yasmin doing one of her favourite things. A bad fall made it difficult for her to do many of the activities she enjoys, like cooking her favourite Indian dishes and exercising. Regular chiropractic visits restored her flexibility and range of motion so she can once again spend her time doing what she loves.



# Discipline Committee

## Discipline Activities

The Discipline Committee met once in 2007. The Committee held one uncontested hearing (resolved by joint resolution agreement) presided over by Mr. Robert MacKay, Chair, Dr. Robbie Berman, Dr. James Laws, Dr. Dennis Mizel, and Ms Ellie Moaveni. A discipline panel comprised of Dr. David Gohn, Chair, Dr. Peter Amlinger, Dr. Marshall Deltoff, Mr. Robert MacKay and Ms Ellie Moaveni adjudicated one contested hearing.

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.

## Discipline Training

FHRCO conducted two discipline training sessions – April 26, 2007 (basic), and April 27, 2007 (advanced), which were attended by several CCO Council members.

## Acknowledgements

As Chair, I wish to thank the Committee members for their participation in the hearings and workshops. The Committee thanks Ms Jo-Ann Willson, Registrar and General Counsel, for her support and guidance on administrative matters relating to discipline. The Committee also acknowledges, with appreciation, the assistance of Mr. Brian Gover and Mr. Paul LeVay, Independent Legal Counsel.

## 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.

Ms Ellie Moaveni,  
*Chair*



### Discipline Decisions

DR. THOMAS GAW, TOBERMORY

#### Allegations

CCO alleged that Dr. Thomas Gaw (the “Member”) committed the following acts of professional misconduct contrary to Ss. 51 (1)(b.1) of the Code, in that during the period April 1998 to June 2002, he sexually abused patient X, and that during the period January 1999 to October 2001, he sexually abused patient Y.

#### Agreed Statement of Facts

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

- The Member has been a member of CCO since 1978. In 2006, he applied for, and was granted, retired status.
- Patient X received chiropractic treatment from the member during March 1998-July 2002. A personal relationship developed, and became physical. The sexual relationship continued until December 2000. Patient X and the Member resumed their sexual relationship in January 2002 and it continued until August 2002.
- Patient Y began receiving chiropractic treatments from the Member in January 1999. During Patient Y’s first few chiropractic treatments with the Member, he asked her questions about personal matters, disclosed personal information about himself, and commented on her appearance. A sexual relationship began in or about February 1999. Chiropractic treatments ceased in late March or early April 1999. Patient Y continued to have a personal and sexual relationship with the Member until approximately July 2002.

#### Joint Submission as to Penalty

The Joint Submission as to penalty included the following:

- requiring the Member to appear before the panel to be reprimanded;
- directing the Registrar to revoke the Member’s Certificate of Registration;
- requiring the Member to reimburse the College for funding provided for therapy and counseling for the patients he sexually abused;
- requiring the Member to pay a portion of the College’s investigative and legal costs for these matters in the amount of \$10,000 in the event he successfully applies for membership with the College; and
- providing that in the event the College investigates further matters which are similar to the matters in the Notices of Hearing, the Agreement and the evidence of witnesses and all relevant documentation will, at the College’s option, be provided to the Executive or Complaints Committee.

#### Decision

The panel, following deliberation, found the Member to have committed an act of professional misconduct and in particular, that he sexually abused Patients X and Y by having sexual intercourse or other forms of physical sexual relations when they were his patients.

#### COMMITTEE MEMBERS:

Dr. Robbie Berman

Dr. Michaela Cadeau  
*Non-Council Member*

Dr. David Gohn  
*Non-Council Member*

Mme Lise Marin

Dr. Dennis Mizel

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

#### STAFF SUPPORT:

Mr. Joel Friedman  
*Director, Policy & Research*

Ms Jo-Ann Willson  
*Registrar and General Counsel*

# Discipline Committee *continued*

## The panel:

- was of the view that the parties had come to a fair and equitable resolution, having carefully balanced the issues of protection of the public and the integrity of the process;
- concluded that the proposed penalty was reasonable and in the public interest;
- noted that potential witnesses were spared further victimization that might have been associated with giving evidence or being cross-examined; and
- imposed the proposed penalty.

The Member attended before the panel following the hearing to receive an oral reprimand.

## CONTESTED HEARING

DR. MICHAEL VENNERI, ST. CATHARINES

A Discipline panel presided over a discipline hearing involving allegations of professional misconduct against Dr. Michael Venneri (the “Member”) for 12 days in 2006. Although the hearing into the allegations of professional misconduct was concluded in 2006, the panel’s decision with respect to findings of professional misconduct was released in 2007. Submissions on penalty and costs were made in 2007. The panel’s decision regarding penalty was released in 2007, and its decision on costs was released in 2008. The decisions are summarized below.

## Allegations

CCO alleged the Member committed a number of acts of professional misconduct during his treatment of a patient, including that he committed acts of professional misconduct as provided by subsection 51 (1) (c) of the *Code* and paragraphs 1 (2), (3), (14), and (33) of Ontario Regulation 852/93 (Professional Misconduct) in that during the period August 2000 to May 29, 2001, with respect to a patient known as Ms S.H.:

- he contravened a standard of practice of the profession or failed to maintain the standards of practice expected of the profession with respect to his assessment, treatment and/or documentation;
- he provided a therapeutic, preventative, palliative, diagnostic, cosmetic, or other health-related treatment in a situation where consent is required by law, without such a consent;
- he provided a diagnostic or therapeutic service or services that was not necessary;
- he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional with respect to his assessment and/or treatment and/or documentation and/or billing and/or communications.

## Overview

The discipline hearing concerned the Member’s treatment of Ms S.H, a 49-year-old woman at the time of treatment, suffering from the effects of an acquired disease known as viral encephalitis, which she acquired at the age of 33. Ms S.H. has been unemployed since her illness and had limited financial resources. The allegations against the Member arose from the assessment and treatment of Ms S.H. for hyperbaric oxygen therapy (HBOT). Ms S.H.’s mother initiated the complaint to CCO.

The hearing into the allegations took place on 12 hearing days between May and October 2006. The panel heard evidence from 12 witnesses (including three expert witnesses) and reviewed more than 80 exhibits.

### Decision

At the outset of the hearing, CCO withdrew an allegation relating to the Member submitting an account(s) or charge(s) for services that the Member knew was or were false or misleading.

After hearing the evidence and reviewing the submissions, the panel determined that the above noted allegations were proven and that there was insufficient evidence to support the allegations relating to abuse. The panel reiterated that CCO bears the onus of proving the allegations in accordance with the formulation set out by the majority in *Re Bernstein and College of Physicians and Surgeons of Ontario (1977)*, 15 O.R. (2d) 447, 470, namely, clear, cogent and convincing evidence. The panel assessed the credibility of witnesses by reference to the principles set out in the Divisional Court's decision in *Re Pitts and Director of Family Benefits Branch (1985)*, 51 O.R. (2d) 302.

### Reasons

A summary of the panel's reasons is outlined below.

#### (i) Record Keeping

The Member contravened or failed to maintain Standard of Practice S-002 (Record Keeping) by not recording the assessments, examinations, and results for each visit.

#### (ii) Failure to Assess

The Member did not examine or assess the patient's lungs and heart in order to ensure that the patient was not at risk when receiving HBOT, or if he did, he failed to record his findings in the file. He also failed to assess the patient before and after each administration of HBOT.

#### (iii) Is HBOT Investigational?

The HBOT provided to Ms S.H. by the Member was investigational. Because the HBOT treatment was investigational, there was an elevated standard of care in performing the appropriate assessments, and maintaining the appropriate records of assessments and the patient's response to treatment and her progress or digress. Informed consent was required.

