

# Building on a solid foundation

COLLEGE *of*  
CHIROPRACTORS  
*of* ONTARIO

ANNUAL REPORT

# 2009

REPORT ANNUEL

L'ORDRE *des*  
CHIROPRACTICIENS  
*de* L'ONTARIO







## *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:

- I. 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.



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## LIST OF COMMONLY USED ACRONYMS AT CCO

ACRONYM	FULL NAME
AGM	Annual General Meeting
CAC	Chiropractic Awareness Council
CCA	Canadian Chiropractic Association
CCEB	Canadian Chiropractic Examining Board
CCEC	Council on Chiropractic Education (Canada)
CCO	College of Chiropractors of Ontario
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
<i>Code</i>	<i>Health Professions Procedural Code, Schedule 2 to the RHPA</i>
CPSO	College of Physicians & Surgeons of Ontario
FHRCO	Federation of Health Regulatory Colleges of Ontario
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
HST	Harmoiized Sales Tax
ICRC	Inquiries, Complaints and Reports Committee
Minister	Minister of Health and Long-Term Care
MOHLTC	Ministry of Health and Long-Term Care
MRI	Magnetic Resonance Imaging
OCA	Ontario Chiropractic Association
OFC	Office of the Fairness Commissioner
OHIP	Ontario Health Insurance Plan
<i>PHIPA</i>	<i>Personal Health Information Protection Act, 2004</i>
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i>
RKW	Record Keeping Workshop
TUP	Technology Upgrade Project

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# MISSION

THE COLLEGE OF CHIROPRACTORS OF ONTARIO  
IS THE SELF-GOVERNING BODY OF THE CHIROPRACTIC  
PROFESSION COMMITTED TO IMPROVING THE HEALTH  
AND WELL-BEING OF ONTARIANS BY INFORMING THE  
PUBLIC AND ASSURING THEM OF COMPETENT AND  
ETHICAL CHIROPRACTIC CARE.

THE COLLEGE EXAMINES, REGISTERS AND REGULATES  
THE CHIROPRACTIC PROFESSION AND PARTNERS WITH  
OTHER HEALTH PROFESSIONS, THEIR LICENSING BODIES,  
ORGANIZATIONS AND GOVERNMENT.





TO BUILD STRONG,  
LONG-TERM RELATIONSHIPS  
WITHIN THE ONTARIO  
GOVERNMENT AT THE  
POLITICAL AND  
BUREAUCRATIC LEVELS.

TO BUILD STRONG,  
LONG-TERM  
RELATIONSHIPS  
WITH OTHER  
ONTARIO MPPS.

# STRATEGIC OBJECTIVES

TO INITIATE AND MAINTAIN  
PROACTIVE ENGAGEMENT  
WITH THE PUBLIC, OTHER  
CHIROPRACTIC  
STAKEHOLDERS, AND  
SELECTED REGULATED  
HEALTH PROFESSIONS.

TO SEEK ENHANCED  
TOOLS FOR  
CHIROPRACTIC AND  
ACCESS TO OTHER  
HEALTH SETTINGS  
FOR THE BENEFIT  
OF THE PUBLIC.





*Peter Amlinger*

PRESIDENT

MEMBER OF CCO

SINCE 1997

"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."

## PRESIDENT'S MESSAGE

It is a gift to be able to provide chiropractic care to humanity. With that gift comes tremendous responsibility. Every Council member at CCO understands what a gift chiropractic care is. We also understand the responsibility each and every chiropractor who delivers this gift to the men, women and children of our province has to deliver it competently, professionally and ethically. We appreciate the diversity of our profession and we strive to develop standards that allow our members to provide the style of chiropractic they choose to practise to those Ontarians who are seeking that style of care. It is our scope of practice that unites us. It is a powerful statement in law consistent with the original teachings of DD Palmer, BJ Palmer, and our forefathers. Contemplate these few sentences, which capture the essence of what each and every chiropractor in our province provides for their patient families:

*"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, 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 dysfunctions or disorders arising from the structures or functions of the joints."*

Our scope is narrow in its focus, yet broad in its practice and application. It is as broad as the controlling influence of the nervous system. It is the responsibility of all chiropractors to practise within this scope as we respond to and care for the health care needs of Ontarians. All CCO standards of practice are consistent with our scope and allow each chiropractor to practise their style of chiropractic, so long as it is within our scope and compliant with CCO standards of practice. At CCO, we are proud of the respect we give to the diversity within chiropractic and it is our vision that our approach will drive unity within our profession.

