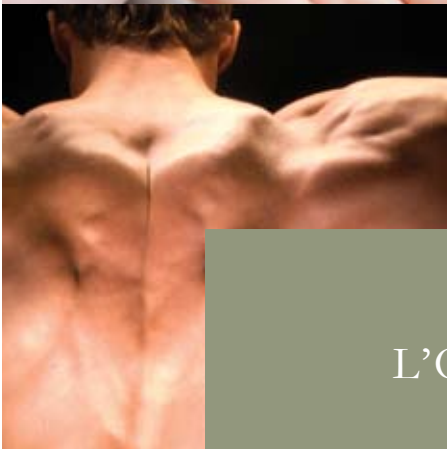




ANNUAL REPORT | RAPPORT ANNUEL
2008



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

LIST OF COMMONLY USED ACRONYMS AT CCO

ACRONYM	FULL NAME
AGM	Annual General Meeting
BDC	Board of Directors of Chiropractic
CCEB	Canadian Chiropractic Examining Board
CCEC	Council on Chiropractic Education (Canada)
CCO	College of Chiropractors of Ontario
CCP	Core Competency Project
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
Chiropractic Act	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
CMRTO	College of Medical Radiation Technologists of Ontario
Code	Health Professions Procedural Code, Schedule 2 to the <i>RHPA</i>
CPO	College of Physiotherapists of Ontario
CPSO	College of Physicians & Surgeons of Ontario
CRC	Chiropractic Review Committee
DPA	<i>Drugless Practitioners Act</i>
FHRCO	Federation of Health Regulatory Colleges of Ontario
HIA	<i>Health Insurance Act</i>
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
HSIA	<i>Health Systems Improvement Act</i>
Member	Member of CCO
Minister	Minister of Health and Long-Term Care
MOHLTC	Ministry of Health and Long-Term Care
MRA	<i>Mutual Recognition Agreements</i>
MRI	Magnetic Resonance Imaging
MTCU	Ministry of Training, Colleges & Universities
OCP	Ontario College of Pharmacists
OFC	Office of the Fairness Commissioner
OHIP	Ontario Health Insurance Plan
PHIPA	<i>Personal Health Information Protection Act, 2004</i>
RHPA	<i>Regulated Health Professions Act, 1991</i>
TUP	Technology Upgrade Project



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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.



BUILDING

MISSION

Developed at the strategic planning session in September 2004.

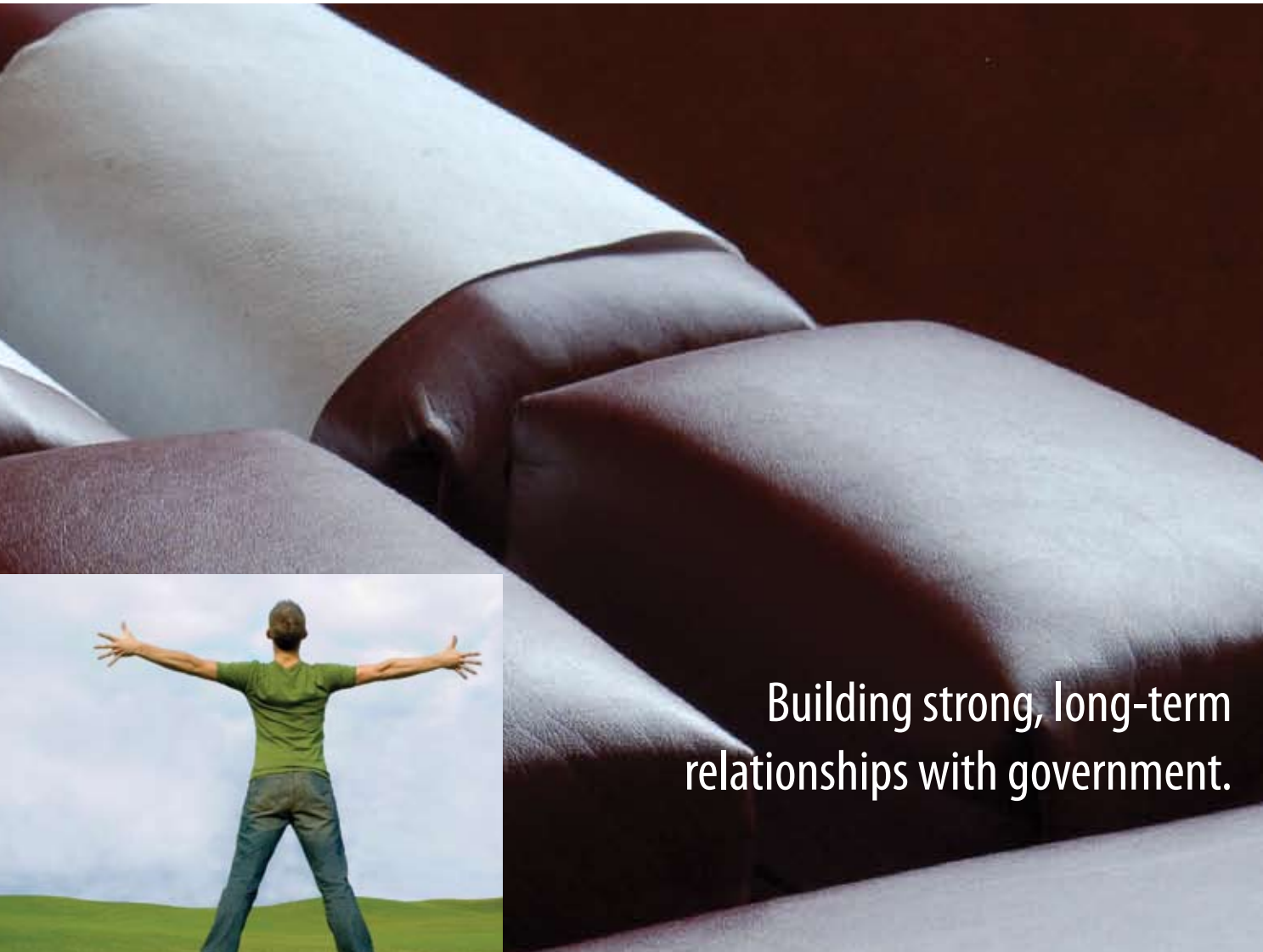
Approved by Council on February 8, 2005.

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.

Government Relations Strategic Plan

The College of Chiropractors of Ontario (CCO) is working to build awareness of and support among senior players in the Ontario government, particularly with the Minister of Health (MOH), of CCO's role and mandate (public interest, oversight and assisting the government in fulfilling its health care agenda), and moving CCO into a position of influence with the government and other key stakeholders, including the public, the media, other chiropractic organizations, and other regulated health professionals.



Building strong, long-term relationships with government.



In September 2008, CCO Council and staff met in Ottawa for a Strategic Planning Session. The ideas shared, important facts captured, and vital statistics came together to formulate CCO's Strategic Plan.





Dennis Mizel,
President
A member of CCO since 1977

President's Message

Message du président

"I am grateful for those before me who had a vision of a healthier Ontario and I am thankful to our Council members, CCO staff members, and CCO members for their unwavering persistence and dedication to making it happen."

I am grateful for those before me who had a vision of a healthier Ontario and I am thankful to our Council members, CCO staff members, and CCO members for their unwavering persistence and dedication to making it happen. I am far beyond proud and honoured to be part of the CCO Council, whose numerous accomplishments would not be possible without the dedication of the staff at CCO.

I feel compelled to point out our seven public members. Their participation and commitment in all aspects of CCO business truly amazes me. Our public members attend Council meetings, committee meetings and training sessions, and participate on discipline panels that may last from seven to ten days without ever complaining!

Please join me in thanking our public members – Mr. Shakil Akhter, Ms Lynn Daigneault, Mr. Robert MacKay, Mme Lise Marin, Ms Cindy Maule, Ms Ellie Moaveni and Mr. Martin Ward – for their selfless contributions. We are truly lucky to have them!

With slightly more than 3,500 active members, chiropractic is a small profession. There are nearly 8,000 dentists registered with RCDSO and approximately 34,000 doctors registered with CPSO. We demonstrate the ability and drive to ensure massive change to benefit Ontarians.

Health Minister David Caplan recently discussed a *Broad Vision for Healthcare*, which will focus on creating a modern, accessible and sustainable health care system that delivers the highest quality care available. The more chiropractors are aligned with the government's agenda of delivering and improving quality health care for Ontarians, the greater the outcomes for all. The challenges we face today require us to be bold, innovative, and to come together.

I appeal to you to promote collaborative patient care. It is not an appeal I take lightly. To my pleasure, the responsive action has been outstanding.

Je suis reconnaissant envers mes prédécesseurs, qui avaient la vision d'une meilleure santé pour l'Ontario, et je remercie les membres du Conseil, les membres du personnel ainsi que les membres de l'OCO pour leur soutien indéfectible et leur dévouement dans la réalisation de ce projet. Je suis très fier et c'est un grand honneur pour moi de faire partie du Conseil de l'OCO, dont les nombreuses réalisations n'auraient pu être possibles sans le dévouement de son personnel.

J'aimerais souligner plus particulièrement le travail de nos sept représentants du public. Leur participation et leur engagement dans tous les aspects du travail à l'OCO suscitent chez moi une grande admiration. Les représentants du public assistent aux réunions du Conseil, aux réunions du comité, aux séances de formation, et participent aux activités des comités disciplinaires qui peuvent durer parfois de sept à dix jours sans jamais se plaindre!

Je vous demande de vous joindre à moi afin de remercier nos représentants du public – M. Shakil Akhter, Mme Lynn Daigneault, M. Robert MacKay, Mme Lise Marin, Mme Cindy Maule, Mme Ellie Moaveni et M. Martin Ward – pour leur contribution désintéressée. Leur présence parmi nous est un honneur.

Avec un peu plus de 3500 membres actifs, la chiropraxie forme un milieu relativement restreint. Il y a près de 8000 dentistes membres du RCDSO et approximativement 34 000 médecins membres de l'OMCO. Nous possédons la capacité et l'énergie pour apporter un changement d'envergure dont les Ontariens pourront bénéficier.

Le Ministre de la Santé David Caplan a récemment fait part de « La vision globale des soins de santé », qui mettra l'accent sur la création d'un système de soins de santé moderne, accessible et durable, fournissant des soins de santé de la plus haute qualité possible. Plus les chiropraticiens seront nombreux à soutenir le plan d'action du gouvernement en matière de services et d'amélioration des soins de santé de qualité pour les Ontariens,



Every year, CCO presents the Dr. Harold Beasley Memorial Award for Excellence in Jurisprudence to a graduating chiropractic student. CCO's Director of Policy & Research, Mr. Joel Freidman, with 2008 recipient Dr. Pamela Spence, from CMCC.



I have heard from many of you who collaborate regularly with your patients' health care providers.

I am pleased to report that CCO has been taking steps to remove any barriers – real and perceived – to interprofessional collaboration. We have met informally with CPSO, CPO, OCP and CMRTO to discuss the possibility of working collaboratively on future projects. Most recently, CCO and the other regulatory colleges in Ontario made a joint submission to HPRAC's report on interprofessional collaboration. In addition, CCO, OCA and CMCC worked in tandem on a submission to the Minister of Health, requesting that the chiropractic scope of practice be enhanced in order to optimize patients' health benefits.

Chiropractors and all health care professionals share the government's goal "to build a sustainable and thriving health care system." Chiropractors are an integral part of that solution, helping the government to meet the challenges of building a sustainable and thriving health care system today and for future generations.

Again, I request that you play your part and communicate often with our health care partners. Opportunities present themselves endlessly – take advantage of them. Patients benefit when we collaborate with the whole health care team.