#### (iv) Failure to Obtain Consent

CCO's Policy I-008: Experimental Techniques, Technologies, Devices or Procedures (TTDPs) (since replaced) requires that an informed consent contain at least the following:

- o a description of the TTDP;
- o a statement regarding the anticipated goal or expected outcome for the patient;
- o alternatives, if any, to the TTDP;
- o the effects, risks and side-effects of both the use and the non-use of the TTDP;
- o an acknowledgement from the patient that he/she may incur additional financial responsibility from the use of the TTDP, and the extent of such financial responsibility if so incurred; and
- o an acknowledgement from the patient that he/she has been offered, prior to signing the consent form, copies

# Discipline Committee *continued*

of relevant references and studies that support or deny the validity of the TTDP.

The Member provided a therapeutic or other health-related treatment to Ms S.H. and in particular, HBOT treatments, in a situation where consent was required by law, without obtaining such consent.

**(v) Was Ms S.H. capable of providing consent in the circumstances?**

At the material time, Ms S.H. lacked the competency to understand the objectives planned by the Member, the complexities and the nature of HBOT, the effects, side-effects and risks associated with the therapy, or the alternative therapies available to her. However, the panel was unable to conclude that Ms S.H. was completely incompetent at the material time. The Member failed to ensure that Ms S.H. was competent to give consent.

**(vi) Scope of Practice**

The administration of HBOT falls outside the scope of practice of a chiropractor in Ontario. In addition, HBOT was not necessary for Ms S.H. and in any event, was investigational. The Member failed to diagnose the patient and failed to provide a clear objective for providing the therapy. The Member failed to stop providing HBOT, despite being advised by the patient's mother that no further funds were available for further treatment.

**Conclusion**

The Member exercised poor judgement in his dealings with the patient and failed to meet the responsibilities required by him as a member of the chiropractic profession. Further, the Member's misconduct was beyond merely unprofessional, in that it was disgraceful and dishonourable.

**Penalty**

The hearing reconvened in July 2007 to hear submissions from the parties with respect to the issue of penalty. The panel concluded that an appropriate penalty would be:

- an order for the Member to appear before the panel for an oral reprimand, within three months of the date of the order;
- a suspension of the Member's Certificate of Registration for nine months commencing 15 days after the date the order is made;
- the panel directs the Registrar to place specific terms, conditions or limitations to be imposed upon the Member's Certificate of Registration as follows:
  - + the Member successfully completes a course, approved by the Registrar in advance, in record keeping, at his own expense,
  - + the Member successfully completes a course, approved by the Registrar in advance, in healthcare ethics at his own expense;
- the panel further orders that, after the completion of three months of the suspension, the remaining six months will be suspended provided that the Member, before the end of the initial three-month period has met the imposed terms and conditions or limitations expressed above and has paid the fine of \$2,500 to the Minister of Finance;
- a fine of \$2,500 payable to the Minister of Finance, payable within six months of the date of the order;
- the findings of the discipline hearing be recorded on the register of CCO and the official annual report.

The suspension is necessary in that:

- the Member's actions negatively impact the perception of the chiropractic profession, especially since he performed an investigational procedure, outside of the scope of his practice, on a vulnerable patient;
- the Member chose to continue his investigational treatments, despite being advised by the patient's mother not to continue;
- the Member failed to obtain appropriate consent;
- the Member failed to assess and record crucial health related information and therefore failed to meet the standards of the profession with respect to record keeping.

#### Costs

The panel received written submissions regarding the issue of costs from the Member and CCO. The panel considered various factors, namely:

- the way in which the Member responded to the investigation and conducted his defence;
- the outcome of the hearing (including the degree of success achieved by CCO);
- the nature of the misconduct found to have been proven and the member's attitude towards that misconduct;
- the Member's reasonable expectation with respect to what CCO's costs would be and what portion he would be obliged to pay;
- quantum precedents;
- fairness and the desire not to make a costs order that would discourage members from presenting reasonable bona fide defences.

After considering these factors and the written submissions made by counsel, the panel ordered the Member to pay a costs award of \$128,000 in 30 equal monthly instalments, payable on the first day of each month following the conclusion of his suspension.

#### Appeal

In June 2008, the Divisional Court of Ontario dismissed the member's appeal of the Discipline Committee's decisions with respect to finding and penalty and modified the penalty to increase the delay in the commencement of the suspension to 30 days from 15 days. The Discipline Committee's decision with respect to costs is under appeal, and the issue of costs of the appeal have not been determined as of the date of this report. CCO expects to report the results in the 2008 Annual Report.

#### UNAUTHORIZED PRACTICE CASE

CCO prosecuted Marc Andre Fortier for practising chiropractic without a licence, resulting in a court order of the Ontario Superior Court of Justice, dated December 14, 2007, that he:

- refrain from using the title "chiropractor";
- refrain from holding himself out in Ontario as a chiropractor;
- refrain from using the title "doctor";
- refrain from performing any controlled act as set out in section 27(2) of the *RHPA* and section 4 of the *Chiropractic Act*; and
- pay costs to CCO in the amount of \$10,000.



# enriching lives



# Assuring the public, Guiding the profession

Meet Jennifer, Brycen and Jayden. They enjoy doing a variety of activities together as a family to keep healthy. They appreciate that their chiropractor is an integral part of their whole health care team and make regular visits an important component of their family's plan for long-term health.



# Patient Relations Committee

## MANDATE:

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

It was an exciting year for the Patient Relations Committee because the long-awaited *Partnership of Care (Patients' Charter of Rights and Responsibilities)*, first approved in principle by Council in 2005, was revised and the revised version was approved for distribution to members and other stakeholders by Council in November 2007.

The revised *Partnership of Care*, which has also been translated into French, details the rights and responsibilities of both the chiropractor and the patient in the delivery of health care.

The Committee hopes that once this is approved by Council, members will publicly display this document and also use the document with their patients.

The Committee met twice in 2007 (September 19 and October 16). On October 16, the Committee met with Ms Barbara Sullivan, Chair of HPRAC, and Ms Catherine Smith, a HPRAC

## Partnership of Care (*Patient's Charter of Rights*)

Approved in principle by Council: April 21, 2006 Recommended to Council and approved for distribution: November 29, 2007

*You and your chiropractor have an equal and vital role in the pursuit of your optimum health and well-being.*

### **You have the right to expect your chiropractor to provide...**

- ✓ ethical conduct of practice
- ✓ respectful, honest and clear communication in all aspects of care
- ✓ relevant, safe and supportive patient-centred care
- ✓ accurate and comprehensive records
- ✓ an awareness of current health and well-being issues
- ✓ information about what chiropractic offers
- ✓ timely and necessary communication and/or referral to other health professionals
- ✓ timely transfer of records, when appropriate
- ✓ compliance with CCO's regulations, standards of practice, policies and guidelines (Information is posted on CCO's web site at [www.cco.on.ca](http://www.cco.on.ca))
- ✓ privacy and confidentiality
- ✓ behaviour and clarity regarding dignified professional boundaries
- ✓ disclosure of real or perceived conflicts of interest
- ✓ a process for declining treatment and withdrawal of consent at any time

### **Your responsibilities to your chiropractor are to provide...**

- ✓ honest, accurate and full disclosure of all pertinent health information
- ✓ constructive feedback (positive/negative) regarding all aspects of care
- ✓ a cooperative commitment to your treatment plan
- ✓ a commitment to office procedures/fees
- ✓ courtesy and respect for the office environment, staff and other patients
- ✓ up-to-date contact information



Dr. Calvin Neely,  
*Chair*  
 A member of CCO  
 since 1974

Council member. This was a successful meeting as the Committee showcased the *Partnership of Care*, which was well received by the HPRAC representatives. The Committee also confirmed CCO's continued commitment to the Patient Relations program. It is the Committee's responsibility to develop, implement, and communicate all patient relations initiatives in order to meet not only the HPRAC regulations but also the profession's high standards of patient care.