At CCO, we are committed to giving you the tools you need to master your chosen craft. In his writings, BJ Palmer often discussed the responsibility for the chiropractor to master the philosophy, science and art of chiropractic so that people could get better more efficiently and stay better longer.

For example, he talked about a person banging on piano keys and making noise, which would describe me if I tried to play the piano. As chiropractors, we must focus on our gifts and then work towards mastery of our craft on all levels. BJ then described accomplished, professional artists who touch the piano keys with

## MESSAGE DU PRÉSIDENT

C'est un privilège de pouvoir prodiguer des soins chiropratiques aux hommes. Ce privilège est toutefois assorti de lourdes responsabilités. Chaque membre du conseil de l'OCO a conscience que les soins chiropratiques constituent un véritable don. Nous comprenons également que chaque chiropraticien est tenu de prodiguer ces soins aux hommes, aux femmes et aux enfants de notre province avec professionnalisme et d'une manière conforme à l'éthique. Nous apprécions la diversité de notre profession et nous nous efforçons d'établir des normes permettant à nos membres de prodiguer le style de chiropratique de leur choix aux Ontariens qui se tournent vers cette méthode de traitement. Notre unité est définie par notre champ d'activité. Il s'agit d'un énoncé de droit important conforme aux enseignements originaux de DD Palmer, de BJ Palmer et de nos ancêtres. Penchez-vous sur ces quelques phrases qui illustrent l'essence même des soins dispensés par chaque chiropraticien de notre province à ses patients.

*« La chiropratique consiste à évaluer l'état de la colonne vertébrale, du système nerveux et des articulations, ainsi qu'à diagnostiquer, prévenir et traiter, principalement par ajustement, les dysfonctionnements et les troubles découlant de la structure ou du fonctionnement de la colonne vertébrale et les conséquences de ces dysfonctionnements ou de ces troubles sur le système nerveux, ainsi que les dysfonctionnements et les troubles découlant de la structure ou du fonctionnement des articulations. »*

Notre champ d'activité se focalise sur des zones très précises, mais il est vaste en termes de pratique et d'application. Il est aussi vaste que l'influence du système nerveux est déterminante. Tous les chiropraticiens sont tenus d'exercer dans les limites de ce champ d'activité lorsqu'ils traitent les Ontariens. L'ensemble des normes de pratique de l'OCO sont conformes à notre champ d'activité et permettent à chaque chiropraticien d'exercer la méthode de traitement de son choix, dans la mesure où celle-ci s'inscrit dans notre champ d'activité et respecte les normes de pratique de l'OCO. À l'OCO, nous respectons la diversité de nos méthodes de chiropratique et nous sommes persuadés que notre approche suscitera l'unité dans notre profession.

À l'OCO, nous nous engageons à vous offrir les outils dont vous avez besoin pour maîtriser le métier que vous avez choisi. Dans ses œuvres, BJ Palmer a souvent discuté de la responsabilité des chiropraticiens consistant à maîtriser la philosophie, la science et l'art de la chiropratique pour que les gens soient traités de façon plus efficace et restent en bonne santé plus longtemps. Par



## PRESIDENT'S MESSAGE

*"sensitive mind and light fingers, who appeal and draw forth harmonious response with rapt attention to all who listen."*

On the heels of our acclaimed record keeping workshops, we have developed a self-assessment questionnaire to help you "diagnose" your strengths and weaknesses, which, when combined with your areas of clinical and practice interest, will help you develop a learning plan. Your learning plan will then guide you through the first cycle of continuing education (CE). Your self-directed CE, including five hours of adjusting skills, will help you master chiropractic for your patients.

We have also revamped our website with a vision towards streamlining our communication with all of our stakeholders, and provide you with vital information regarding CCO processes. Please visit our website ([www.cco.on.ca](http://www.cco.on.ca)) and look for more features that will help us better serve our mandate as we complete our technology upgrade project.