CCO Council is thankful to all those individuals who support CCO in its many activities. Their contributions can be measured by our numerous accomplishments. We could not do all the work that we do without their help and for that we are all truly grateful. Our peer assessors and non-Council members are truly amazing. Their praises are heard back at CCO from their colleagues on a regular basis.

In the last several months since I took office as president, CCO has undertaken several projects that will enhance our ability to communicate – with you, members of the public, the government, and all our other stakeholders.

plus grands seront les résultats pour tous. Les défis auxquels nous faisons face aujourd'hui nous demandent d'être audacieux, innovateurs, et de travailler ensemble.

Je sollicite votre participation à la promotion d'une approche collaborative de soins aux patients. Cet appel est d'une grande importance pour moi. À ma grande satisfaction, la réponse a été exceptionnelle. Vous avez été nombreux à me faire part de votre collaboration régulière avec ceux qui fournissent des soins de santé à vos patients.

Je suis heureux de vous annoncer que l'OCO a pris des mesures afin d'éliminer les obstacles – qu'ils soient réels ou apparents – à la collaboration interprofessionnelle. Nous avons participé à une rencontre à titre informel avec l'Ordre des médecins et chirurgiens de l'Ontario, l'Ordre des physiothérapeutes de l'Ontario, l'Ordre des pharmaciens de l'Ontario, et l'Ordre des technologues en radiation médicale e l'Ontario afin de discuter de la possibilité de travailler en collaboration sur les projets à venir. Dernièrement, l'OCO et les autres organismes de réglementation de l'Ontario ont fait une présentation conjointe dans le cadre du rapport du CCRPS sur la collaboration interprofessionnelle. De plus, l'OCO, l'ACO et le CMCC ont travaillé conjointement sur une présentation au Ministre de la Santé, demandant que le champ de pratique de la chiropractie soit élargi afin d'optimiser les bienfaits pour les patients en matière de santé.

Les chiropraticiens et les professionnels de la santé partagent le même but que le gouvernement qui est de « veiller à la création d'un système de soins de santé durable et dynamique ». Les chiropraticiens font partie intégrante de la solution, en aidant le gouvernement à faire face aux défis posés par la création d'un système de soins de santé durable et dynamique pour aujourd'hui et pour les générations à venir.

À nouveau, je fais appel à votre participation et vous demande de communiquer régulièrement avec nos partenaires du secteur de la santé. Les occasions ne font jamais défaut – profitez-en. Les patients retirent des

One of the year's most exciting projects is the upgrade to CCO's technology, including a redesigned website that will go live in June 2009. The upgrades are also essential because of amendments to the *RHPA* that will go into effect in June 2009.

Once again, thank you for improving the health of Ontarians and doing your part to ensure a dependable health care system. It is reassuring to know that chiropractors are dedicated to improving the quality of care they provide on an ongoing basis.

bienfaits de notre collaboration avec les autres membres du secteur de la santé.

Le Conseil de l'OCO remercie tous ceux qui soutiennent l'organisme dans ses nombreuses activités. Leur contribution se mesure à nos nombreuses réalisations. Nous ne pourrions faire tout ce que nous faisons sans leur aide, et pour cette raison nous leur en sommes sincèrement reconnaissants. Nos pairs évaluateurs et nos membres hors-conseil sont vraiment exceptionnels. Les éloges qui leur sont adressées parviennent régulièrement à l'OCO par l'intermédiaire de leurs collègues.

Depuis les plusieurs derniers mois de mon entrée en fonction en tant que président, l'OCO a entrepris plusieurs projets qui permettront d'améliorer la communication - avec vous, les membres du public, le gouvernement, et les autres parties prenantes. L'un des projets les plus intéressants de cette année est la mise à niveau de la technologie de l'OCO, notamment la nouvelle conception du site Web dont le lancement est prévu pour juin 2009. Les mises à niveau sont aussi essentielles en raison des modifications apportées à la LPSR, qui seront en vigueur dès juin.

Encore une fois, je vous remercie pour votre soutien à l'amélioration de la santé des Ontariens et pour votre contribution à un système de soins de santé sur lequel nous pouvons compter. Il est rassurant de savoir que les chiropraticiens sont dévoués à l'amélioration continue des soins qu'ils fournissent.

Chiropractic Review Committee,
2008 CCO President's Award Recipients.
(L-R): Dr. J. Bruce Walton, Ms Jill Silk,
Mr. Jeff Leon (legal counsel), Ms
Corinne Hardey, Dr. Dan Higginson, Ms
Rebecca Kwok, Dr. David Linden, Mrs.
C. Potter (on behalf of Dr. Jason Potter)





Ms Jo-Ann Willson,
Registrar and General Counsel

Registrar's Report

By the end of 2008, I felt like I was standing in front of a tsunami holding up a thimble, so picking just one "highlight" for the year is a challenge. Here are some of the major "waves":

- several discipline hearings, two of which proceeded to the courts on important legal issues;
- ongoing communication with the Office of the Fairness Commissioner, responsible for conducting an audit of all regulators' registration practices and policies;
- a number of training and information sessions to ensure CCO was prepared to implement the amendments to the *RHPA*, including the establishment of a new screening committee to be called the Inquiries, Complaints and Reports Committee;
- CCO Council elections in Districts 4, 5 and 6, and a by-election in District 1;
- meetings of the CFCREAB, including Halifax in April 2008 and Toronto in November 2008, at which chiropractic regulators in Canada share information and develop best practices for provincial self regulation;
- CCEB meetings to discuss the important role of examinations in the registration of clinically competent practitioners;
- MOHLTC meetings relating to the allied health human resources database and, in conjunction with MTCU, meetings to review various legislative initiatives aimed at facilitating the registration of health care professionals, including foreign-trained professionals;
- CCO's AGM at which CCO was privileged and honoured to hear Ms Elinor Caplan, former Minister of Health and Long-Term Care, speak about health care in Ontario and the important role of all health professionals in interprofessional collaboration;
- various FHRCO initiatives, including responding to HPRAC reports that recommended several legislative amendments for individual professions and the delivery of health care services in Ontario; and
- a comprehensive strategic planning session for CCO Council and staff in Ottawa in September 2008.

All of these activities took place within the context of CCO's statutory role and responsibility to regulate chiropractic in the public interest, including facilitating the important work of Council, seven statutory committees, one non-statutory committee, and two projects. I express my sincere gratitude, again, for CCO's incredible staff complement.

There were a few challenges during the year, including the fact that CCO was not properly constituted for a period of time, including in April 2009, because the requisite number of public appointments to Council had not been made. This necessitated various accommodations, including holding elections to the Executive Officer positions and composing various committees in June 2008 instead of April 2008, immediately following the general elections.

A major good news item for everyone, particularly in view of the ongoing construction/renovations at the current premises, was Council's decision to purchase a lot on which to build a future home for CCO. This decision was made carefully, with due diligence, and with the long-term interests of CCO and its members first and foremost in mind. This is a very exciting initiative, and you can look forward to updates as the project proceeds.

The development of a comprehensive strategic plan in September 2008 was instrumental to CCO's ability to weather the various storms in 2008, and will be of tremendous assistance in the months and years to come. I hope you will join me in celebrating the accomplishments of 2008, and will continue to participate in the hard work involved in exercising the privilege of self-regulation.

Ms Willson served with two presidents in 2008.

Dr. Gilles Lamarche
CCO President
January - June 2008



Dr. Dennis Mizel
CCO President
June - December 2008





Executive Committee

In 2008, the Executive Committee's activities focussed on strengthening CCO's ties with government and other key stakeholders, including participating in collaborative activities with other health regulatory colleges, organizing the successful and productive strategic planning workshop in Ottawa, and preparing for the amended *RHPA*, which comes into effect in June 2009.

The accomplishments in summary:

GOVERNMENT RELATIONS:

- o developed a "leave behind" document to be used in various discussions with stakeholders, including the MOHLTC
- o strengthened relationships with key government representatives by:
 - attending key political functions
 - permitted MOHLTC to use CCO's distribution house to circulate a bulletin concerning chiropractors' ability to order x-rays, paid for by OHIP, through independent health facilities
 - attending various meetings relating to MOHLTC's efforts to facilitate the registration of foreign-trained health professionals

STAKEHOLDER RELATIONS/INTERPROFESSIONAL COLLABORATION

- o participated in Federation activities:
 - Halifax – April 4-6, 2008 – issues discussed: withdrawal of British Columbia and possible amendments to the Mutual Recognition Agreement under the Agreement on Internal Trade
- o participated in FHRCO activities/working groups:
 - Joint Discipline Orientation Sessions, basic and advanced, to ensure CCO Council members are qualified and competent to perform their statutory mandates on various committees, including Discipline
 - communications – launched a public campaign to increase awareness and understanding of health regulatory colleges and regulated professions in Ontario, which included a revised website (with links to the various colleges) and consumer-focussed articles relating to health care printed in community newspapers across the province

Dr. Dennis Mizel,
Chair
A member of CCO since 1977

COMMITTEE MEMBERS

Dr. Peter Amlinger
Vice Chair

Mr. Robert MacKay
Treasurer

Dr. Robbie Berman

Dr. Marshall Deltoff

Ms Cindy Maule

Mr. Martin Ward

STAFF SUPPORT:

Ms Jo-Ann Willson
Registrar and General Counsel

Mr. Joel Friedman
Director, Policy & Research

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.

June 9, 2008,
Fasken Martineau DuMoulin
(L-R): Ms Jo-Ann Willson,
Hon. Margaret Best,
Minister of Health and Promotion,
and
Dr. Gilles Lamarche



(L-R): Dr. Gilles Lamarche,
Premier of Ontario
Hon. Dalton McGuinty, and
Ms Jo-Ann Willson



- signatory to a letter to Hon. George Smitherman re: *RHPA* amendments – one of the concerns expressed by FHRCO was the difficulty arising from the lack of clarity around which offences should be reported to the regulators.
- signatory to submissions to the HPRAC consultation document on interprofessional collaboration
- met with OCA to discuss common issues
- met with Quebec regulators to discuss labour mobility between Ontario and Quebec
- attended information sessions on the Clinical Practice Guidelines
- invited to tour the Center of Research Expertise in Improved Disability Outcomes (May 1)

STRATEGIC PLANNING (SEPT. 12 & 14, 2008)

- review of vision and leadership goals
- government relations
- interprofessional collaboration
- CCO's role in funding various projects (e.g., research, CMCC)
- technology upgrades
- scope of practice-related issues

INTERNAL

- developed internal policies on various topics to clarify certain issues and increase efficiency in CCO operations
- prepared for the amended *RHPA*, effective June 2009:
 - February 7, 2008 – Mr. Richard Steinecke facilitated a workshop for health regulators to discuss the implementation of the amended *RHPA*
 - created TUP, a subcommittee, to review/determine CCO's technology needs and make recommendations to Council [refer to TUP Report for more detailed information]

ACKNOWLEDGEMENTS

As I look back over my year as president, CCO has eagerly undertaken many projects to ensure Ontarians continue to receive optimum safe and effective chiropractic care. It has been a full and rewarding year, the accomplishments have been numerous, and projects still in process hold hope for an even brighter future.

It is only because of you and those committed to a vision of quality chiropractic care that this work was possible. This has been a partnership of many and for this I express my gratitude and appreciation to all of you as we continue forward.



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

Technology Upgrade Project

The amendments to the *RHPA*, introduced by the *Health System Improvements Act, 2006*, specify that member registration information be made available to the MOHLTC and that specific information be posted on each college's website, including but not limited to:

- o terms, conditions and limitations that are in effect on each certificate of registration; and
- o the result, including a synopsis of the decision, of every disciplinary and incapacity proceeding by June 2009.