**Acknowledgements**

As chair, I wish to thank my fellow Council members, Mme Lise Marin and Ms Cindy Maule. Special thanks to our non-Council members, Drs. Brian Kleinberg and Robin Whale, for seeing the *Partnership of Care* from onset to finish. I also wish to thank past chair Dr. Brian Schut for his significant contribution to the *Partnership of Care*.

Last but not least, I wish to acknowledge our staff support, without them nothing would be accomplished.

COMMITTEE MEMBERS:

- Dr. Brian Kleinberg  
*Non-Council member*
- Mme Lise Marin
- Ms Cindy Maule
- Dr. Robin Whale  
*Non-Council member*

STAFF SUPPORT:

- Ms Sue Gargiulo  
*Communications Officer*
- Ms Jo-Ann Willson  
*Registrar and General Counsel*

**Partenariat de soins de santé (Charte des droits des patients/tes)**

*Approuvé en principe par le Conseil le 21 avril 2006 Distribué aux fins de consultation en novembre 2007*

*Votre chiropraticien(ne) et vous jouez le même rôle vital qui consiste à obtenir pour vous le meilleur état de santé et de bien-être possible.*

**Vous avez le droit d'exiger de votre chiropraticien(ne) qu'il ou elle :**

- ✓ adopte une conduite professionnelle éthique
- ✓ assure une communication respectueuse, honnête et claire dans tous les aspects ayant trait aux soins apportés
- ✓ fournisse des soins pertinents, sûrs et utiles axés sur le patient ou la patiente
- ✓ fournisse des dossiers exacts et complets
- ✓ possède une connaissance des problèmes de santé et de bien-être actuels
- ✓ fournisse des renseignements sur les services qu'il ou elle offre
- ✓ assure une communication régulière et nécessaire ou l'acheminement vers d'autres professionnels ou professionnelles de la santé
- ✓ assure le transfert régulier de dossiers, s'il y a lieu
- ✓ soit conforme aux réglementations, aux normes de pratique, aux politiques et aux directives du CCO (les renseignements à ce sujet se trouvent sur le site Web du CCO à l'adresse [www.cco.on.ca](http://www.cco.on.ca))
- ✓ respecte la vie privée et la confidentialité
- ✓ démontre un comportement et une clarté de communication appropriés et conformes aux barrières professionnelles ne portant pas atteinte à la dignité
- ✓ assure la divulgation de conflits d'intérêt réels ou présumés
- ✓ offre un processus de refus de traitement et l'annulation du consentement en tout temps

**Vos responsabilités envers votre chiropraticien(ne) consistent à :**

- ✓ fournir tous les renseignements nécessaires ayant trait à votre santé, de façon honnête, exacte et véridique
- ✓ fournir de la rétroaction constructive (positive ou négative) par rapport à tous les aspects relatifs aux soins apportés
- ✓ faire preuve de coopération dans le cadre de votre engagement dans votre plan de traitement
- ✓ respecter les procédures internes et les frais exigés
- ✓ faire preuve de courtoisie et de respect envers le milieu de travail, le personnel et les autres patients ou patientes
- ✓ mettre à jour vos coordonnées

enriching lives



# Assuring the public, Guiding the profession

Neil and Jonah will tell you that life in the country is great. But all that outdoor activity (including soccer and lots of tree climbing) sometimes leads to aches and strains. Regular chiropractic care helps them recover when they get injured or sick, so they can get back outside and conquer the next tree...



# Quality Assurance Committee

## MANDATE :

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

## Focused on Clarity

In 2007, the Quality Assurance Committee focused on providing clarity for CCO members by reviewing the regulations, standards of practices, policies and guidelines and providing explanations and clarification, where needed.

The Committee also focused on making Quality Assurance programs, such as peer assessment, more accountable by setting up timeframes and completion deadlines.

These activities naturally resulted in the Committee having a busy year in 2007, meeting 10 times throughout the year.

## Standard of Practice S-017: Acupuncture

Until the *Traditional Chinese Medicine Act* received Royal Assent in December 2006, acupuncture had been in the public domain. With the passing of this *Act*, acupuncture is currently regulated. In 2007, the Committee continued its leadership role and fine tuned the draft standard of practice on acupuncture that was first developed in 2006.

The draft standard derived information from a variety of sources, including the ACO, McMaster University and WHO to ensure the standard was balanced. Council approved the standard of practice (S-017: Acupuncture) in June 2007. Minor amendments were made in September 2007, which were also approved by Council. The standard has been distributed to CCO members and stakeholders, and can be viewed on CCO's web site ([www.cco.on.ca](http://www.cco.on.ca)).

The acupuncture standard outlines members' duties and obligations when providing acupuncture services as an adjunctive therapy to their patients. It delineates the training requirement for members wishing to perform acupuncture, and includes a 'grandparenting' clause for members who have used acupuncture in their practice for more than five years.

## Block Fees/Payment Plans

In 2006, CCO distributed to members a proposed standard of practice (S-016) on block fees/payment plans. The feedback clearly indicated that members were polarized on this issue. As there was no clear consensus, Council directed the Committee to develop a document that focused more on business practices, a concern that was reflected from the feedback itself. The comments from stakeholders, including members, indicated they were more concerned with the ethics surrounding business practices than block fees or payment plans specifically.

With changes in payment schedules spreading throughout the health care landscape, including WSIB's Program of Care and the automobile insurance's pre-approved frameworks, it was clear that block fee structures were here to stay. Therefore, after assessing the feedback and reviewing the Professional Misconduct Regulation (R-008), the Committee decided that the focus would be on developing a guideline that would clarify section 25 of the regulation.

Dr. Robbie Berman,  
*Chair*  
A member of CCO  
since 1995



By year's end, the Committee developed a guideline, G-008: Business Practices, that explained the requirements for members when offering a block fee and/or payment plan to patients. The draft guideline included the following provisions: that the member give the patient the option to pay for each service as provided; that the member disclose to the patient the specific unit cost per service and the specific unit cost per service established by the block fee and/or payment plan; and that the member inform the patient of his/her right to opt out of a block fee and/or payment plan at any time during treatment, and the patient's right to a refund of any unspent portion of the block fee and/or payment plan, calculated by reference to the number of services provided multiplied by the block fee/payment plan unit cost per service.

The guideline received full support of Council and was approved in November 2007. The guideline has been distributed to members and is posted on CCO's web site ([www.cco.on.ca](http://www.cco.on.ca)).

The Committee is proud of this guideline because it provides clarity to our members and allows them to provide the best care to the public of Ontario.

#### Record Keeping Workshops

The Committee continued to provide record keeping workshops to members across the province. Council had previously approved mandatory record keeping workshops as a requirement for all active members and had set a deadline for attendance of December 31, 2007.

In 2007, the Committee hosted eight workshops: London (January), Toronto (February, June, September, October and December), Sudbury (October) and Thunder Bay (October). By year's end, more than 3,300 members had attended a workshop and the feedback remained overwhelmingly positive. Many members commented on how the workshops increased the comfort they felt about CCO's standards of practice and CCO itself. Members stated this type of communication was greatly appreciated and welcome for the future. This was a positive experience for both CCO and its members.

The positive impact of the record keeping workshops has been evidenced by many peer assessors who have noticed the difference when evaluating the records of members who had already attended a workshop.

The Committee thanks the members for attending the workshop and for making a personal commitment to improving themselves and chiropractic for the benefit of the people of Ontario. The Committee is very thankful for the devotion of Dr. Frazer Smith, Dr. Keith Thomson, Dr. Bruce Walton, Dr. Dennis Mizel, Ms Jo-Ann Willson and Mr. Joel Friedman for organizing and presenting these events and dedicating a great deal of personal time to make this program a success. The program has been so successful that other provinces have requested presentations or assistance in designing a record keeping workshop for their own chiropractic memberships.