Over the past year, we have been busy outside the walls of CCO as well. In keeping with our mandate to protect the public interest, CCO appeared before the Standing Committee on Social Policy to comment on *Bill 179* and demonstrate how improving access to advanced diagnostic imaging, such as MRI and diagnostic ultrasound, can help improve patient care and create greater efficiency in the health care system.

We met with various members of government on an ongoing basis to help them understand the role that chiropractic can play in the health care system and to keep them informed of CCO's various projects and priorities. This has resulted in a growing understanding of how the people of Ontario could benefit if patients had access to their chiropractors wherever health care is delivered in Ontario.

## MESSAGE DU PRÉSIDENT

exemple, il faisait allusion à une personne tapant sur les touches d'un piano et faisant du bruit, ce qui me décrirait tout à fait si j'essayais de jouer du piano.

En tant que chiropraticiens, nous devons nous focaliser sur nos talents et tout faire pour maîtriser notre art à tous les niveaux. BJ décrivait ensuite des artistes accomplis qui tapent sur les touches d'un piano avec « un esprit sensible et des doigts délicats, et qui créent des notes harmonieuses fascinant tous ceux qui les écoutent. »

À la suite de nos ateliers très appréciés de tenue des comptes, nous avons mis au point un questionnaire d'auto-évaluation pour vous aider à déterminer vos points forts et vos points faibles qui, une fois associé à vos domaines d'intérêt et de pratique, vous permettra d'élaborer un plan d'apprentissage. Ce plan d'apprentissage vous guidera ensuite tout au long du premier cycle de formation continue (FC). Votre FC autonome, y compris les cinq heures de perfectionnement des compétences, vous aidera à maîtriser la chiropratique pour vos patients.

Nous avons également réorganisé notre site Web dans le but de simplifier nos communications avec toutes les parties prenantes, et de vous fournir des renseignements essentiels concernant les procédures de l'OCO. Veuillez consulter notre site Web ([www.cco.on.ca](http://www.cco.on.ca)) pour découvrir les nouvelles fonctionnalités qui vont nous permettre de mieux remplir notre mission en terminant ce projet de mise à jour de notre technologie. Au cours de l'année passée, nous avons été occupés par d'autres activités en dehors de l'OCO.

Dans le cadre de notre mission visant à protéger les intérêts du public, l'OCO s'est présenté devant le Comité permanent de la politique sociale pour donner son avis sur le projet de loi 179 et pour montrer comment l'amélioration de l'accès à l'imagerie diagnostique avancée, comme les IRM et les ultrasonoscopies, peut permettre d'améliorer



CCO WORKED WITH KEY STAKEHOLDERS IN MAKING SUBMISSIONS TO GOVERNMENT WHILE ENSURING FOCUS ON CCO'S PUBLIC INTEREST MANDATE.



## PRESIDENT'S MESSAGE

I am filled with gratitude as I reflect upon the commitment of the CCO administrative team, our public-appointed members, the non-Council committee members, and the elected chiropractors who comprise the CCO Council. It has been an honour and a pleasure to work with everyone on this fantastic team and I look forward to working with each of them in the upcoming year to ensure the public of Ontario continue to receive the high quality of chiropractic care that they have been accustomed to.

In 1961, BJ Palmer wrote in the 37th volume of his *Green Books*:

*"Our illustrious father placed this Chiropractic trust in OUR keeping. We pass it on to you unstained, to protect as he would also have you do, for you have in your possession a sacred trust. Guard it well."*

At CCO we guard the public trust and our vision is to ensure that every chiropractor in Ontario is engaged in the sacred trust that has been passed on to us; not just the trust that our forefathers placed on us but also the public trust that has been conferred upon us through the privilege of self regulation.

When we pursue practice mastery within our scope of practice and practise with the patients' best interests in the core of our decision-making processes, we honour these sacred trusts. It is this vision that inspires me as the president of CCO and I hope it will inspire you as well.



**Peter Amlinger**

PRESIDENT

## MESSAGE DU PRÉSIDENT

le traitement des patients et renforcer l'efficacité du système de soins de santé. Nous avons régulièrement rencontré différents membres du gouvernement pour leur faire comprendre le rôle que la chiropratique peut jouer dans le système de soins de santé et pour les informer des divers projets et priorités de l'OCO. Cela a résulté en une meilleure compréhension des avantages pour les Ontariens si les patients avaient accès à leurs chiropraticiens dans toutes les régions de l'Ontario où les soins de santé sont disponibles.