In 2007, Council created the Technology Upgrade Project (TUP), a working group that reports to the Executive Committee. TUP was charged with implementing the necessary improvements to CCO's technology infrastructure to meet the legislative requirements of the *RHPA*. The new infrastructure (database and website) will enable CCO to communicate more efficiently and effectively with CCO members and other stakeholders.

TUP held five meetings in 2008. Its first task – to determine the challenges and limitations of CCO's current database. TUP recommended that CCO obtain a new database and website and consulted with CCO committees and staff to discern each committee's requirements.

In April 2008, TUP invited representatives from several other colleges to share their college's experiences when they embarked on a similar project. TUP then developed a request for proposal (RFP) that was distributed to select information technology consultants and posted on CCO's website.

TUP reviewed all 15 proposals and in May 2008, shortlisted three companies to make presentations. With input from staff and Council's approval, TUP selected Toronto-based MD+A Consultants to construct CCO's new database and website. Once contracted, MD+A consultants began working closely with CCO staff and committees to identify needs and develop the appropriate technology that will enable CCO to comply with the *RHPA* amendments, optimize efficiency, and improve communication, both internally and externally.

At year's end, MD+A was well underway with the project and is expected to deliver a technology solution that will be phased in over three stages. Stage one will meet the legislative requirements

COMMITTEE MEMBERS

Mr. Robert MacKay

Dr. Dennis Mizel

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STAFF SUPPORT:

Mr. Joel Friedman
Director, Policy & Research

Ms Sue Gargiulo
Communications Officer

Ms Jo-Ann Willson
Registrar and General Counsel

MANDATE:

- o To identify areas of need for improvement to CCO's technology infrastructure based on legislative requirements, Council and committee needs, and CCO operational efficiency.
- o To identify the need for technological improvements to enhance communications with stakeholders.
- o To provide direction to the interviewing and hiring of consultant(s) and information technology specialist(s) for the implementation of such technological improvements.
- o To provide direction with respect to the purchasing of hardware and software to improve CCO's technology infrastructure.
- o To facilitate the implementation of the identified technological improvements to CCO's technology infrastructure.



of the *RHPA* and will be operational by June 4, 2009. TUP is excited to report on this initiative because it will enhance public access to member registration information and provide the profession with improved communication and quality assurance tools.

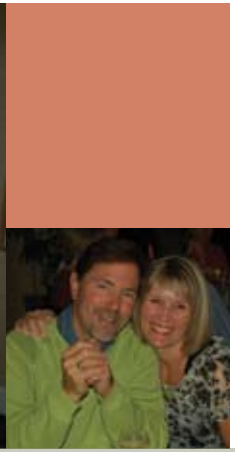
ACKNOWLEDGEMENTS

As chair, it has been a true pleasure to work with this group. Since my first days on Council, I have dreamed of enhancing the ability to communicate with all stakeholders using new and emerging technology. Seeing this vision come to fruition is both exciting and timely as I believe that it will truly enrich every stakeholder's interaction with CCO.

I would like to commend all CCO Council members, elected and appointed, as well as staff, for their commitment to this project. A project of this magnitude requires great support and patience as it touches every aspect of CCO business operations.

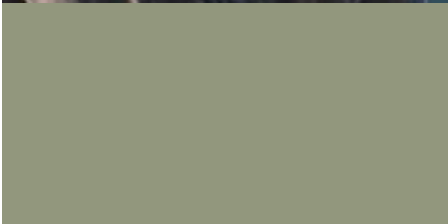
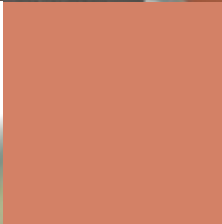
I would like to express my sincere thanks to Dr. Dennis Mizel for being willing to learn a new techno-language and Mr. Robert MacKay for his unending wisdom and foresight in this area. Mr. Joel Friedman and Ms Sue Gargiulo,

the project leads, dedicate a great deal of their time toward managing the meetings and information exchange among CCO, TUP, and MD+A. Ms Jo-Ann Willson and Ms Andrea Szametz have been instrumental in keeping us on track with their own specific talents!



Strategic Planning Session September 2008







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INITIATING

Initiating and maintaining a proactive engagement with the public, other stakeholders and other regulated health professionals.

September 11, 2008,
Ottawa (L-R):
Ms Sue Gargiulo, Ms Rose Bustria,
Hon. Dalton McGuinty,
Mr. Eugene Tamayo, Dr. Dennis Mizel,
Ms Jo-Ann Willson, and
Mr. Robert MacKay





Mr. Martin Ward,
Chair
Orillia

COMMITTEE MEMBERS

Dr. Marshall Deltoff

Dr. Lezlee Detzler
Non-Council member

Dr. Brian Gleberzon

Mr. Shakil Ahkter
Alternate

STAFF SUPPORT

Ms Kristina Mulak
*Manager, Inquiries,
Complaints & Reports*

Ms Tina Perryman
Complaints Coordinator

Ms Christine McKeown
*Inquiries, Complaints &
Reports Officer*

Complaints Committee

The Complaints Committee met 13 times in 2008 and completed 88 decisions. An additional three complaints were resolved informally, for a total of 91 completed cases. Complaints disposed of were not all received in 2008.

NATURE OF COMPLAINTS

The Committee received 106 complaints in 2008. 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 2008. Patients filed the majority of complaints (54), followed by other professionals, including CCO members (24).

DISPOSITION OF COMPLAINTS

Following a thorough investigation, the Committee reviews all complaints to determine whether it should:

- refer specified allegations of professional misconduct or incompetence to the Discipline Committee;
- refer the member to the Executive Committee for incapacity proceedings where there is a possible incapacity;
- require the member to appear before the panel to be cautioned;
- take other action it considers appropriate that is not inconsistent with the legislation; or
- take no further action.

In determining whether to refer specified allegations to the Discipline Committee, the Committee considers definitions of professional misconduct and incompetence in the legislation, and CCO's standards of practice, policies and guidelines.

In 2008, the Committee disposed of 91 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.

MANDATE:

- To respond to complaints in a manner consistent with CCO's legislative mandate under the *RHPA*.
- To promote the development of a complaints process that is corrective with regard to complaints and specified allegations, and pro-active where there are systemic problems, to ensure the quality of care and promote continuous quality improvement.

In 2008, Ms Kristina Mulak participated in five pre-review conferences and attended one review.

HPARB returned one decision to the Committee, requesting clarification, and one complainant withdraw the request for review following a pre-review conference.

ACKNOWLEDGEMENTS

After serving as a public member on the Committee for four years, it was an honour for me to assume the position of chair. The additional responsibilities have helped me further understand the important work of this Committee and to appreciate the process by which a skilfully self-regulated chiropractic profession best serves the public interest. I thank the members of CCO Council for having the confidence in electing me to such a responsible position. It has been a most rewarding experience.

The members of the Committee are required to focus for long periods on detailed documentation, to identify through dialogue the essential elements of a complaint, and to make fair and well-reasoned decisions with respect to the disposition of each case. This process works well because the people involved are committed to the task, and appreciative and supportive of each other's contributions. A great deal was accomplished this year and I am very grateful to Drs. Marshall Deltoff, Lezlee Detzler and Brian Gleberzon, and Ms Christine McKeown, Ms Kristina Mulak and Ms Tina Perryman for their enthusiastic, informed and insightful contributions to such an often exhaustive task. What a great team!

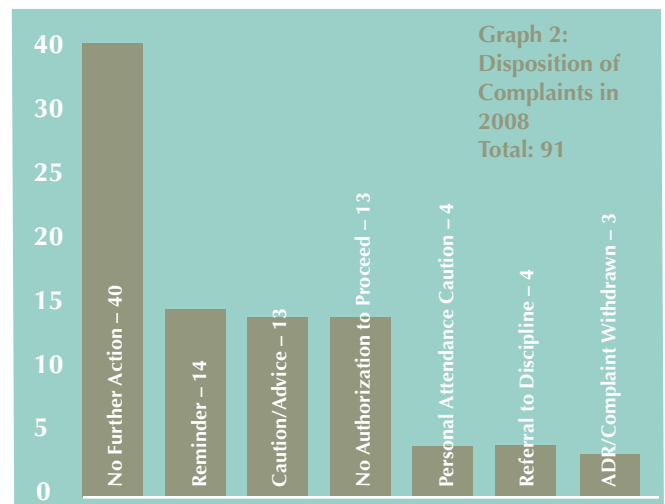
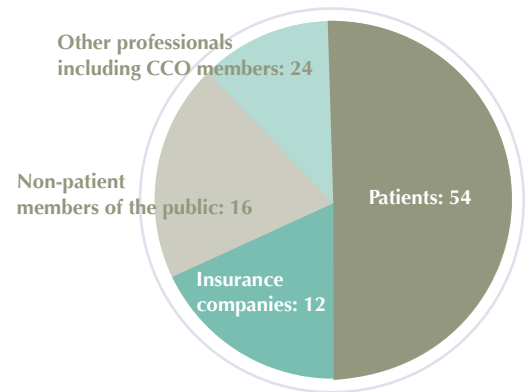
The Committee has been particularly concerned this year with the number of complaints involving insurance fraud. The profession as a whole faces a serious problem when insurance companies begin to question the legitimacy of claims for chiropractic services (in particular the dispensing of orthotics) because of the questionable practices of a very few chiropractors. Insurance companies may choose to reassess the level and types of chiropractic care for which they are willing to provide coverage. Such an outcome is not good for either the public or the profession.

As problem areas are identified through the complaints review process, the Committee recommends to the Quality Assurance Committee the need to revise or develop new standards of practice. One such area both committees have been monitoring is that of third party insurance examinations. In the last three years, complaints concerning such examinations have been identified as a major area of concern, with nine, 14 and 12 complaints respectively. Such complaints focus mainly on the way an examination is conducted.

In accordance with the *Health System Improvements Act*, this Committee will be folded into the new Inquiries, Complaints and Reports Committee, effective June 2009. The challenges presented by these changes, including compressed timelines, are being addressed by Ms Jo-Ann Willson and staff.

As chair, I extend my sincerest thanks and appreciation to all Committee members and staff for your support and dedication. It has been my pleasure to work with you.

**Graph 1:
Origin of Complaints in 2008
Total: 106**



**TABLE 1:
MAIN AREAS OF CONCERN IDENTIFIED BY
COMPLAINANTS IN 2008**

TOTAL: 106

Main Area of Concern	Totals
Misinformation or lack of information regarding treatment	16
Insurance fraud	15
Concerns re: insurance assessments	12
Incompetent practice causing harm	10
Advertising	9
Problematic inter-professional relationships	8
Dispensing orthotics, including improper fitting and overcharging	7
Ordering MRIs	5
Sexual abuse	4
Breach of patient confidentiality	4
Disseminating information re: vaccination	3
Unnecessary or excessive treatment	2
Pressure tactics	2
Failure to provide information on request of patient	1
Providing chiropractic care to animals	1
Other	7



Seated (L-R): Mr. Joel Friedman, Dr. Dennis Mizel, Ms Jo-Ann Willson. Standing (L-R): Ms Lynn Daigneault, Ms Jaimi Gardner, Dr. Brian Gleberzon, Mr. Robert MacKay



Dr. Dennis Mizel, and Mme Lise Marin



DEVELOPING

Developing beneficial interprofessional relationships.



Massage Therapy, Kinesiology, Traditional Chinese Medicine and Acupuncture, Naturopathy, Medical Doctors and Physiotherapists are other regulated health professionals that are relevant to the chiropractic profession.