#### COMMITTEE MEMBERS:

Ms Lynn Daigneault

Dr. James Laws

Mr. Robert MacKay

Dr. Keith Thomson

*Non-Council member*

#### STAFF SUPPORT:

Mr. Joel Friedman

*Director, Policy & Research*

Ms Sue Gargiulo

*Communications Officer*

Ms Jo-Ann Willson

*Registrar and General Counsel*

#### CONSULTANT:

Dr. Bruce Walton



# Quality Assurance Committee *continued*



## Peer Assessment

In 2007, the Committee completed another round of 300+ assessments. The peer assessment program has been well received by members and has been recognized by other colleges as a positive initiative. To ensure the program continues to be well received, the Committee introduced deadlines for when the peer assessment should be completed. With such time frames in place, the Committee hopes that an established, clear, concise and accountable program will allow all involved to receive the maximum benefit, including timely recommendations for improvement, if necessary.

Thank you to all the peer assessors for dedicating their time and themselves to the chiropractic profession.

## Changes on the Horizon

With the passing of the *Health Systems Improvement Act* in December 2006, the Committee was granted new powers, including placing terms and conditions on a member's licence. The Act also imposed minimum requirement to all Regulatory Boards as follows:

### Minimum requirements for quality assurance program

80.1 A quality assurance program prescribed under section 80 shall include,

- (a) continuing education or professional development designed to,
  - (i) promote continuing competence and continuing quality improvement among the members,
  - (ii) address changes in practice environments, and
  - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College of monitor members' participation in, and compliance with, the quality assurance program. 2007, c. 10, Sched. M., s. 58.

The Committee has already began the process of creating the appropriate programs to fulfil its legislative mandate. The Ontario government requires a peer assessment program which CCO has already in place and a self assessment tool, which the Core Competency Project has been diligently working on, and is nearing completion (see Core Competency Project report).

In the near future lies the development of a balanced continuing education (CE) component. With the technology upgrade that CCO has well within its sights, the Committee is hopeful that a CE program will allow for a fully integrated idea of in-person attendance, in-office study as well as distance (on-line) learning.

The Committee continues to work on difficult issues as it heads into 2008, including self assessment, continuing education, informed consent, x-ray peer review, and chiropractic techniques. The Committee makes the needed 'adjustments' to continually improve established QA programs based on feedback and protecting the public's interest and the Committee remains determined to flesh out the best possible solutions for the profession and the public of Ontario. It is with great optimism that the Committee strives toward its future goals.

#### Acknowledgements

The 2007, the Committee worked extremely hard and was dedicated to resolving and clarifying all issues which came before it. It is not always easy, but because of the Committee members' perseverance and determination to move the challenging issues forward, we have gotten a tremendous amount accomplished.

As chair, I want to extend my most sincere thank you to committee members Dr. James Laws, Dr. Keith Thomson, Mr. Rob McKay, Ms Lynn Daigneault and past chair Dr. Frazer Smith for the endless commitment to this Committee and the chiropractic profession.

I owe a tremendous amount of gratitude to Dr. Bruce Walton, QA Consultant, Ms Jo-Ann Willson, Registrar and General Counsel, Mr. Joel Friedman, Director, Policy & Research, and Ms Sue Gargiulo, Communications Officer, for constantly bringing their expertise, knowledge, and work ethic to every aspect of quality assurance.

Thank you to Ms Andrea Szametz, our recording secretary, for keeping us on task and capturing the vast amount of discussion that occurs.

Finally, it is with great humbleness that I would like to thank the members of the chiropractic profession as a whole for electing me back to CCO in district 3 in 2007, and the CCO Council for electing me chair of Quality Assurance. Witnessing what happens at CCO from above-down, inside-out, I can honestly say it is a true honour to serve this profession and experience firsthand the love and dedication so many chiropractors exude as they deliver the very best in chiropractic care to the public of Ontario.

Thank you to all.

# enriching lives

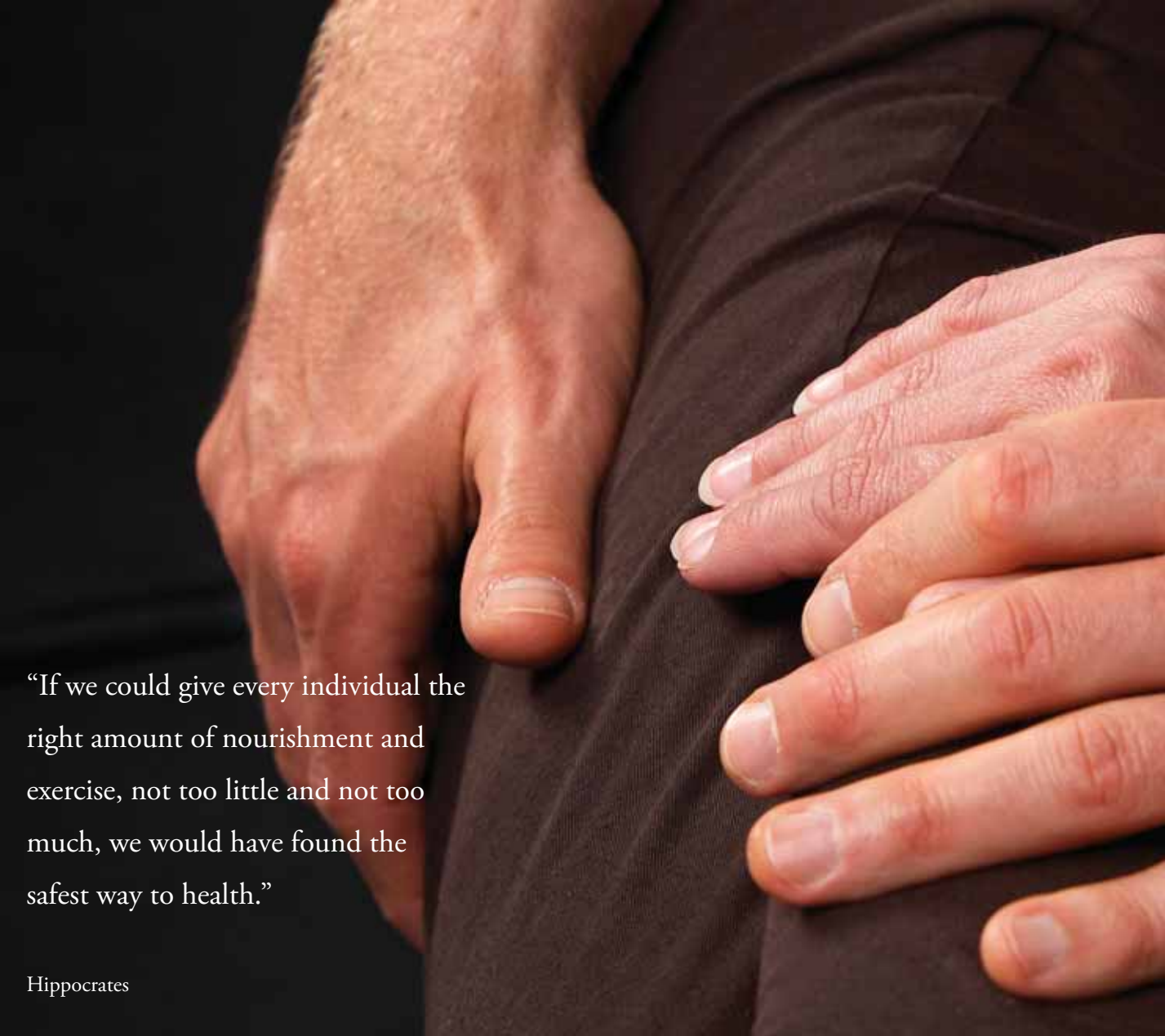


# Assuring the public, Guiding the profession

Craig and Colby lead active lives and consider regular chiropractic visits an important component of a healthy lifestyle. As a massage therapist, Craig has worked closely with chiropractors for many years, both for his clients and himself. Colby's interest in natural health care makes chiropractic a natural fit. They know current chiropractic care can prevent future problems.