Je suis très reconnaissant envers l'engagement de l'équipe administrative de l'OCO, de nos membres désignés par le public, des membres du comité ne faisant pas partie du conseil et des chiropraticiens élus qui composent le conseil de l'OCO. Cela a été un plaisir et un honneur de travailler avec chaque membre de cette équipe formidable, et je suis impatient de travailler de nouveau avec eux pendant l'année à venir pour nous assurer que les Ontariens continuent de bénéficier des soins chiropratiques de qualité supérieure auxquels ils sont habitués.

En 1961, BJ Palmer a écrit dans le 37<sup>e</sup> volume de ses *livres verts* :

*« Notre illustre père NOUS a confié la tâche de pérenniser la confiance témoignée à la chiropratique. À sa manière, nous vous la transmettons non ternie, afin que vous protégiez ce principe sacré qui repose sur vos épaules. Préservez-le précieusement. »*

À l'OCO, nous protégeons la confiance que nous témoigne le public, et notre mission consiste à nous assurer que chaque chiropraticien en Ontario respecte ce principe sacré qui nous a été transmis; il ne s'agit pas seulement de la confiance que nos ancêtres ont eue en nous, mais également de la confiance que le public nous témoigne à travers le privilège d'auto-réglementation dont nous jouissons.

Lorsque nous nous perfectionnons dans notre champ d'activité et exerçons et prenons des décisions dans le meilleur intérêt du patient, nous honorons ces principes sacrés. C'est cette vision qui m'inspire dans ma fonction de président de l'OCO, et j'espère que vous en tirerez également votre inspiration.



2009 PRESIDENT'S AWARDS RECIPIENTS



*Ms Jo-Ann Willson*  
REGISTRAR AND  
GENERAL COUNSEL



"REGULATORS' INVOLVEMENT WITH GOVERNMENT MUST AT ALL TIMES BE FOCUSED ON A PUBLIC INTEREST MANDATE."

# REGISTRAR'S REPORT

## INTRODUCTION

When I reflect on the year 2009, there are two activities that stand out as taking up the most time, money and resources for both Council and staff—namely, government relations and discipline. Do they have anything in common besides the amount of effort required to ensure both run smoothly and reflect CCO's public interest mandate? Well, I like to think we had the right people doing the right things at the right time for both.

## GOVERNMENT RELATIONS

Government relations is a relatively new initiative for CCO. Historically, there was some angst associated with any activity that may be perceived as "lobbying." There are, of course, many rules and conventions about what is and what is not appropriate behaviour for regulators, and most of the rules relate to ensuring regulators are not traditional "lobbyists" in the sense of individuals and organizations who lobby on behalf of a special interest group.



NEW BUILDING SITE ANNOUNCEMENT, JUNE 2009

Rather, regulators' involvement with government must at all times be focused on their public interest mandate. Regulators and government are both accountable to the public.

After much debate, review and advice, CCO forged full speed ahead with a number of government relations initiatives in 2009, including submissions on legislative changes for the benefit of the public, and numerous meetings and discussions with key stakeholders within the Ontario government at both the political and bureaucratic levels in an ongoing effort to build strong, long-term relationships. If you build trust with people and organizations, your expertise is both sought out and valued.

## DISCIPLINE

CCO cannot have credibility with government and other stakeholders if it does not take its complaints and discipline functions seriously.

I know that many of you will turn to the discipline report when reviewing CCO's 2009 annual report. You will find a summary of no less than 22 referrals. Many of these relate to members' failure to comply with CCO's quality assurance initiatives, such as attending a record keeping workshop or participating in the peer assessment program.

During discipline hearings, I usually find a way to talk to the students from CMCC who are required to attend a discipline hearing as part of their education. Do you know what most of them said during breaks on July 15 and 16, 2009, when the various quality assurance matters were being addressed by a discipline panel? Most of them said "Why don't people just read their mail from the college?" It's a good question. Also, because students usually don't mind being critical of CCO, many of them said: "Why does CCO send several 'pretty please' letters before they actually do something?" On a go-forward basis, I recommend that all members read their mail from CCO, particularly as new mandatory initiatives, such as continuing education, are being implemented.