Ms Ellie Moaveni,
Chair
Richmond Hill

Discipline Committee

DISCIPLINE ACTIVITIES

The Discipline Committee (Committee) did not have meetings outside of hearings in 2008. A panel of the Committee, presided over by Dr. Brian Gleberzon, Mr. Robert MacKay, Dr. Calvin Neely, Dr. Frazer Smith, and I, as chair, held one contested hearing. Another panel, comprised of Dr. Michaela Cadeau, Dr. David Gohn, Mr. Robert MacKay, Dr. Frazer Smith and I, held three hearings to hear joint submissions on matters involving three members.

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:

- conducts a plea inquiry to be satisfied that the member's admission is voluntary, informed and unequivocal;
- concludes that the proposed Agreement is reasonable and in the public interest and carefully balances the issues of protection of the public and fairness to and remediation of the member; 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.

COMMITTEE MEMBERS

Dr. Peter Amlinger

Dr. Michaela Cadeau
Non-Council member

Dr. David Gohn
Non-Council member

Mme Lise Marin

Dr. Frazer Smith

STAFF SUPPORT:

Ms Jo-Ann Willson
Registrar and General Counsel

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

MANDATE:

- To adjudicate specified allegations of professional misconduct or incompetence referred to the Committee by the Executive or Complaints committees.
- To review applications for reinstatement following a discipline finding.

DISCIPLINE TRAINING

As all Council members are potentially members of a discipline panel, they are encouraged to participate in the discipline training workshops (“Conducting a Discipline Hearing”) conducted by FHRCO.

In 2008, FHRCO conducted four discipline training sessions – April 29 (basic) and April 30 (advanced), and October 27 (basic) and October 28 (advanced) – which were attended by several CCO Council members.

ACKNOWLEDGEMENTS

As chair, I would like to extend a special thanks to Committee and panel members for their consistent support in the various hearings. 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.

DISCIPLINE DECISIONS

CONTESTED HEARING

DR. X, ONTARIO

Factual Background

Dr. X, (the “member”) has been registered with CCO since 1997. Around December 26, 2004, he commenced a personal relationship with Ms Z, having met her through an Internet dating service. Shortly thereafter, they commenced a sexual relationship and began co-habiting around mid-March 2005. Up to that time, Ms Z had never received any chiropractic treatment from the member. Ms Z had been receiving chiropractic treatment from another chiropractor.

Ms Z sought chiropractic treatment from the member on or about April 8, 2005. The member had her sign an informed consent to treatment form on that date. He opened a patient file for her, filled out a patient entrance form, and provided her with treatment on 28 occasions.

Because Ms Z had insurance coverage for her treatments, the member began to bill her, so that payment could be made through her insurer.

In mid-October 2005, Ms Z and Dr. X ended their approximately seven-month personal relationship. At the same time, the chiropractic

treatments provided by the member ceased. However, he sent her a bill for an amount in excess of \$600. When she did not pay, he sent the account to a collections agency. Ms Z subsequently complained to CCO, the Complaints Committee referred specified allegations of professional misconduct (including allegations that Dr. X had sexually abused a patient, Ms Z) to the Discipline Committee and the matter proceeded to a discipline hearing.

Discipline Committee Decision

The Discipline Committee found that Ms Z was a “patient” during the period between April 8 and October 17, 2005. It concluded there was no evidence that the patient-chiropractor relationship was “incidental in nature.” The Discipline Committee found there was concurrency in the sexual and chiropractor-patient relationship. The Discipline Committee also found there was a power imbalance between Ms Z and the member, as shown by an e-mail message from the appellant telling Ms Z that she would have to follow his advice or be discharged as a patient. As well, the member had misused his position by sending Ms Z’s account for collection.

In a decision dated April 16, 2008, the Discipline Committee found the member, Dr. X, guilty of professional misconduct because he had sexually abused a patient. Subsequently, on June 23, 2008, the Discipline Committee imposed the penalty of mandatory revocation of the member’s certificate of registration.

Divisional Court Decision

The member appealed the Discipline Committee decision to the Divisional Court.

On August 14, 2008, the Divisional Court dismissed a motion by the Ontario Chiropractic Association seeking intervenor status or, in the alternative, seeking leave to intervene as a friend of the court, and ordered costs payable to CCO in the amount of \$2,500.

On November 4, 2008, the Divisional Court issued its decision allowing the member’s appeal and referring the matter back to the Discipline Committee for a new hearing.

Court of Appeal Proceedings

On March 13, 2009, the Ontario Court of Appeal granted leave to appeal the Divisional Court decision. The appeal is scheduled for July 2009.

DR. MICHAEL VENNERI, ST. CATHARINES

Discipline Committee Decision

The Discipline Committee decisions relating to finding, penalty and costs are summarized in the 2007 Annual Report. Dr. Michael Venneri (the “member”) was found guilty of professional misconduct with respect to his assessment and treatment with hyperbaric oxygen therapy of Ms S.H., a 49-year-old woman at the time of treatment. The Discipline Committee ordered a reprimand, a suspension of the member’s certificate of registration, terms and conditions on the member’s certificate, costs in the amount of \$128,000 and a fine payable to the Minister of Finance (\$2,500).

Court Decisions

On June 9, 2008, the Divisional Court 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. On August 11, 2008, the Divisional Court dismissed the member’s motion to extend the time limit for perfecting his appeal of the costs order and ordered him to pay costs of \$2,500. On November 12, 2008, the Court of Appeal refused leave to appeal the costs award and ordered the member to pay costs of \$1,000.

JOINT SUBMISSIONS

DR. HENRY MAYERS, MISSISSAUGA

Allegations

CCO alleged that Dr. Mayers (the “member”) committed the following acts of professional misconduct with respect of the patient known as Mr. J.F., and his spouse known as Mrs. H.F., contrary to Ss. 51 (1)(c) of the Code and paragraphs 1(2), 1(20), 1(22), 1(23) and 1(33) of Ontario Regulation 852/93, in that in or about the period November 2006 to January 2007, he contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of

the profession with respect to billing, falsified records with respect to billings and/or receipt of payment, signed or issued, in his professional capacity, documents he knew contained false or misleading statements, submitted accounts or charges for services that he knew were false or misleading and 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.

Agreed Statement of Facts

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

- The member practises at his clinic in Mississauga.
- In November 2006, Mr. J.F. was seen and assessed by the member for chronic lower back pain and foot pain. The member provided chiropractic treatment to Mr. J.F. in November and December 2006 on 11 dates documented in the clinical record. The member never provided any treatment to Mr. J.F.’s wife, Mrs. H.F.
- Mr. J.F. never paid the member for his treatments.
- In November 2006, the member wrote an undated letter to Mr. J.F. which included an itemized statement of accounts in which he indicated he treated both Mr. J.F. and Mrs. H.F. on 16 occasions and that each had an account totaling \$800.
- The member asked Mr. J.F. to provide the false information to the insurer. Mr. J.F. refused and contacted the insurer.
- The member issued a receipt to the insurer indicating he had received \$1,600 from Mr. J.F.
- In December 2006, the member sent a claim to the insurer indicating he had received \$1,600 from Mr. J.F. for chiropractic treatments.

The panel noted a previous discipline decision in 1992.

Joint Submission as to Penalty

The joint submission as to penalty included the following order:

- Requiring the member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the member’s certificate of registration for nine months.
- Ordering the Registrar to impose specified terms, conditions and limitations on the member’s certificate of registration, and in

particular, that the member:

- provide evidence he has successfully complete the Legislation and Ethics Examination; and
 - review and agree to comply with all CCO regulations, standards of practice and guidelines, including the business practices portion of the Professional Misconduct Regulation, G-008: Business Practices, and S-002: Record Keeping;
 - contact the Registrar immediately upon his returning to practice after the suspension has been served;
 - be peer assessed within three months after he returns to practice following the suspension; and
 - be peer assessed at his expense two additional times at CCO's option.
- Requiring the member to pay a portion of CCO's investigation and legal costs in the amount of \$1,500 payable within 90 days of the date of the Panel's Order.
 - Three months of the suspension to be suspended if the member completes the remediation required.
 - Providing that in the event CCO investigates further similar matters, the Agreement and evidence will, at CCO's option, be provided to the relevant committee.

Decision

The panel, following deliberation, made the finding of professional misconduct and imposed the penalty reflected in the Agreement. The member attended before the panel following the hearing to receive an oral reprimand. Although the written decision will be released in 2009, the hearing and oral decision occurred in 2008.

DR. DANIEL PROCTOR, TORONTO

Allegations

CCO alleged that Dr. Proctor (the "member") committed the following acts of professional misconduct with respect of the patients known as Ms L.A. and Ms D.M., contrary to Ss. 51 (1)(c) of the Code and Paragraphs 1(2), 1(11) and 1(33) of Ontario Regulation 852/93 in that during the period February 2007 to May 2008 (re: Ms L.A.) and during the period November 2006 to May 2008 (re: Ms D.M.), the member contravened a standard of practice of the profession, namely S-012: Orthotics, and/or failed to maintain the standard of practice expected of members,

breached an agreement with a patient relating to professional services for the patient, and 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.

CCO alleged that the member committed the additional acts of professional misconduct with respect of the patient known as Ms D.M., contrary to Ss. 51 (1)(c) of the Code and Paragraphs 1(22) and 1(23) of Ontario Regulation 852/93 in that the member signed or issued in his professional capacity, a document he knew contained a false or misleading statement regarding a patient and submitted an account or charge for services that he knew was false or misleading.

Agreed Statement of Facts

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

- The member became a member of CCO in 1983 and practises in Willowdale.

Ms L.A.

- Ms L.A. became a patient in 2004. In February 2007, the member re-assessed Ms L.A. and decided her orthotic sandals and inserts needed to be adjusted. The member told Ms L.A. that the sandals and inserts would be returned shortly. The member did not return Ms L.A.'s sandals and inserts despite several requests. The member did not return Ms L.A.'s calls or otherwise contact her after June 2007. Had the member testified, he would have said that he sent Ms L.A. her sandals and inserts following a prehearing conference in November 2008.

Ms D.M.

- Ms D.M. became a patient in 2004.
- In November 2006, the member strongly recommended to Ms D.M. that she get orthotics. He then issued a claim form for her insurer, indicating Ms D.M. had paid him \$850 for an assessment and two pairs of orthotics. Ms D.M. had not been provided with orthotics and had not paid the member for an assessment or orthotics set out in the claim form. The insurer "reimbursed" Ms D.M. \$765 for the assessment and orthotics.

- In January 2007, the member fitted Ms D.M. for two pairs of orthotic shoes. He urged her to fully pay for the shoes in advance so he could “rush” her order and have it arrive within a week. Ms D.M. paid the member \$795 for the shoes and visit.
- The member did not provide Ms D.M. with the shoes at her appointments. The member did not respond to the patient’s calls or e-mails. Had the member testified, he would have said he attempted to send Ms D.M. her orthotic shoes in August 2007, and that he sent Ms D.M. two pairs of orthotic shoes on November 21, 2008.

Joint Submission as to Penalty

The joint submission as to penalty included the following order:

- Requiring the member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the member’s certificate of registration for four months.
- Ordering the Registrar to impose specified terms, conditions and limitations on the member’s certificate of registration, and in particular, that the member, within four months of the order:
 - provide evidence he has successfully complete the Legislation and Ethics examination; and
 - review and agree to comply with all CCO regulations, standards of practice and guidelines, including the business practices portion of the Professional Misconduct Regulation, G-008: Business Practices, S-002: Record Keeping and S-012: Orthotics;
 - provide a letter to the Registrar from a treating regulated health care provider advising whether the member has any physical or mental conditions or disorders that may interfere with the member’s ability to practice chiropractic.
- Contact the Registrar immediately upon his returning to practice after the suspension has been served.
- Be peer assessed within three months after he returns to practice following the suspension.
- Be peer assessed at his expense two additional times at CCO’s option.
- Requiring the member to pay a portion of CCO’s investigation and legal costs in the amount of \$1,500 payable within 30 days of the date of the Panel’s Order.
- Providing that in the event CCO investigates further similar matters, the Agreement and evidence will, at CCO’s option, be provided to the relevant committee.