# Core Competency Project



“If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.”

Hippocrates

Dr. Keith Thomson,  
*Chair*  
A member of CCO  
since 1978



The main focus for the Core Competency Project (CCP) in 2007 was developing a self-assessment for CCO members that was comprehensive yet user-friendly, and complied with the amendments to the *RHPA*, namely that each health profession in Ontario develop a self-assessment tool.

CCP, which reports to the Quality Assurance (QA) Committee, met 11 times in 2007; two meetings in conjunction with QA and one involving a presentation to Council.

The self-assessment proved to be quite a challenge for CCP. First, CCP's original document, *Core Competencies for CCO Members*, approved in principle by Council in November 2004, was reworked into a rubric, or chart format, consisting of different criteria for evaluation. The eight core competencies were expanded and placed in a rubrics format that read horizontally and vertically. Horizontally, the rubric showed incremental growth through four levels of proficiency. Vertically, it captured the essence of each level.

This format was not fully embraced by CCO Council as some Council members found it too complicated and worried that CCO members would also find it complicated. Council directed CCP to re-work the rubric into something simpler, which it did. By December, CCP had the first draft of a self-assessment questionnaire and an accompanying handbook. Divided into eight sections, just like the previous versions, the questionnaire is designed to help members reflect upon their current professional proficiency, identify areas for improvement, and develop a learning plan that will address those areas that need improvement.

CCP is excited about this new format, which is receiving positive feedback from various Council members. We look forward to testing the new format with various stakeholders before launching it to the full membership.

#### Acknowledgements

As chair, I would like to thank the CCP members, and especially Dr. Brian Gleberzon, who helped immensely with the task of creating the self-assessment tool that will assist all chiropractors in improving their skills and knowledge, and to ultimately improve the quality of chiropractic care in Ontario. Special thanks to the chair of the Quality Assurance Committee, Dr. Robbie Berman, for his guidance and support

CCP has taken a huge step forward in assisting the members of the profession in accessing in a self-reflective manner the knowledge, skills and judgment members need to perform the services and procedures within the scope of practice of chiropractic. The project is also on its way in assuring the public, using the services of a chiropractor, reasonable expectation of a level of consistency of experience when going to members of the chiropractic profession.

I feel privileged to work with such a group of exceptional individuals.

#### COMMITTEE MEMBERS:

Dr. David Bereznick  
*Non-Council member*

Ms Lynn Daigneault

Dr. Brian Gleberzon

Ms Cindy Maule

Dr. Dennis Mizel

#### STAFF SUPPORT:

Mr. Joel Friedman  
*Director, Policy & Research*

Ms Sue Gargiulo  
*Communications Officer*

Ms Jo-Ann Willson  
*Registrar and General Counsel*

# Registration Committee

TABLE 1:  
CLASSES OF CERTIFICATE FOR CCO  
MEMBERS (AS AT DECEMBER 31, 2007)

Class	Totals
Active	3,398
Active Non-Resident	61
Inactive	109
Inactive Non-Resident	67
Retired	94
TOTAL	3,729

TABLE 2:  
COLLEGES OF GRADUATION FOR  
MEMBERS REGISTERED IN 2007

College	Totals
CMCC	116
New York	14
Logan	10
Palmer	6
Los Angeles	5
Anglo-European College of Chiropractic	3
LifeCC	2
LifeCC – West	2
National	2
Northwestern	2
Western States	2
Cleveland (LA)	1
Sherman College of Straight Chiropractic	1
TOTAL	166

TABLE 3:  
GENDER OF ACTIVE MEMBERS - 1997  
AND 2007

Female		Male	
1997	2007	1997	2007
454	1,048	1,677	2,350

The Registration Committee had a busy year in 2007, meeting five times in person and twice by teleconference. In addition to dealing with numerous referrals from the registrar, the Committee also began to contend with various pieces of legislation that will affect the registration process.

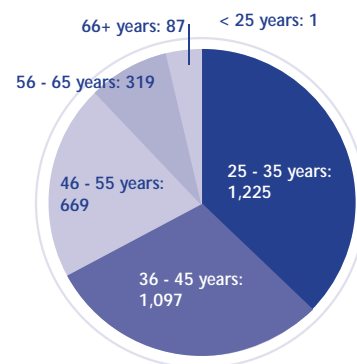
The *Fair Access to Regulated Professions Act, 2006, (Act)* became law in March 2007. The purpose of this new legislation is to ensure that regulated professions use transparent, objective, impartial and fair practices to register, certify or issue licences to qualified individuals who wish to practice their profession in Ontario. This legislation also created the Office of the Fairness Commissioner.

The Fairness Commissioner requires regulated professions to review their registration practices, submit reports and undergo audits to ensure they are meeting their obligations under the *Act*, and the *RHPA*, as amended. As a result, the Committee devoted significant time toward a review of its registration policies and procedures to ensure compliance with the legislation.

TABLE 4:  
AGES/GENDER OF ACTIVE MEMBERS (AS AT DECEMBER 31, 2007)  
TOTAL – 3,398

Age Group	Female	Male	Totals
< 25	1	0	1
25 – 35	531	694	1,225
36 – 45	339	758	1,097
46 – 55	144	525	669
56 – 65	26	293	319
66+	7	80	87
TOTAL	1,048	2,350	3,398

Graph 1:  
Ages of Active Members  
(as at December 31, 2007)  
Total: 3,398



Dr. Frazer Smith,  
*Chair*  
 A member of CCO  
 since 1997



At the end of 2007, the Office of the Fairness Commissioner released two reports that provided further details on the auditing and reporting process. The Committee will be continuing to adapt to these changes in the upcoming year.

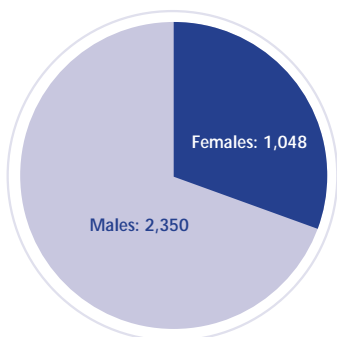
Communications with the MOHLTC continued with respect to the proposed Registration Regulation. Based on this communication, the Committee recommended to Council to move mandatory liability insurance provisions from the proposed regulation and into CCO's by-laws.

In 2007, the Committee undertook a thorough review of registration classifications. The challenge was to review the current registration categories (i.e., active, inactive and retired) and determine whether they fit the needs of CCO and its members. Issues that created much debate included members who practise outside Ontario, members who do not actively treat patients, members involved in academic/administrative roles, and concerns around administration of various Quality Assurance initiatives. The Committee concluded that there were advantages to maintaining the current categories of registration, but refining the quality assurance tools used to assess members in different types of practice within each of those categories. The complexity of this task did not allow the Committee to finalize any recommendations in 2007, but it is expected that there will be recommendations submitted to Council in 2008.

**Acknowledgments**

As chair, I would like to thank the Committee members for their perseverance while coping with challenging issues and for ensuring a fair and objective registration process. We are all thankful for the considerable efforts of our Registration Coordinator, Ms Maria Simas, who singlehandedly manages the registration process for CCO. Special thanks to our Registrar and General Counsel, Ms Jo-Ann Willson, for her guidance and to Mr. Joel Friedman, Director, Policy & Research, for his policy development skills. We are very fortunate to have two lawyers at CCO who have provided an abundance of clarity with respect to new legislation governing registration issues. And, finally, special thanks to Ms Andrea Szametz, Recording Secretary.