The following is somewhat telling about CCO's complaints and discipline decisions in 2009. Of the six decisions of CCO's Complaints Committee that were reviewed by HPARB, one request for a review was deemed frivolous and vexatious, and the other five reviews resulted in HPARB confirming the adequacy of the investigation and the reasons of the Complaints Committee. Of the two 2009 discipline decisions appealed to the courts, the discipline decisions were ultimately upheld in both instances by the Ontario Court of Appeal in one case, and by the Divisional Court in the other case, with helpful commentary from the judges referenced in both decisions.

As part of its mandate to ensure enhanced openness and transparency, CCO, like other regulators, is required to post its discipline decisions on the website. These decisions are posted as they are received at CCO so you no longer have to wait for the annual report to be published.

## CONCLUSION

Although CCO's Discipline Committee was very busy in 2009, remember to keep the activity in context. As of December 31, 2009, CCO had 3,886 members. There were a total of 113 complaints in 2009, and allegations against a total of 22 members referred to discipline.

I am heartened by the fact that the vast majority of members participated in various aspects of CCO's quality assurance program and provided positive feedback, and the vast majority of members continue to provide high quality, competent and ethical care to patients. It is this "silent majority," along with the enthusiastic support of patient that assists CCO in its efforts with government, the public, other chiropractic stakeholders, and other regulated health professions. I am grateful to these members, as well as to a phenomenal team of Council members, non-Council committee members, consultants, peer assessors and staff who have persevered through some challenges, and who remain optimistic about the future of the delivery of chiropractic care to the people of Ontario.



CCO PROSECUTOR, CHRIS PALIARE AND JO-ANN WILLSON ADDRESSING CMCC STUDENTS AT A DISCIPLINE HEARING



# STAKEHOLDERS BRING GREETINGS AT CCO'S AGM



JEAN MOSS, CMCC



STEVE SILK, CAC



BOB HAIG, OCA



JIM DUNCAN, CCA



PETER WAITE, CFCEAB

"I THANK THE PROFESSION AND THE COUNCIL FOR THE OPPORTUNITY TO SERVE THE PUBLIC AND THE PROFESSION I LOVE."



## EXECUTIVE COMMITTEE

In 2009, the Executive Committee successfully advanced the strategic objectives developed at the 2008 strategic planning sessions. Specifically, the Executive Committee:

**Built strong, long-term relationships within the Ontario government at the political and bureaucratic levels (including MPPs).**

- attended two political functions (in February and September) also attended by Ontario's Premier, Hon. Dalton McGuinty, and the Minister of Health and Long-Term Care, Hon. David Caplan
- met with Hon. Caplan and his senior policy advisor (in May)
- met with the newly appointed Minister of Health and Long-Term Care, Hon. Deb Matthews (in October)
- met with the Premier and Hon. Matthews (in November)
- met with various Ontario MPPs

**Initiated and maintained proactive engagement with the public, other chiropractic stakeholders, and selected regulated health professions.**

- participated in discussions with the OCA and CMCC regarding *Bill 179* as part of the Intra-professional Chiropractic Organizations Working Group
- held regular meetings with representatives of the OCA and CMCC to discuss common issues and, when appropriate, participate in collaborative activities while recognizing the different roles and responsibilities of each organization
- in January, with the OCA and CMCC, made submissions to the Minister of Health, Hon. David Caplan, as part of the Minister's review of submissions relating to the release of various HPRAC reports
- hosted the Toronto CFCREAB meeting in April, and attended their Montreal meeting in November

*Dr. Peter Amlinger*

CHAIR

### COMMITTEE MEMBERS

Dr. Dennis Mizel, *Vice Chair*  
Mr. Robert MacKay, *Treasurer*  
Dr. Robbie Berman  
Ms Lynn Daigneault  
Dr. Frazer Smith  
Mr. Martin Ward

### STAFF SUPPORT

Mr. Joel Friedman,  
*Director, Policy & Research*  
Ms Jo-Ann Willson,  
*Registrar and General Counsel*

### COMMITTEE MANDATE

- To exercise the powers of Council between meetings of Council with respect to any matter requiring immediate attention other than the power to make, amend or revoke a regulation or by-law.
- To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest.
- To review reports of investigations carried out pursuant to S. 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. This process was merged with the Inquiries, Complaints and Reports Committee in June, in compliance with the amended *RHPA*.