Decision

The panel, following deliberation, made the finding of professional misconduct and imposed the penalty reflected in the Agreement. The member attended before the panel following the hearing to receive an oral reprimand. Although the written decision will be released in 2009, the hearing and oral decision occurred in 2008.

DR. KALEEM SHAIKH, ETOBICOKE

Allegations

CCO alleged that Dr. Shaikh (the “member”) committed the following acts of professional misconduct with respect of the patient known as Mr. M.R., contrary to Ss. 51 (1)(c) of the Code and paragraphs 1(2), 1(19), 1(20), 1(22), 1(28), 1(29), 1(23), 1(33) of Ontario Regulation 852/93, in that during the period May 16, 2005 to August 2006, the member contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his treatment, documentation and billing, he failed to keep records as required, he falsified a record or records, he signed or issued in his professional capacity a document or documents he knew contained false or misleading statements, he submitted an account or accounts or charge or charges for services that he knew were false or misleading and he engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional with respect to his treatment and/or documentation and/or billing regarding Mr. M.R.

Agreed Statement of Facts

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

- On or about May 16, 2005, Mr. M.R. was seen at the member’s clinic, having suffered a workplace accident in September 2002.
- Mr. M.R. received insured health benefits from his employer that entitled him and his family members to health care treatments including unlimited physiotherapy treatment, and limited chiropractic or massage.
- Mr. M.R. and the member agreed that the member would provide false

- invoices to submit to the insurer indicating that Mr. M.R. and his two children received physiotherapy treatments and that the treatments had been paid for prior to the issuance of the invoices.
- Mr. M.R.'s children never received treatment. Mr. M.R. received a variety of treatment. The treatments were never paid for prior to Mr. M.R. submitting invoices.
 - Mr. M.R. signed an informed consent to chiropractic adjustments and care on May 16, 2005. According to his record, Mr. M.R. received approximately 145 chiropractic treatments, 61 physiotherapy treatments, and 34 massages during the period May 16, 2005 – July 12, 2006, and that on many occasions, Mr. M.R. received more than one type of treatment per day.
 - The member issued a number of invoices and claims, all of which indicated payment had been received in full.
 - The insurer “reimbursed” Mr. M.R., based on the invoices and claims. The insurer conducted an audit. The member admitted Mr. M.R.'s children were never treated and that the invoices contained false information.
 - The member admits the documentation is incomplete and inadequate. There is no support for the frequency of treatments received by Mr. M.R.

After the audit, and the insurer's complaint to the College, the member voluntarily took a number of steps regarding appropriate treatment and billing, including revising intake forms, SOAP note forms, referral forms so treatment is conducted according to a written treatment plan, weekly staff meetings, monthly clinical rounds, hiring new staff, mentoring new practitioners, and having patients sign in every time they are at the office.

Joint Submission as to Penalty

The joint submission as to penalty included the following order:

- Requiring the member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the member's certificate of registration for seven months.
- Ordering the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration, and in particular, that the member:
 - provide evidence he has successfully complete the Legislation and Ethics examination;
 - provide evidence he attended and successfully completed the

CCO record keeping workshop;

- review and agree to comply with all CCO regulations, standards of practice and guidelines, including the business practices portion of the Professional Misconduct Regulation, G-008: Business Practices, G-004: Definition of a Chiropractic Visit, S-002: Record Keeping and S-005: Spinal Adjustments/ Manipulation;
 - contact the Registrar immediately upon his returning to practice after the suspension has been served;
 - be peer assessed within three months after he returns to practice following the suspension; and
 - be peer assessed at his expense two additional times at CCO's option.
- Requiring the member to pay a portion of CCO's investigation and legal costs in the amount of \$2,500 payable within 30 days of the date of the Panel's Order.
 - Three months of the suspension to be suspended if the member completes the remediation required within four months of the date of the Order and pays the costs.
 - Providing that in the event CCO investigates further similar matters, the Agreement and evidence will, at CCO's option be provided to the relevant committee.

Decision

The panel, following deliberation, made the finding of professional misconduct and imposed the penalty reflected in the Agreement. The member attended before the panel following the hearing to receive an oral reprimand. Although the written decision will be released in 2009, the hearing and oral decision occurred in 2008.



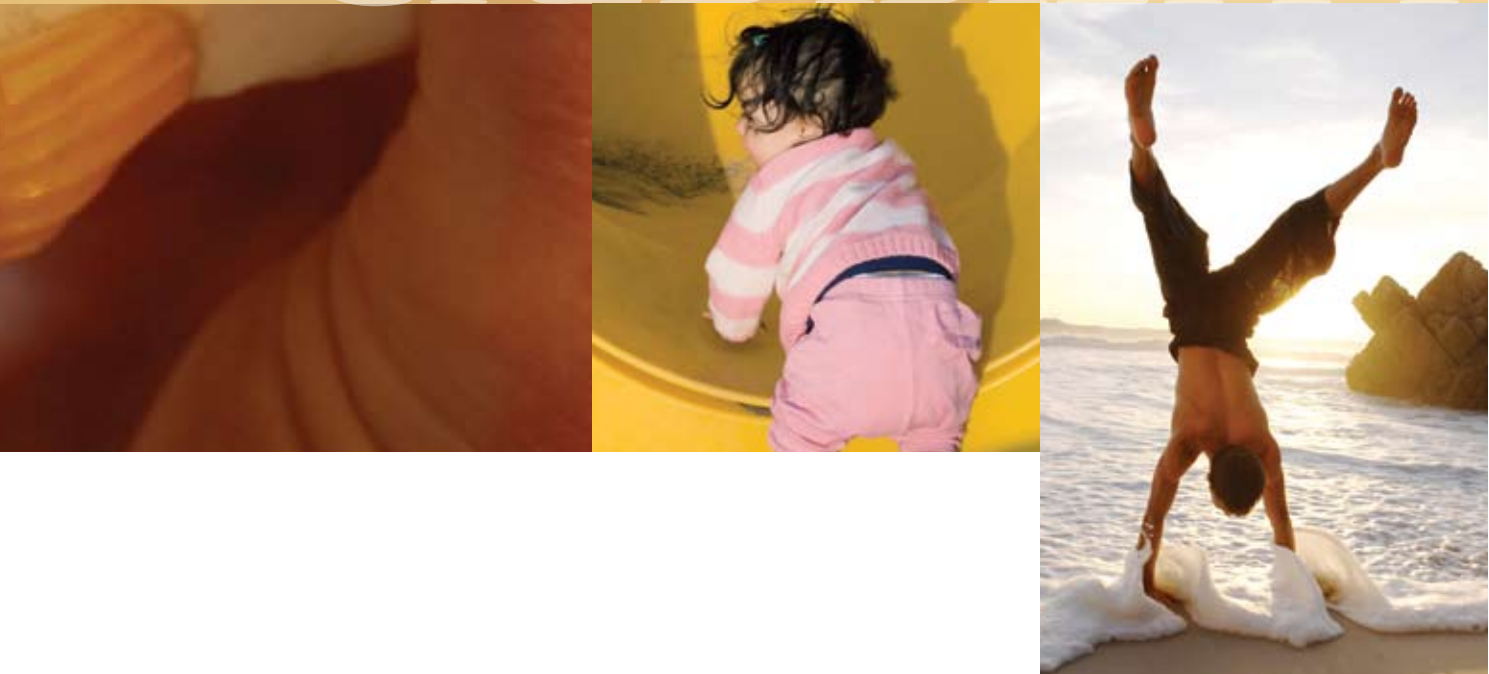
April 24, 2008 – Joint Quality Assurance Committee and Complaints Committee meeting.





CCO is a credible organization with an important public interest mandate.

CREDIBILITY





Dr. Douglas Pooley,
Chair

A member of CCO since 1978

COMMITTEE MEMBERS

Ms Lynn Daigneault

Mme Lise Marin

Dr. Calvin Neely
Non-Council member

Dr. Robin Whale
Non-Council member

STAFF SUPPORT:

Mr. Joel Friedman
Director, Policy & Research

Ms Sue Gargiulo
Communications Officer

Ms Jo-Ann Willson
Registrar and General Counsel

Patient Relations Committee

Having met only once in 2008, the Patient Relations Committee still accomplished something extraordinary – the finalization, approval (by CCO Council in December 2008) and distribution (in January 2009) of the *Partnership of Care (Patient’s Charter of Rights and Responsibilities)*, in both English and French. This was possible due to the efforts of the previous Committee members, most notably Dr. Calvin Neely, Dr. Brian Schut and Mr. Richard Frame. In fact, Ms Barbara Sullivan, Chair of HPRAC, made special mention of the *Partnership of Care* in the May 2008 document entitled “A Report to the Minister of Health and Long-Term Care on the Health Profession Regulatory Colleges’ Patient Relations Programs” (HPRAC Report). The HPRAC Report noted the *Partnership of Care* as an “example of an innovative initiative.”

In addition, the Committee was actively involved in reviewing various information/material related to sexual abuse and revising these documents to assure fairness and compliance with government legislation. For example, the Committee reviewed and began the process of revising a previously distributed document, “Boundaries in Professional Relationships,” for future distribution to CCO members, subject to Council’s approval. This is a self assessment whose purpose is to help members identify and avoid potential hazardous situations which may lead to allegations of sexual abuse or otherwise compromise the professional boundaries of the doctor/patient relationship. It is the Committee’s hope to have this document available for distribution next year.

As articulated in the HPRAC Report, the four goals of the Committee are:

- To help professionals regulated by the college enhance relations with their patients and, by extension, the public.
- To increase public understanding of the range and quality of the professional services offered by members of the college.
- To help patients or clients become fully informed of their rights in dealing with members of the profession and the college, including the right to be treated in an ethical, competent, sensitive and respectful manner.
- To increase public awareness of the role of the regulatory college and how to participate in college processes and programs.

ACKNOWLEDGEMENTS

As chair, I would like to thank the members of our Committee, Drs. Calvin Neely and Robin Whale, Mme Lise Marin and Ms Lynn Daigneault, as well as CCO staff, Ms Jo-Ann Willson, Ms Sue Gargiulo, Mr. Joel Friedman and Ms Andrea Szametz, Recording Secretary. Each has been instrumental to our process with their insight, and their hard work is genuinely appreciated. I look forward to the pleasure of serving with these wonderful individuals in the future.

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*.