**Graph 2:**  
**Gender of Active Members**  
**(as at December 31, 2007)**  
**Total: 3,398**



**TABLE 5:**  
**GENDER OF ACTIVE MEMBERS**  
**(AS AT DECEMBER 31, 2007)**  
**TOTAL – 3,398**

Female	Male
1	0
531	694
339	758
144	525
26	293
7	80
1,048	2,350

**COMMITTEE MEMBERS:**

Dr. James Laws

Ms Cindy Maule

**STAFF SUPPORT:**

Mr. Joel Friedman  
*Director, Policy & Research*

Ms Maria Simas  
*Registration Coordinator*

Ms Jo-Ann Willson  
*Registrar and General Counsel*

**MANDATE:**

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



# Advertising Committee



Jennifer and Paul benefit from chiropractic care in different ways. Paul rebuilds pianos and suffered with severe headaches for years before experiencing great relief and improved overall health. Jennifer has been a chiropractic patient for 14 years and considers that an integral part of her healthy lifestyle.

Dr. Peter Amlinger,  
*Chair*  
A member of CCO  
since 1985



**A**s in previous years, 2007 was a busy and productive year for the Advertising Committee. The highlight of the year was Council's approval of the revised proposed advertising regulation, standard of practice, and guideline, and the newly created Public Display Protocol, which outlines members' responsibilities when engaged in public displays/screenings.

Council's approval was not easily obtained. It was a long (six-year) journey and the process was hotly debated both within Council and within the profession when the proposed revisions were first circulated to members for comment. The Committee learned from each step of the process and is proud of the finished product, especially since Council voted unanimously to approve them.

The proposed regulation, standard of practice, guideline and protocol, posted on CCO's web site ([www.cco.on.ca](http://www.cco.on.ca)) protect both the public's right to fair and truthful advertising and the chiropractor's right to advertise.

The Committee continues to review advertisements submitted for approval, and provides a response within approximately 10 business days. In fact, an increasing number of members are choosing to submit their proposed advertisements for approval before publication, a practice strongly recommended by the Committee.

The Committee also reviews advertisements submitted by way of a complaint. In these cases, the Committee evaluates the advertisement against the advertising standard of practice, and if the advertisement does not comply, the Committee forwards a letter to the member and requests the member to refrain from using the advertisement and to confirm his/her compliance in writing to CCO. Alternately, the Committee may choose to refer a non-compliant member to the Complaints Committee.

The Committee reminds members that it is their responsibility to ensure their advertising complies, even when a third party is creating the advertisement.

#### **Acknowledgements**

As chair, I would like to thank all Committee members for their ongoing enthusiasm, their hard work, efficiency and their diligence in reviewing advertising. I would also like to thank all Council members for their support in the process of developing these new documents and for reviewing them in an objective and unbiased manner.

Mr. Joel Friedman was very helpful as we discussed various points of contention. This Committee simply would not function without the tireless work of Ms Sue Gargiulo. Her organizational skills, her thoughtfulness and her cheery disposition are greatly appreciated.

It has been an honour to serve on and chair this Committee.

#### COMMITTEE MEMBERS:

Dr. Jeff Lustig  
*Non-Council member*  
Mme Lise Marin  
Dr. Frazer Smith

#### STAFF SUPPORT:

Ms Sue Gargiulo  
*Communications Officer*

#### MANDATE:

- o To review proposed advertisements by members to ensure compliance with CCO's standard of practice (S-003: Advertising) and guideline (G-003: Advertising).

# Chiropractic Review Committee



*Change is inevitable – except from a vending machine.* - Robert C. Gallagher

2007 was supposed to be one of big change for all those involved with the Chiropractic Review Committee (CRC). However, it was more like a vending machine and this report will be much like the previous year – one that threatened to be the last, but will not be! In fact, I can confidently report, at this time, that I will be preparing a report for the CCO’s Annual Report of 2008.

Since its inception, CRC has functioned as a CCO committee, with appointments of both professional and public members coming from the MOHLTC. The CRC is unique in that it fulfills 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. The CRC functions at “arm’s length” from both CCO and the MOHLTC.

In essence, the CRC acts as the investigator and auditor of members’ billings, at the request of the OHIP general manager. In fulfilling its role, the CRC has primarily been involved in reviewing a member’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 misrepresented, whether deliberately or inadvertently;
- that 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 makes a direction to 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 MOHLTC Provider Services Branch. This process can be lengthy and time consuming. As such, referrals often reach the CRC well after billings had been submitted and paid to the member. No new referrals for review were received in 2007.

Throughout 2007, the CRC was engaged in activities that focused on finalizing decisions on cases that had been investigated, processing appeals from cases which had been previously investigated, and beginning the long process of closing down operations. *Table 1* outlines the status of the CRC’s cases through 2007.

By the end of the year, the CRC successfully closed out all but three cases. The mechanism for completing these cases was as follows:

- One case was finished through the typical process of the CRC making recommendation to the OHIP general manager, to which there was no appeal.

## MANDATE:

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

TABLE 1:  
CRC ACTIVITIES FOR 2007

Case Activity	
January 1, 2007 – December 31, 2007	
(inclusive)	
Referrals	
In progress as at January 1, 2007	3
Received Full Review	3
Received Expedited Review	0
Completed	2
In progress as at December 31, 2007	1
Inspections Completed	0
Pending as at December 31, 2007	0
Interviews Conducted	2
Pending as at December 31, 2007	0
Settlement Agreements	
In progress as at January 1, 2007	0
Received	3
Completed	2
In progress as at December 31, 2007	1
Appeals	
In progress as at January 1, 2007	2
Received	1
Resolved	1
In progress as at December 31, 2007	2

Dr. Bruce Walton,  
*Chair*  
 A member of CCO  
 since 1990



- o One case was settled during the initial stages of CRC deliberations.
- o One case was settled during its appeal process.

This left two cases incomplete and under appeal at the end of 2007. The CRC worked diligently, attempting to complete these cases. These cases remain under appeal into 2008. The CRC fully expects both of these cases to come to a conclusion in 2008.

#### Acknowledgements

As chair, I would like to take this opportunity to thank all CRC members for their diligent work – Dr. Dan Higginson, Dr. David Linden, Ms Corinne Hardey, public member, and Ms Rebecca Kwok, public member.

The members pour over copious documents, patient records and other detailed billing analyses in order to fully grasp all the issues in any particular case. Their efforts, I am confident, have ensured that all matters before the CRC were dealt with fairly and justly.

I would like to acknowledge all the CRC inspectors – Drs. Jason Potter, Kelly Ramsay, John Cadieux, and Rhonda Kirkwood.

The role of the inspector is a difficult and, at times, tedious job and involves front-line interaction with members who are under review. All have performed their duties in a professional and responsible manner and represented the CRC, the Government of Ontario and CCO in an exemplary manner.

On behalf of the CRC, I would like to thank our legal team of Mr. Jeffrey Leon and Ms Sarah Armstrong. Their efforts, especially during the final few months of 2007, ensured that our caseload was dealt with effectively and efficiently.

I am sure I speak for the entire CRC when I say thank you to the CCO Council and to Ms Jo-Ann Willson, Registrar and General Counsel, for allowing us the opportunity to serve the public and this profession. Your confidence in our abilities is greatly appreciated.