- participated in CCA's Leadership Summit for the Chiropractic Profession in April
- participated in FHRCO activities/working groups, as follows:
  - signatory to FHRCO's response to the HPRAC Report, which expressed concern about a proposed new government agency with oversight function over health regulatory colleges
  - signatory to correspondence to Hon. Jean Augustine, Fairness Commissioner, which expressed concern about the OFC's proposed survey of applications for registration to health regulatory colleges
  - 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 – continued its public campaign to increase awareness and understanding of health regulatory colleges and regulated professions in Ontario through the FHRCO website and the distribution of consumer-focused articles relating to health care to community newspapers across the province
- advised the MOHLTC and the Ministry of Colleges and Universities that the chiropractic profession is prepared to comply with the requirements of the Ontario-Quebec agreement relating to the mobility of chiropractors between the two provinces
- signed the Unique Identified Tool License Agreement with the MOHLTC, which relates to assigning unique identifiers to health



DR. DENNIS MIZEL, PREMIER OF ONTARIO HON. DALTON MCGUINTY, MR. ROBERT MACKAY, MS JO-ANN WILLSON AND DR. PETER AMLINGER, FEBRUARY 2009



## SUBMISSION TO THE STANDING COMMITTEE ON SOCIAL POLICY

In September 2009, to ensure Ontarians receive appropriate, high-quality chiropractic care, CCO made a submission to the Standing Committee on Social Policy regarding *Bill 179, the Regulated Health Professions Statute Law Amendment Act, 2009*. The submission was a request to amend the *Chiropractic Act, 1991*, to allow chiropractors to order a prescribed form of energy, magnetic resonance imaging (MRI) and diagnostic ultrasound. This amendment would enhance the delivery of quality chiropractic care.

Section 27(1) of the *RHPA* states that controlled acts, including ordering the application of prescribed forms of energy, cannot be performed unless a person is authorized by a health profession Act to perform such a controlled act. As such, CCO recommended adding the following to the Authorized acts section:

*"4. Ordering the application of a prescribed form of energy."*

To ensure patient safety, CCO would establish and maintain the necessary standards of practice and any policies that may be required to support the amendment. CCO's efforts towards legislative amendments in the public interest will continue.







CFCREAB MEETING AT CCO, APRIL 2009

regulated professionals in Ontario that would assist the ministry in collecting their demographic, geographic, educational and employment information

**Sought enhanced tools for chiropractic and access to other health settings for the benefit of the public:**

- in September, made a presentation and submission before the Standing Committee on Social Policy re: *Bill 179, Regulated Health Professions Statute Law Amendment Act, 2009*, requesting, among other things, that chiropractors be able to order diagnostic tests such as magnetic resonance imaging (MRI) and diagnostic ultrasound

In addition, the Executive Committee:

- recommended amendments to CCO's by-laws and distributed them to members and other stakeholders for review and feedback (approved by Council in September)
- developed Internal Policy I-012: Policies and Procedures for the Reimbursement of Reasonable Expenses and for Submitting Per Diem and Expenses Claims for Committee Members (approved by Council in September)
- purchased a lot (29 Pleasant Blvd., Toronto), which will become the future home of the CCO office

**A MESSAGE FROM THE CHAIR**

CCO established many strong relationships with all levels of government and with other stakeholders in 2009. The messages CCO brought to the table resonated with the people we met and CCO's role in serving and protecting the public interest was clear to all stakeholders.

I am thankful for the support that the Executive Committee and the entire CCO Council extended to me over the past year, not just in the area of government relations but in all Council activities. It was a busy year for the Committee and I am grateful for the level of talent and commitment of all Committee members, who tackled the workload with passion and enthusiasm.

Difficult issues were debated and the debate was often spirited, but inspired by the vision of ethical, competent and professional

chiropractic care for all Ontarians, the work got done. Thank you all for your dedication, commitment and support.

Mr. Joel Friedman also helped support this Committee by searching out information, attending countless meetings, often on very short notice, and by helping with our government relations initiatives. Thank you, Joel. Somehow Ms Andrea Szametz accurately recorded the minutes of our meetings and I appreciate her attention to detail and efficiency.