Partnership of Care

(Patient's Charter of Rights and Responsibilities)

Approved in principle by Council: April 21, 2006 Approved by Council: December 11, 2008

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 the College of Chiropractors of Ontario's (CCO) regulations, standards of practice, policies and guidelines (information is posted on CCO's website at 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
- ✓ full disclosure of policies, procedures and fees

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
- ✓ compliance with office policies, procedures and fees
- ✓ courtesy and respect for the office environment, staff and other patients
- ✓ up-to-date contact information

Partenariat de soins de santé

(Charte des droits du patient/e et des responsabilités à l'égard du patient/e)

Approuvé en principe par le Conseil le 21 avril 2006 Approuvé par le Conseil le 11 décembre 2008

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 de l'Ordre des Chiropraticiens de l'Ontario (OCO) (les renseignements à ce sujet se trouvent sur le site Web de l'OCO à l'adresse 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
- ✓ établit clairement les politiques, les procédures et les honoraires

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 politiques, les procédures et les honoraires du bureau
- ✓ 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



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

Quality Assurance Committee

CHANGES ON THE HORIZON

Meeting nine times in 2008, the Quality Assurance Committee remained exceedingly busy throughout the year. The Committee's primary goal – to ensure the Quality Assurance (QA) programs comply with the amended *RHPA*, which goes into effect in June 2009. This process began in 2007. The amended *RHPA* authorizes the Quality Assurance committees of all Ontario health regulatory colleges "To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members." In addition, the Committee reviewed and, where appropriate, revised the quality assurance regulation, standards of practice, policies and guidelines.

REVIEW OF QUALITY ASSURANCE REGULATION, STANDARDS OF PRACTICE AND POLICY

1) *Quality Assurance Regulation*

With the assistance of Mr. Joel Friedman, Director, Policy & Research, the Committee reviewed and revised the Quality Assurance Regulation (Ontario Regulation 204/94) to comply with the *Health System Improvements Act*. Council approved the distribution of the revised regulation to CCO members and other stakeholders for review and feedback in December 2008. The next steps will be reviewing members' feedback, revising the regulation, as appropriate, obtaining Council's approval and then forwarding the regulation to the MOHLTC for review, processing and approval.

2) *Standards of Practice*

The Committee reviewed and revised standards of practice S-009: Chiropractic Care of Animals, S-010: Orthotics, and S-017: Acupuncture, and approved by Council in December 2008. The amendments were as follows:

- S-009: Chiropractic Care of Animals – clarifying for members the training required in order to provide chiropractic care to animals and the general subject matter that must be included in a chiropractic training curriculum.
- S-010: Orthotics – clarifying the procedures members must follow when prescribing or dispensing orthotics (with input from the Complaints Committee).

COMMITTEE MEMBERS

- Dr. James Laws
- Mr. Robert MacKay
- Ms Cindy Maule
- 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
- Dr. J. Bruce Walton
Consultant, QA 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.



PEER ASSESSORS

Dr. Joyce Allman, Oakville
Dr. Peter Amlinger, Mississauga
Dr. Elizabeth Anderson-Peacock, Barrie
Dr. Gerard Arbour, Scarborough
Dr. Garey Awenus, Downsview
Dr. Timothy Barnes, Woodstock
Dr. Richard Bornstein, Richmond Hill
Dr. William Charlton, Bracebridge
Dr. Kevin Dinsmore, Belleville
Dr. Lori Dover, Shelburne
Dr. Liz Gabison, Toronto
Dr. Reginald Gates, Burlington
Dr. Arnon Glatter, Brampton
Dr. Ruth Hitchcock, Collingwood
Dr. Roberta Koch, Hamilton
Dr. Gilles Lamarche, Timmins
Dr. Peter Le Masurier, Sharon
Dr. Connie Miller, Southampton
Dr. Dennis Mizel, St. Catharines

To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

QUALITY



Dr. Paul Newton, Ottawa
Dr. Kristina Peterson, Thunder Bay
Dr. Hilary Petrus, Thunder Bay
Dr. Peter Picard, Cochrane
Dr. Ken Robinson, Barrie
Dr. Heather Robson-McInnis, Niagara Falls
Dr. Antonino Russo, LaSalle
Dr. Gauri Shankar, Prescott
Dr. Steven Silk, Wiarton
Dr. Frazer Smith, Smiths Falls
Dr. Michael Staffen, Sudbury
Dr. Bob Szczerko, Thorold
Dr. Richard Stover, London
Dr. Keith Thomson, Peterborough
Dr. Grace Tridico, Sault Ste. Marie
Dr. Sal Viscomi, Richmond Hill
Dr. Joel Weisberg, Toronto
Dr. Carolyn Wood, Clinton
Dr. Dennis Yurkiw, Owen Sound
Dr. David Zurawel, Port Hope

Peer
Assessment
Workshop,
Toronto
January 2008



34

- S-017: Acupuncture – changing “liability insurance” to “liability protection” to capture all types of insurance protection.

In addition, the Committee continued its work on creating standards pertaining to scope of practice and independent chiropractic examinations.

3) Policy

Following much discussion and debate, the Committee agreed on the need to create a policy to outline the selection and discharging of peer assessors. Subsequently, the Committee developed a draft policy (P-051: Procedures for Appointing, Re-appointing and Discharging Peer Assessors), which Council approved for distribution to CCO members in December 2008.

PEER AND PRACTICE ASSESSMENT

The Peer and Practice Assessment Program continues to be a success story for the Committee and for CCO, receiving positive feedback from CCO members and other health regulatory colleges. In keeping with the revised *RHPA*, the Committee made a slight change to name of the program: to Peer and Practice Assessment from Peer Assessment. The actual program, however, remains the same.

In 2008, the Committee completed 300+ assessments, made possible by the

work of the nearly 40 peer assessors. The Committee thanks them for their dedication to the profession and for being excellent CCO ambassadors.

PEER ASSESSMENT WORKSHOP

The Committee hosted a peer assessment workshop in January 2008. The workshop’s focus – updating the peer assessors on the amendments to the *RHPA*, revised standards of practice, and changes to the peer assessment forms.

The workshop also featured a presentation by Mr. Richard Steinecke entitled “Clarifying Consent,” which articulated the requirements for consent to be truly informed. In addition, the peer assessors served as a focus group for the Core Competency Project’s (CCP) self assessment program, whereby they reviewed and completed the self assessment questionnaire and provided feedback.

SELF ASSESSMENT

CCP has been working diligently on developing a self assessment program over the last few years. CCP’s success story is featured in the CCP report.

RECORD KEEPING WORKSHOPS

The record keeping workshops are another CCO success story. In 2008, CCO presented workshops in June and September following CCO’s Legislation and Ethics examination. In an effort to improve members’



record keeping practices, in 2005, CCO mandated that all members holding a general (i.e., active) certificate of registration attend the workshop. The workshops are free for candidates writing the examination and for CCO members within their first year of registration with CCO. Many members who have attended the workshop have commented on how the workshops have raised their comfort levels with CCO's standards of practice and toward CCO itself. The Committee is thankful to workshop organizers and presenters – Mr. Joel Friedman, Dr. Dennis Mizel, Dr. Frazer Smith, Dr. Keith Thomson, Dr. Bruce Walton, and Ms Jo-Ann Willson – who devoted a great deal of personal time to make this program a success.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

Continuing education (CE) is not new at CCO. Members have always been required to participate in continuing learning activities and record this information in their professional portfolios. CE is important if members want to improve and maintain their clinical proficiency and enhance their professional knowledge base.

The Committee has begun the process of creating appropriate CE programs to fulfil its legislative mandate. Following a thorough review of the amended *RHPA* and the CE programs of other jurisdictions (Canadian and international), a small working group composed of five Council members was formed with the mandate to create a CE program. The group's first meeting was in December 2008. This group reports to the Quality Assurance Committee.

MOVING FORWARD

As CCO moves into 2009, the Committee continues to make the needed adjustments to established QA programs and is planning a rollout strategy for the new initiatives.

ACKNOWLEDGEMENTS

The Committee worked extremely hard again in 2008 and accomplished many things within very tight timeframes. It is not always easy to find the win-win in every situation but this Committee was determined to find the best solutions for both the chiropractic profession and the people of Ontario.

As outgoing QA chair following my two year maximum, I want to extend my most sincere thank you to Committee members Dr. James Laws, Dr. Keith Thomson, Mr. Rob McKay and Ms Cindy Maule for their dedication to resolving and clarifying all issues that came before them. Composed of the same members as the previous year, the Committee enjoyed the privilege of continuity and this was an essential part of reaching many of QA's goals.

The Committee also owes 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 bringing their expertise, knowledge, and work ethic to every aspect of quality assurance. Thank you to Ms Andrea Szametz, our recording secretary, for capturing the vast amount of discussion that occurred and keeping us on task.

Finally, I must say it has been a true honour to serve this profession as chair of QA for the last two years. I thank the Council members for putting their trust in me to head this Committee during an exceedingly busy time. I also thank them for working together to ensure these important projects are completed in a timely fashion. And, I say thank you to the CCO members who voice their opinions and provide the constructive feedback we need to ensure the very best standards and programs are created.



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

COMMITTEE MEMBERS

Dr. David Bereznick
Non-Council Member

Ms Lynn Daigneault

Ms Cindy Maule

Dr. Dennis Mizel

STAFF SUPPORT:

Mr. Joel Friedman
Director, Policy & Research

Ms Sue Gargiulo
Communications Officer

Dr. Brian Gleberzon
CCO Council Member

Dr. Bruce Walton
*Consultant, Quality Assurance
Committee*

Ms Jo-Ann Willson
Registrar and General Counsel

Core Competency Project

Developing a user-friendly and comprehensive self assessment continued to be the main priority for the Core Competency Project (CCP) in 2008. To accomplish this task, CCP, which reports to the Quality Assurance Committee (QA), met three times in 2008, once in conjunction with the QA Committee, and evaluated various versions of the self assessment on six different occasions with the participation of approximately 65 members. CCO peer assessors and elected members of Council were the first two groups to review, complete and provide feedback on the draft self assessment. In addition, CCP hosted four focus groups across Ontario, led by Dr. Bruce Walton, Ms Cindy Maule, Mr. Joel Friedman and myself. The nearly 25 members asked to participate in the focus groups represented different practice styles, years in practice, location of practice, age group and gender.

The feedback, particularly from the focus group participants, was invaluable. Collected via round table discussions and in writing, the focus group participants said they appreciated being included in the process and expressed genuine support for the self assessment questionnaire. CCP reviewed the feedback and modified the self assessment questionnaire, where appropriate. For example, new sections were added and many questions were clarified.

The self assessment is divided into eight sections – 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. There is an accompanying handbook that provides detailed explanation for each section. Self assessment is also a requirement in the amended *RHPA*.

ACKNOWLEDGEMENTS

As chair, I would like to thank the CCP members – Dr. Dennis Mizel, Dr. David Bereznick, Dr. Brian Gleberzon, Ms Lynn Daigneault and Ms Cindy Maule – and the chair of the QA Committee, Dr. Robbie Berman, for their dedication to this project. I would also like to thank the exceptional staff and QA Committee Consultant – respectively, Mr. Joel Friedman, Ms Sue Gargiulo, Ms Jo-Ann Willson and Dr. Bruce Walton.

Self assessment will help chiropractors improve their skills and knowledge, which will ultimately enhance the quality of chiropractic care in Ontario.

Focus Group
Toronto
October 23, 2008



Focus Group
London
November 6, 2008



Focus Group
Thunder Bay
November 1, 2008



Focus Group
Kingston
December 3, 2008







April 2008,
Halifax,
Federation Meeting,
Ms Jo-Ann Willson
and
Mr. Peter Waite



Influence the various chiropractic organizations
for a more unified profession.

INFLUENCE



April 2008, Halifax,
Federation Meeting,
Dr. Grayden Bridge and
Dr. Wanda Lee MacPhee





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

COMMITTEE MEMBERS

Dr. James Laws

Ms Ellie Moaveni

STAFF SUPPORT:

Mr. Joel Friedman
Director, Policy & Research

Ms Maria Simas
Registration Coordinator

Ms Jo-Ann Willson
Registrar and General Counsel

Registration Committee

Fairness was the central theme of the year for the Registration Committee as it met seven times in 2008. However, the first order at each Committee meeting was to review and process all referrals received from the Registrar.