Finally, a great big thank you is extended to our Administrative Assistant, Ms Jill Silk. Jill has served the CRC since December 1993. She was here when I began, a mere four years ago, and she will be there when things all close down. It will be upon her shoulders that the majority of the closing down work falls. She has been the backbone of the CRC. She has performed, many times, above and beyond the call of duty. She has dealt with changing CRC members, changes in chair, a variety of inspectors and, of course, has been the front line contact for all the members who have been reviewed. I am certain that few people are capable of successfully carrying out the duties of the CRC Administrative Assistant. CCO, the MOHLTC, this profession and the public of this province have been extremely fortunate that Ms Silk fulfilled the duties of this role these past 15 years.

#### COMMITTEE MEMBERS:

Ms Corinne 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*

## Fitness to Practise Committee



“If we cannot heal in one way, we must learn to heal in another.”

Sherwin B. Nuland

Dr. Peter Amlinger,  
*Chair*  
A member of CCO  
since 1985



The Fitness to Practise Committee did not meet in 2007.



Assuring the public,  
Guiding the profession

COMMITTEE MEMBERS:

Ms Cindy Maule

Dr. Calvin Neely

STAFF SUPPORT:

Ms Jo-Ann Willson

*Registrar and General Counsel*

MANDATE:

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



# Auditors' Report

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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, 2007, 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, 2007, 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 3, 2008

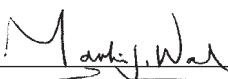
# STATEMENT OF FINANCIAL POSITION

STATEMENT 1

DECEMBER 31, 2007 (With 2006 Comparisons)

	2007	2006
ASSETS		
CURRENT		
Bank	\$ 264,674	\$ 472,861
Short-term Investments	5,118,827	4,230,477
Prepaid Expenses and Sundry Assets	54,309	15,043
	5,437,810	4,718,381
CAPITAL (Note 2)	113,582	113,306
TOTAL ASSETS	\$ 5,551,392	\$ 4,831,687
LIABILITIES		
CURRENT		
Accounts Payable and Accrued Liabilities	\$ 219,410	\$ 244,213
Deferred Revenue	345,817	462,716
TOTAL LIABILITIES	565,227	706,929
NET ASSETS (Per Statement 2)	4,986,165	4,124,758
TOTAL LIABILITIES AND NET ASSETS	\$ 5,551,392	\$ 4,831,687

Approved on behalf of College:

Director 

Director 

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



# STATEMENT OF OPERATIONS

## STATEMENT 3

FOR THE YEAR ENDED DECEMBER 31, 2007 (With 2006 Comparisons)

	2007	2006
<b>INCOME</b>		
Renewal Fees	\$ 2,917,556	\$ 2,834,838
Registration Fees	54,300	61,690
Examination Fees	34,110	36,180
Incorporation Fees	70,500	66,850
Record Keeping Seminars	75,780	65,195
Recovery of Discipline Costs	12,500	25,500
Interest & Sundry	272,195	193,655
<b>TOTAL INCOME</b>	<b>3,436,941</b>	<b>3,283,908</b>
<b>EXPENDITURES</b>		
Salaries and Benefits (Note 3)	777,943	742,387
Pension - Past Service (Note 4)	9,600	9,600
Rent and Utilities (Note 5)	268,311	286,569
Office Supplies and General (Note 6)	283,363	423,777
Printing and Postage	159,024	195,552
Insurance	19,805	19,891
Meetings, Fees and Expenses (Schedule 1)	238,617	275,140
Audit	21,366	21,541
Federation Meetings	25,045	36,621
CFCRB and CCEC Dues	90,000	65,000
Record Keeping Workshops (Note 7)	65,769	54,941
Government Relations	5,550	6,189
Consulting Fees	99,336	117,422
Consulting Fees - Peer Assessors	131,036	136,288
Consulting Fees - Complaints	25,121	33,689
Legal Fees - Complaints	2,727	13,099
Legal Fees - Executive	25,112	16,040
Legal Fees - Discipline	99,381	337,974
Legal Fees - General	62,714	31,680
Sub-Contractors	83,446	55,065
Equipment Lease	30,182	22,947
Media Advertising	9,764	6,307
<b>TOTAL EXPENDITURES</b>	<b>2,533,211</b>	<b>2,907,719</b>
<b>Excess of Income Over Expenditures</b>		
Before Amortization	903,730	376,189
Amortization	42,323	37,711
<b>EXCESS OF INCOME OVER EXPENDITURES</b>	<b>\$ 861,407</b>	<b>\$ 338,478</b>

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, 2007 (With 2006 Comparisons)

	2007	2006
UNRESTRICTED FUND		
Balance, January 1,	\$ 4,124,758	\$ 3,786,280
Add: Excess of Income Over Expenditures (Per Statement 3)	861,407	338,478
Balance, December 31,	\$ 4,986,165	\$ 4,124,758

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

# STATEMENT OF CASH FLOW

## STATEMENT 4

FOR THE YEAR ENDED DECEMBER 31, 2007 (With 2006 Comparisons)

	2007	2006
CASH AND EQUIVALENTS PROVIDED BY (USED FOR):		
OPERATING ACTIVITIES		
Excess of Income Over Expenditures (per Statement 3)	\$ 861,407	\$ 338,478
Amortization - Capital Assets	42,323	37,711
(Increase) Decrease in Prepaid Expenses and Sundry Assets	(39,266)	14,905
(Decrease) Increase in Accounts Payable and Accrued Liabilities	(24,803)	74,177
(Decrease) Increase in Deferred Revenue	(116,899)	56,456
	722,762	521,727
INVESTING ACTIVITIES		
Purchase of Capital Assets (Net)	(42,599)	(21,413)
CHANGE IN CASH AND EQUIVALENTS DURING THE YEAR	680,163	500,314
CASH AND EQUIVALENTS AT THE BEGINNING OF THE YEAR	4,703,338	4,203,024
CASH AND EQUIVALENTS AT THE END OF THE YEAR	\$ 5,383,501	\$ 4,703,338
CASH AND EQUIVALENTS REPRESENTED BY:		
Bank	\$ 264,674	\$ 472,861
Short-term Investments	5,118,827	4,230,477
	\$ 5,383,501	\$ 4,703,338

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, 2007 (With 2006 Comparisons)

	Fees	Expenses	Total 2007	Total 2006
Dr. Peter Amlinger 1, 4, 8	\$ 8,750	\$ 2,591	\$ 11,341	\$ 16,223
Dr. Robbie Berman 3, 6	9,800	3,638	13,438	2,561
Dr. Marshall Deltoff 1, 2	16,763	1,381	18,144	20,322
Dr. Brian Gleberzon 2	7,650	971	8,621	0
Dr. Gilles Lamarche 1	49,155	27,385	76,540	59,335
Dr. James Laws 6, 7	11,550	3,987	15,537	9,108
Dr. Dennis Mizel 1, 3, 9	16,725	15,713	32,438	22,074
Dr. Calvin Neely 4, 5	6,500	5,505	12,005	8,094
Dr. R. Andrew Potter	0	0	0	35,919
Dr. Brian Schut	6,000	906	6,906	12,724
Dr. Frazer Smith 7, 8	15,400	17,684	33,084	50,807
Dr. Keith Thomson	5,850	3,187	9,037	37,973
Ms Jo-Ann Willson	0	1,526	1,526	0
	<u>\$ 154,143</u>	<u>\$ 84,474</u>	<u>\$ 238,617</u>	<u>\$ 275,140</u>

Note: Committee membership changes in April.

Numbers refer to committee/project membership (April - December 2007).

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, 2007

### 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.

# NOTES TO THE FINANCIAL STATEMENTS

COLLEGE OF CHIROPRACTORS OF ONTARIO DECEMBER 31, 2007

1(b) SUMMARY OF ACCOUNTING POLICIES (continued)

## 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	Straigh-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.

### (iii) Financial Instruments

The carrying amount of the College's financial instruments approximate their fair values unless otherwise noted. Unless otherwise noted, it is management's opinion that the College is not exposed to significant interest rate, currency or credit risks arising from its financial instruments.