Our Registrar and General Counsel, Ms Jo-Ann Willson, ensured the smooth running of this Committee. Actually, she ensures the smooth running of CCO. Her knowledge, wisdom, work ethic and the level of respect she has earned within the regulatory world is an asset to this Committee and to CCO. I thank her for her hard work and her support.

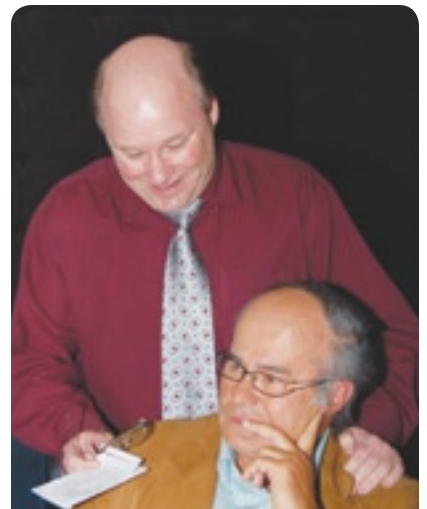
I thank the profession and the Council for the opportunity to serve the public and the profession I love.



MS JO-ANN WILLSON WAS THE RECIPIENT OF THE DR. NORMAND DANIS AWARD IN 2009



CFCREAB MEETING, MONTREAL, FEBRUARY 2009



CFCREAB MEETING, TORONTO, APRIL 2009

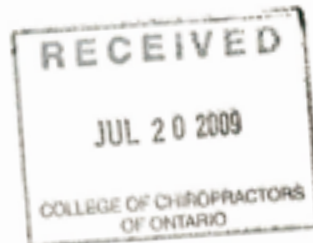


FHRCO INFORMATION SESSION AT CCO ON THE IMPLICATIONS OF THE HST, NOVEMBER 2009





CANADIAN MEMORIAL CHIROPRACTIC COLLEGE  
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July 7, 2009

Dr. Peter J. Amlinger  
President  
College of Chiropractors of Ontario  
902-130 Bloor St W  
Toronto, ON M5S 1N5

Dear Dr. Amlinger,

Thank you for the College of Chiropractors of Ontario's support of the Canadian Memorial Chiropractic College and for joining us in our pursuit of excellence through your generosity.

Your support will enable us to develop the Diagnostic and Procedural Simulation Learning Laboratories thus upgrading CMCC's facilities to deliver advanced knowledge and skills training through an innovative simulated laboratory environment. You are also ensuring that CMCC continues to be the dynamic place where chiropractic education, research and patient care integrates the best of evidence based education with our long history of natural healing philosophy.

Our successes have been based on the strong vision of our founders, the high standards of our students, staff and faculty, and the tremendous generosity of our supporters.

The CCO's participation in this project makes it possible for us to fulfill our commitments to students, to continue our pursuit of knowledge, and to achieve our broader goal of improving the profession for chiropractors and patients alike. Thank you again.

Yours sincerely,

Jean A. Moss, D.C., M.B.A.  
President

cc Dr. Dennis H. Mizel  
Ms. Jo-Ann Wilson



"AT YEAR'S END, THE DATABASE AND WEBSITE WERE UNDERGOING FINAL EDITING."

# TECHNOLOGY UPGRADE PROJECT

## PROJECT ACTIVITIES FOR 2009

The Technology Upgrade Project (TUP):

- convened five meetings (one via teleconference)
- facilitated the review of CCO's technological infrastructure by MD+A Consultants, the organization engaged by CCO to rebuild CCO's database and website to be compliant with legislative requirements of the RHPA in June, namely, that colleges' websites display information relating to terms, conditions and limitations on members' certificates of registration and results of every disciplinary and incapacity proceeding
- with CCO staff, successfully managed the infrastructure upgrade and CCO met its legislative obligations in June, as outlined in the amended RHPA
- discussed strategies for future implementation by CCO for supporting a more paperless environment

## A MESSAGE FROM THE CHAIR

In 2009, TUP worked diligently to ensure CCO's database infrastructure met the reporting and website requirements of the RHPA, which went into effect on June 4, 2009. It was a long, sometimes arduous process because CCO required a complete rebuild of both its database and website, but I am happy to report that we were successful!