The Fair Access to Regulated Professions Act, 2006, which became law in March 2007, requires regulated professions to communicate the results of their own review of registration practices on an annual basis to the Office of the Fairness Commissioner (OFC). Furthermore, regulated professions' registration practices will be audited by third parties to ensure compliance with the new legislation.

In January, the Committee met with representatives from the OFC to review CCO's registration policies and practices. This meeting also allowed the Committee to ask questions about the newly created registration audit process. CCO is scheduled to undergo an audit of its registration practices in 2009.

With fairness in mind, the Committee undertook an extensive review of its registration policies, seeking to improve transparency and ensure an objective, impartial and fair registration process. The Committee made several changes to the background documentation that applicants receive in order to help clarify the steps and requirements for successful registration.

The Committee continued its work on amending the categories of registration. New registration requirements introduced by the *Health System Improvements Act*, the *Fair Access to Regulated Professions Act*, as well as the MRA under the Labour Mobility Chapter of the Agreement on Internal Trade provided further impetus for the Committee to revise CCO's current registration categories. The Committee will make recommendations to Council in 2009.

The MOHLTC introduced a minimum data set that it requires allied health regulatory colleges to collect from their members. This data set is to be collected solely for health human resource planning in the province of Ontario. As a result, the Committee, with the help of Mr. Joel Friedman, began planning the process of collecting the new information, which is expected to be separate from the regular CCO renewal process.

MANDATE:

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

**TABLE 1:
CLASSES OF CERTIFICATE FOR CCO
MEMBERS (AS AT DECEMBER 31, 2008)**

Class	Totals
Active	3,516
Active Non-Resident	45
Inactive	129
Inactive Non-Resident	87
Retired	96
TOTAL	3,873

**TABLE 2:
AGES/GENDER OF ACTIVE MEMBERS (AS AT DECEMBER 31, 2008)
TOTAL – 3,516**

Age Group	Female	Male	Totals
< 25	1	0	1
25 – 35	561	677	1,238
36 – 45	374	791	1,165
46 – 55	148	512	660
56 – 65	32	334	366
66+	6	80	86
TOTAL	1,122	2,394	3,516

ACKNOWLEDGEMENTS

Overall, it has been a very busy and interesting year for the Committee. Staff members, especially Mr. Friedman, attended numerous MOHLTC and OFC information sessions to keep abreast of changes affecting all health regulatory colleges. That, in turn, generated significant volumes of material to review.

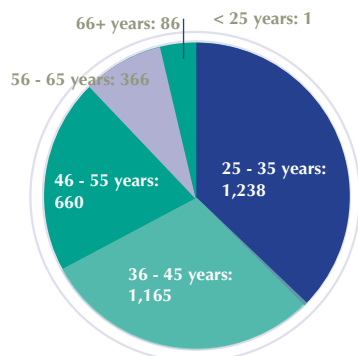
It has been a privilege to chair a Committee with team members that share a passion for fairness, objectivity, and impartiality in the registration process. I thank Dr. James Laws for bringing a wealth of history and integrity to the table, and Ms Ellie Moaveni for her strength of character, unwavering neutrality and compassion.

I would like to take the time to thank our committed support staff – Ms Maria Simas, Registration Coordinator, who helms the entire registration process virtually single-handedly, Mr. Joel Friedman, Director, Policy & Research, for his expertise in writing new policy and diligence in monitoring changes in the regulatory framework, and Ms Jo-Ann Willson, our Registrar and General Counsel, for her guidance and stewardship. Finally, I would like to thank Ms Andrea Szametz, Recording Secretary, who somehow continued to accurately and succinctly capture all of our ramblings.

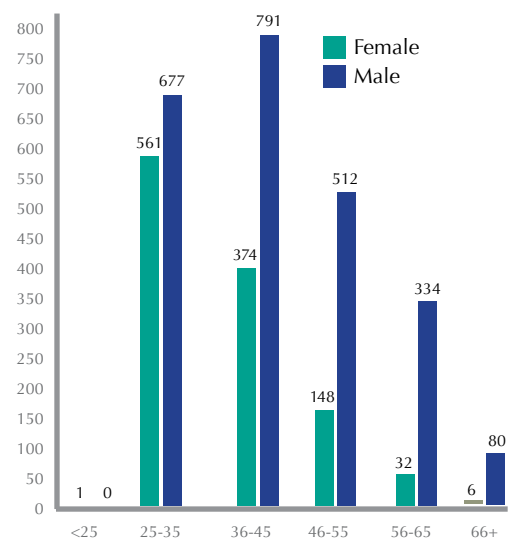
**TABLE 3:
COLLEGES OF GRADUATION FOR
MEMBERS REGISTERED IN THE ACTIVE
CATEGORY IN 2008**

COLLEGE	FEMALE	MALE	TOTAL
CMCC	82	62	144
NEW YORK	5	11	16
LOGAN	4	5	9
NATIONAL	2	5	7
PARKER	1	3	4
ANGLO-EUROPEAN COLLEGE OF CHIROPRACTIC	0	2	2
LIFECC	1	1	2
LIFECC – WEST	0	2	2
UNIVERSITY OF BRIDGEPORT, CONNECTICUT	1	1	2
WESTERN STATES	1	0	1
PALMER	1	0	1

**Graph 1:
Active Members
by Age Group
(as at December 31, 2008)
Total: 3,516**



**Graph 2:
Active Members by Gender and Age Group
++(as at December 31, 2008) Total: 3,516**





Dr. Peter Amlinger,
Chair

A member of CCO since 1985

COMMITTEE MEMBERS

Mr. Shakil Akhter

Dr. Robbie Berman

Mr. Robert MacKay,
Alternate

Dr. Lawrence McCarthy,
Non-Council member

STAFF SUPPORT:

Ms Sue Gargiulo
Communications Officer

Mr. Joel Friedman
Director, Policy & Research

Advertising Committee

Although the Advertising Committee formally met only twice in 2008, it was a busy and interesting year. The Committee made minor amendments to the Public Display Protocol approved by Council in September 2008, to better protect the public interest. First, a chiropractor participating in a public screening/health display must ensure the participant is fully informed. This means the participant understands that the purpose of the screening is not to assess or diagnose, but to screen him/her for potential problems that may require further investigation in a formal office setting. Second, the chiropractor must provide the participant with a description and explanation of the purpose of the screening procedure. Third, the chiropractor must perform a screening in compliance with the current privacy legislation (i.e., *PHIPA*).

In addition, the Committee revised the advertising (proposed) regulation (R-12), standard of practice (S-003: Advertising) and guideline (G-003: Advertising) to permit chiropractors to advertise free and/or discounted services, and free diagnostic and treatment services in exchange for proceeds/donations to charities.

The Committee first debated and then made the revisions, which are derived from current case law and feedback from CCO's legal counsel.

CCO Council unanimously approved the circulation of the revised documents to CCO members and other stakeholders for review and feedback. The revised documents were distributed in January 2009.

The feedback process is very important to the self-regulation of the profession and to CCO. The Committee is grateful to all members and stakeholders who take the time and energy to review the documents and send their thoughts and comments back for the Committee's review. The Committee will review feedback and make appropriate revisions, which will be presented to Council in mid 2009.

The Committee extends a reminder to members – amended standards, policies and guidelines do not go into effect until they are approved by Council. Therefore, please review CCO's website (www.cco.on.ca) for up-to-date information relating to standards, policies and guidelines.

MANDATE:

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

Federation Meetings
November 2008, Toronto
April 2008, Halifax



Finally, the Committee members spent many hours reviewing advertisements submitted to CCO for approval by members and those submitted by way of concern or complaint by members of the public and the profession. The Committee encourages members to submit their proposed advertisements for approval prior to distribution. As always, the Committee's goal is to provide a response to pre-submitted advertisements within 10 business days.

ACKNOWLEDGEMENTS

A Committee is only as strong as its members. As chair, I would like to thank our public members, Mr. Shakil Akhter and Mr. Rob MacKay, for their time, energy and dedication. Our public member feedback is incredibly valuable and insightful and helps us remain squarely focused on the public interest.

The passion of our elected Council member, Dr. Robbie Berman, is unsurpassed and very much appreciated, as is the dedication and insight of our non-Council member, Dr. Larry McCarthy. Ms Andrea Szametz, Recording Secretary, does a fantastic job accurately capturing the minutes of our meetings. Mr. Joel Friedman was very helpful as we discussed various points of contention. Of course, Ms Sue Gargiulo is the backbone and central nervous system of our Committee and we could not function without her.

Finally, I would like to thank the entire Council for their open-mindedness and commitment to the CCO process. It has been a pleasure to chair this Committee.





Dr. Brian Gleberzon,
Chair
A member of CCO since 1989

COMMITTEE MEMBERS

Mme Lise Marin

Dr. Douglas Pooley

STAFF SUPPORT:

Mr. Joel Friedman
Director, Policy & Research

Ms Jo-Ann Willson
Registrar and General Counsel

Fitness to Practise Committee

The Fitness to Practise Committee met once in 2008. Mr. Richard Steinecke, one of CCO's outside legal counsel, participated in the meeting and provided an orientation to the mandate, responsibilities and processes of the Committee.

The Committee reviewed the changes to incapacity proceedings affected by amendments to the *RHPA*. Initial inquiries into incapacity and referrals to the Committee, previously done by a Board of Inquiry appointed by the Executive Committee, will now be performed by a panel of the Inquiries, Complaints and Reports Committee. Additionally, the Committee will have the power to vary terms, conditions and limitations on a member's certificate of registration.

The Committee also recommended that CCO by-laws allow for any member of Council to serve on a panel of the Fitness to Practise Committee. Similar to Discipline proceedings, every member of CCO Council is potentially eligible to sit on a panel of the Fitness to Practise Committee.

MANDATE:

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



CCO 2007 AGM

June 19, 2008
St. Andrew's Club, Toronto

(Left) Special Guest Speaker
Ms Elinor Caplan,
former Minister of Health





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

Chiropractic Review Committee

Be well, do good work, and keep in touch. ~ Garrison Keillor

Since the beginning (back in 1977), the CRC has operated as a CCO committee comprised of both appointed professional and public members. The task of the CRC was to respond to directions from the general manager of OHIP to investigate and audit the billing practice of members of the chiropractic profession in Ontario. Once an investigation was completed, the CRC would make a recommendation to OHIP's general manager to:

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

The activities of the CRC finally came to an end in 2008 with an order to dismiss the appeal of its one remaining case on December 19, 2008.

There were no new cases for the CRC in 2008. The CRC's work simply focused on reaching the close of the remaining case. Two cases, which had been settled prior to the end of 2007, were discussed in the three CRC meetings held in 2008. The activity was to finalize the minutes of these settlements and officially close the cases from the CRC files.

With all cases closed, the only work that remained fell into the hands of Ms Jill Silk, the CRC's capable Administrative Assistant. The task was to close down the office. The files were reorganized and shipped to the MOHLTC storage facilities in Kingston. The furniture was picked up and carted away for similar storage. Finally, without a desk to work at, no telephone to answer and the only chair at the CRC was yours truly, the CRC's days at the CCO officially came to an end.

ACKNOWLEDGEMENTS

As chair, I wish to take this opportunity, one last time, to thank all the members and inspectors, past and present, for their contributions to this committee's work. I wish to also thank the legal teams, past and present, who provided the CRC with expert advice and guidance through many complex and difficult matters. And, of course, while a simple "thanks" seems quite inadequate to show appreciation to our Administrative Assistant, it must do. Ms Silk served the CRC since 1993 and everyone who has worked with her knows she singlehandedly held down the fort.