## 2 CAPITAL ASSETS

	Cost	Accumulated Amortization	2007 Net	2006 Net
Furniture and Office Equipment	\$ 339,737	\$ 290,834	\$ 48,903	\$ 63,091
Computer and Software	350,342	307,534	42,808	35,401
Leasehold Improvements	47,944	26,073	21,871	14,814
	<u>\$ 738,023</u>	<u>\$ 624,441</u>	<u>\$ 113,582</u>	<u>\$ 113,306</u>

## 3 SALARIES AND BENEFITS

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

## 4 PENSION PLAN - PAST SERVICE

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

## 5 LEASE COMMITMENTS

The College has commitments under a lease for office space. The lease expires on January 31, 2014, and the basic minimum annual payments over the next five years are as follows:

2008	\$ 144,042	2011	\$ 178,543
2009	47,927	2012	178,543
2010	178,543		

## 6 OFFICE SUPPLIES AND GENERAL

Includes payment of \$50,000 for Clinical Practice Guidelines for the 2007 and 2006 fiscal years.

## 7 RECORD KEEPING WORKSHOPS

These expenditures exclude amounts paid to Council members.

## 8 COMPARATIVE FIGURES

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

# Council 2007



Dr. Peter Amlinger, *Mississauga (1)*  
Mr. Martin Ward, *Orillia (16)*

Mr. Robert MacKay,  
*Thunder Bay (6)*

Dr. Brian Gleberzon, *Toronto (17)*  
Dr. Calvin Neely, *London (11)*

Mme Lise Marin,  
*Timmins (7)*

Dr. Marshall Deltoff,  
*North York (3)*

Ms Ellie Moaveni,  
*Richmond Hill (10)*

# Staff 2007 (employment with CCO start date)



Dr. Bruce Walton  
*Consultant, Quality Assurance Committee*

Ms Jo-Ann Willson  
*Registrar and General Counsel  
September 1993*

Mr. Joel Friedman  
*Director, Policy & Research  
September 2006*

Ms Kristina Mulak  
*Investigations/Resolutions Officer  
June 2000*

Ms Tina Perryman  
*Complaints Coordinator  
May 2000*

Ms Sue Gargiulo  
*Communications Officer  
June 1998*



Dr. Gilles Lamarche, *Timmins (4)*  
 Dr. Dennis Mizel, *St. Catharines (9)*

Dr. Frazer Smith,  
*Smiths Falls (13)*

Dr. Robbie Berman, *Ajax (18)*  
 Ms Cindy Maule, *Mississauga (8)*

Ms Lynn Daigneault,  
*Toronto (2)*

Dr. James Laws,  
*Toronto (5)*

ABSENT – Mr. Ganesan Sugumar, *Toronto (14)*



Ms Karen McGrady  
*Receptionist*  
*May 2002*

Ms Maria Simas  
*Registration Coordinator*  
*June 1989*

Ms Rose Bustria  
*Administrative Assistant*  
*November 1998*

# 2006 CCO AGM

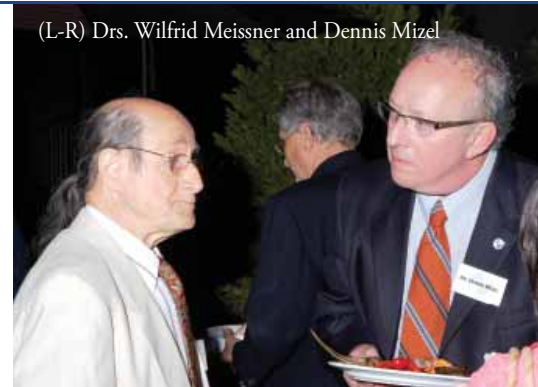
The Granite Club – June 22, 2007



CCO STAFF (L-R) – Ms Anda Vopni, Mr. Joel Friedman, Ms Rose Bustria, Ms Maria Simas, Ms Tina Perryman, Ms Karen McGrady, Ms Kristina Mulak, Ms Sue Gargiulo



(L-R) Drs. Pierre Côté, Silvano Mior, James Laws



(L-R) Drs. Wilfrid Meissner and Dennis Mizel



(L-R) Mr. Glenn Goldhahn, Dr. Gilles Lamarche



Guest speaker Dr. Pierre Côté



Dr. Marshall Delfoff, Chair, Complaints Committee

# Core Competency Project presents the self-assessment at a special Council meeting – June 21, 2007



(L-R) Mr. Joel Friedman, Dr. David Bereznick, Mr. Gregg Bereznick

(L-R) Mr. Martin Ward, Mme Lise Marin, Dr. Dennis Mizel, Dr. James Laws

(L-R) Dr. Gilles Lamarche, Ms Andrea Szametz, Dr. Robbie Berman, Mr. Rob MacKay

(L-R) Dr. Calvin Neely, Dr. Frazer Smith, Ms Ellie Moaveni





# Record Keeping Workshops

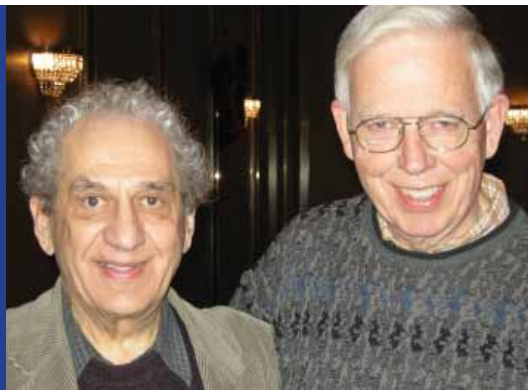


Sudbury,

October 20, 2007



(L-R) Dr. Gale Zappacosta and Dr. Giovanna Petricone. Dr. Zappacosta came from Surrey, England. Dr. Petricone came from Rome, Italy.



(L-R) Dr. Angelo Mione (from Chapleau) and Dr. Donald Ryan. Dr. Mione registered with BDC in 1957. Dr. Ryan registered with BDC in 1956.



Toronto Park Plaza (Airport)  
Presenters: Dr. Keith Thomson,  
Dr. Dennis Mizel.

# Thunder Bay and Toronto

October 27, 2007

February 17, 2007  
December 9, 2007

# 2007 CCO Events



June 2007 CCO staff member, Rose Bustria, with the Honourable George Smitherman, Minister of Health and Long-Term Care, and Eugene Tamayo, Toronto City Hall



(L-R seated) Dr. Gilles Lamarche, President, and former CCO presidents Drs. Allan Gotlib (L-R standing) Drs. Keith Thomson, Drew Potter



Chiropractic community stakeholders on route to dinner.



(Left) CCO Council Meeting – November 29, 2007  
College of Medical Radiation Technologists of Ontario

(Right) Guest speaker Dr. Reed Phillips, Foundation for Chiropractic Education and Research



CCO Holiday Party – Casa Loma, Toronto November 27, 2007  
(L-R) Ms Gail Ward, Ms Lynn Daigneault, Mr. Dwight Daigneault, Mr. Martin Ward



(L-R) Ms Tracey Cooper, Mr. Peter Maule, Dr. Peter Amlinger, Ms Cindy Maule



CCO Holiday Party – Casa Loma, Toronto November 27, 2007  
Mr. Gilbert Sharpe, Ms Jo-Ann Willson

## 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. Gotlib	CCO	President	March 1999 – March 2001
Dr. Keith Thomson	CCO	President	March 2001 – March 2002
Dr. Allan C. Gotlib	CCO	President	March 2002 – March 2004
Dr. R. Andrew Potter	CCO	President	March 2004 – March 2006
Dr. Gilles Lamarche	CCO	President	March 2006 – June 2008



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