CCO Council deserves our thanks for showing confidence in all those involved with CRC activities over the years. I am certain I speak for everyone when I say that we appreciate the opportunity to have served the public and the profession in this manner. This final committee greatly appreciated the luncheon you hosted on our behalf at our last meeting. We especially appreciated the acknowledgement we all received at the Annual General Meeting in June 2008 when we all received the President's Award of Excellence from Dr. Gilles Lamarche.

On a personal note, I would like to thank Ms Jo-Ann Willson who provided much guidance and encouragement to me in my early days as chair. I jumped into this role with both feet and it was her efforts that made the difference between sinking and swimming.

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

MANDATE:

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



The task of the CRC was to respond to directions from the general manager of OHIP.

RESPONSE



Auditor's Report

To the Members of the College of Chiropractors of Ontario:

We have audited the statement of financial position of the College of Chiropractors of Ontario as at December 31, 2008, 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, 2008, 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,



TORONTO, CANADA
June 2, 2009

TATOR, ROSE & LEONG,
Chartered Accountants
Licensed Public Accountants

Statement of Financial Position

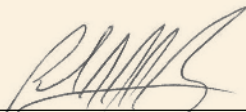
STATEMENT 1

DECEMBER 31, 2008 (With 2007 Comparisons)

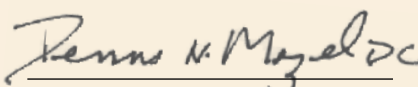
	2008	2007
ASSETS		
CURRENT		
Bank	\$ 465,066	\$ 264,674
Short-term Investments	5,232,428	5,118,827
Prepaid Expenses and Sundry Assets	91,856	54,309
	5,789,350	5,437,810
CAPITAL (Note 2)	83,954	113,582
TOTAL ASSETS	\$ 5,873,304	\$ 5,551,392
LIABILITIES		
CURRENT		
Accounts Payable and Accrued Liabilities	\$ 474,470	\$ 219,410
Deferred Revenue	348,471	345,817
TOTAL LIABILITIES	822,941	565,227
NET ASSETS (Per Statement 2)	5,050,363	4,986,165
TOTAL LIABILITIES AND NET ASSETS	\$ 5,873,304	\$ 5,551,392

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Approved on behalf of the College:



 Mr. Robert MacKay, Treasurer



 Dr. Dennis Mizel, President

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

Statement of Operations

STATEMENT 3

FOR THE YEAR ENDED DECEMBER 31, 2008 (With 2007 Comparisons)

	2008	2007
INCOME		
Renewal Fees	\$ 2,987,825	\$ 2,917,556
Registration Fees	65,300	54,300
Examination Fees	37,738	34,110
Incorporation Fees	79,700	70,500
Record Keeping Seminars	8,550	75,780
Recovery of Discipline Costs	2,500	12,500
Interest & Sundry	241,445	272,195
TOTAL INCOME	3,423,058	3,436,941
EXPENDITURES		
Salaries and Benefits (Note 3)	870,923	777,943
Pension - Past Service (Note 4)	9,600	9,600
Rent and Utilities (Note 5)	274,793	268,311
Office and General (Note 6)	422,888	283,363
Printing and Postage	234,119	159,024
Insurance	19,542	19,805
Meetings, Fees and Expenses (Schedule 1)	237,603	238,617
Audit	26,809	21,366
Federation Meetings	15,610	25,045
CFCRB and CCEC Dues	90,000	90,000
Record Keeping Workshops	30,974	65,769
Donation	100,000	-
Government Relations	8,550	5,550
Consulting Fees	99,631	99,336
Consulting Fees - Peer Assessors	141,257	131,036
Consulting Fees - Complaints	77,092	25,121
Legal Fees - Complaints	-	2,727
Legal Fees - Executive	31,532	25,112
Legal Fees - Discipline	362,193	99,381
Legal Fees - General	143,569	62,714
Sub-Contractors	86,748	83,446
Equipment Lease	32,857	30,182
Media Advertising	9,565	9,764
TOTAL EXPENDITURES	3,325,855	2,533,211
Excess of Income Over Expenditures		
Before Amortization	97,203	903,730
Amortization	33,005	42,323
EXCESS OF INCOME OVER EXPENDITURES	\$ 64,198	\$ 861,407

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, 2008 (With 2007 Comparisons)

	2008	2007
UNRESTRICTED FUND		
Balance, January 1,	\$ 4,986,165	\$ 4,124,758
Add: Excess of Income Over Expenditures (Per Statement 3)	64,198	861,407
Balance, December 31,	\$ 5,050,363	\$ 4,986,165

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

Statement of Cash Flow

STATEMENT 4
FOR THE YEAR ENDED DECEMBER 31, 2008 (With 2007 Comparisons)

	2008	2007
CASH AND EQUIVALENTS PROVIDED BY (USED FOR):		
OPERATING ACTIVITIES		
Excess of Income over Expenditures (per Statement 3)	\$ 64,198	\$ 861,407
Amortization - Capital Assets	33,005	42,323
(Increase) in Prepaid Expenses and Sundry Assets	(37,547)	(39,266)
Increase (Decrease) in Accounts Payable and Accrued Liabilities	255,060	(24,803)
Increase (Decrease) in Deferred Revenue	2,654	(116,899)
	317,370	722,762
INVESTING ACTIVITIES		
Purchase of Capital Assets (Net)	(3,377)	(42,599)
CHANGE IN CASH AND EQUIVALENTS DURING THE YEAR	313,993	680,163
CASH AND EQUIVALENTS AT THE BEGINNING OF THE YEAR	5,383,501	4,703,338
CASH AND EQUIVALENTS AT THE END OF THE YEAR	\$ 5,697,494	\$ 5,383,501
CASH AND EQUIVALENTS REPRESENTED BY:		
Bank	\$ 465,066	\$ 264,674
Short-term Investments	5,232,428	5,118,827
	\$ 5,697,494	\$ 5,383,501

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, 2008 (With 2007 Comparisons)

	Fees	Expenses	2008	2007
Dr. Peter Amlinger 1,3,8	\$ 11,500	\$ 3,785	\$ 15,285	\$ 11,341
Dr. Robbie Berman 1,6,8	15,925	5,329	21,254	13,438
Dr. Marshall Deltoff 1,2	16,100	3,707	19,807	18,144
Dr. Brian Gleberzon 2,4	14,425	2,462	16,887	8,621
Dr. Gilles Lamarche	37,950	13,839	51,789	76,540
Dr. James Laws 6,7	11,100	1,671	12,771	15,537
Dr. Dennis Mizel 1	21,500	18,229	39,729	32,438
Dr. Calvin Neely	4,125	3,512	7,637	12,005
Dr. Douglas Pooley 4,5	5,775	3,888	9,663	-
Dr. Brian Schut	-	-	-	6,906
Dr. Frazer Smith 3,7	19,950	21,784	41,734	33,084
Dr. Keith Thomson	-	-	-	9,037
Ms Jo-Ann Willson	-	1,047	1,047	1,526
	<u>\$158,350</u>	<u>\$ 79,253</u>	<u>\$237,603</u>	<u>\$238,617</u>

Note: Committee membership changes in June.

Numbers refer to committee/project membership (June - December 2008).

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

Notes to the Financial Statements

COLLEGE OF CHIROPRACTORS OF ONTARIO DECEMBER 31, 2008

1(a) PURPOSE AND STRUCTURE OF THE ORGANIZATION

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

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

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

Notes to the Financial Statements

COLLEGE OF CHIROPRACTORS OF ONTARIO DECEMBER 31, 2008

1(b) SUMMARY OF ACCOUNTING POLICIES

(i) Capital Assets

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

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

(ii) Revenue Recognition

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

(iii) Financial Instruments

The carrying amount of the College's financial instruments approximate their fair values unless otherwise noted. Unless otherwise noted, it is managements 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	2008 Net	2007 Net
Furniture and Office Equipment	\$ 339,737	\$ 301,029	\$ 38,708	\$ 48,903
Computer and Software	332,732	304,838	27,894	42,808
Leasehold Improvements	54,281	36,929	17,352	21,871
	\$ 726,750	\$ 642,796	\$ 83,954	\$ 113,582

3. SALARIES AND BENEFITS

This expense includes 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:

2009	\$ 47,927
2010	178,543
2011	178,543
2012	178,543

6. OFFICE SUPPLIES AND GENERAL

Included in this expense are payments of \$50,000 for Clinical Practice Guidelines for the 2008 and 2007 fiscal years.

7. SUBSEQUENT EVENT

In 2008, the College of Chiropractors entered an agreement to purchase a vacant piece of land on Pleasant Blvd. in Toronto for approximately \$2,150,000. This transaction closed on February 26, 2009. The College intends to use this property to build a commercial office building.

SYNERGY



Council 2008

Front Row (L-R): Mr. Martin Ward, Ms Jo-Ann Willson, Dr. Dennis Mizel

Middle Row (L-R): Ms Lynn Daigneault, Ms Ellie Moaveni , Dr. Douglas Pooley, Dr. Robbie Berman, Dr. Marshall Deltoff, Ms Cindy Maule, Mme Lise Marin

Back Row (L-R): Dr. Bryan Wolfe, Dr. James Laws, Mr. Shakil Akhter, Dr. Peter Amlinger, Mr. Robert MacKay, Dr. Frazer Smith, Dr. Brian Gleberzon

Ms Kristina Mulak
*Manager, Inquiries,
Complaints & Reports*

Ms Sue Gargiulo
Communications Officer

Ms Karen McGrady
Receptionist

Mr. Joel Friedman
Director, Policy & Research

Ms Anda Vopni
Financial Officer (temp)



Ms Tina Perryman
Complaints Coordinator

Ms Jo-Ann Willson
Registrar and General Counsel

Ms Maria Simas
Registration Coordinator

Ms Christine McKeown
*Inquiries, Complaints &
Reports Officer*

Ms Rose Bustria
Administrative Assistant

Staff 2008

CCO CHAIRS AND PRESIDENTS

NAME	POSITION	ORGANIZATION	TERM
DR. HARRY A. YATES	CHAIR	BDC	AUGUST 1952 – SEPTEMBER 1961
DR. HAROLD W.R. BEASLEY	CHAIR	BDC	SEPTEMBER 1961 – SEPTEMBER 1974
DR. STEPHEN E. WEST	CHAIR	BDC	SEPTEMBER 1974 – FEBRUARY 1984
DR. FRED N. BARNES	CHAIR	BDC	FEBRUARY 1984 – FEBRUARY 1986
DR. ROBERT M. WINGFIELD	CHAIR	BDC	FEBRUARY 1986 – FEBRUARY 1988
DR. EDWARD R. BURGE	CHAIR	BDC	FEBRUARY 1988 – MARCH 1994
DR. BERTRAM L. BRANDON	PRESIDENT	CCO	MARCH 1994 – MARCH 1995
DR. LEO K. ROSENBERG	PRESIDENT	CCO	MARCH 1995 – MARCH 1997
DR. LLOYD E. MACDOUGALL	PRESIDENT	CCO	MARCH 1997 – MARCH 1999
DR. ALLAN GOTLIB	PRESIDENT	CCO	MARCH 1999 – MARCH 2001
DR. KEITH THOMSON	PRESIDENT	CCO	MARCH 2001 – MARCH 2002
DR. ALLAN GOTLIB	PRESIDENT	CCO	MARCH 2002 – APRIL 2004
DR. R. ANDREW POTTER	PRESIDENT	CCO	APRIL 2004 – APRIL 2006
DR. GILLES LAMARCHE	PRESIDENT	CCO	APRIL 2006 – JUNE 2008
DR. DENNIS MIZEL	PRESIDENT	CCO	JUNE 2008 – JUNE 2009





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

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