MD+A Consultants, a technology vendor, was contracted in 2008 to analyze CCO's infrastructure and deliver a technology solution. MD+A completed its review early in 2009 and created a phased implementation plan. Phase I delivered a fully functional member database that linked with a new website allowing CCO to perform core operational activities and meet the legislative requirements of the RHPA by the deadline of June 4, 2009. It also established the foundation for subsequent development phases.

At year's end, the database and website were undergoing final editing. Phase 2, expected to begin in 2010, will set the groundwork for features such as on-line renewals, password-protected members portal, online registration renewal, and enhanced communication capabilities both internally and with CCO members at large.

TUP is currently developing the implementation and budgetary plan for Phase 2 and will report to Executive/Council when finalized.

As chair, I would like to thank the team members for their commitment to the project.

*Dr. Frazer Smith*

CHAIR

### COMMITTEE MEMBERS

Mr. Robert MacKay

Dr. Dennis Mizel

### STAFF SUPPORT

Mr. Joel Friedman,

*Director, Policy & Research*

Ms Sue Gargiulo,

*Communications Officer*

Ms Jo-Ann Willson,

*Registrar and General Counsel*

## PROJECT MANDATE

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





About CCO

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Members of CCO

Prospective Members

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**Now Available: Chiropractor Search**

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**Quality Assurance**

- Peer and Practice Assessment Program
- Self Assessment and Continuing Education

**Registration And Applications**

- Becoming a Member
- Examination Information

## Welcome

Everyone is entitled to safe and competent health care. To ensure the public interest is protected, regulated health care providers in Ontario must obtain licences or certificates of registration to practise their profession.

The College of Chiropractors of Ontario (CCO) is the governing body established by the provincial government to regulate chiropractors in Ontario. Every chiropractor practising in Ontario must be a registered member of CCO.

## What's New



### Toll Free Number

CCO now has a toll-free number: 1-877-577-4772. Please use this number if you live outside the Greater Toronto Area.



### Leering v. CCO

The Court of Appeal for Ontario has released its decision in the matter regarding Dr. Vincent Leering v. College of...



### ChiroCare

All CCO regulations, standards of practice, policies and guidelines can be found in the

### Record Keeping Workshop

The date for the next CCO record keeping workshop is Monday, June 14, 2010, from 12:30 p.m. to 4:30 p.m., following the Legislation & Ethics examination. [Click here for additional information.](#)

“THE TRANSITION TO THE ICRC FROM THE COMPLAINTS COMMITTEE IN JUNE 2009 WAS SEAMLESS.”



## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

The Complaints Committee became the Inquiries, Complaints and Reports Committee (ICRC) on June 4, 2009, following amendments to the *RHPA*. Table I compares the functions of the Complaints Committee and the ICRC.

### COMMITTEE ACTIVITIES FOR 2009

The Complaints Committee/ICRC:

- convened 14 meetings
- received a total of 113 complaints
- disposed of 102 complaints, three through the ADR process (not all complaints disposed of in 2009 were received in 2009)

After June 4, 2009, the ICRC:

- received 19 reports
- appointed seven investigators, as set out in S. 75(a) or S. 75(c) of the amended *RHPA*
- referred one matter to Discipline

The tables and graphs on pages 22 and 23 outline the following information:

- Table 1 – the main areas of concern identified by complainants who filed complaints with CCO
- Graph 1 – the origin of complaints filed with CCO
- Graph 2 – the breakdown of the disposition of complaints

### DECISIONS REVIEWED BY HPARB

HPARB is an independent adjudicative agency.

On request, HPARB reviews decisions made by the ICRCs of the self-regulating health professions colleges in Ontario. Requests for review can be made by either the complainant or the member. HPARB considers whether the investigation by the ICRC has been adequate and whether the decision is reasonable.

*Mr. Martin Ward*

CHAIR

#### COMMITTEE MEMBERS

Dr. Marshall Deltoff

Dr. Lezlee Detzler, *non-Council*

Dr. Brian Gleberzon

#### STAFF SUPPORT

Ms Christine McKeown,

*Inquiries, Complaints and Reports Officer*

Ms Kristina Mulak,

*Manager, Inquiries, Complaints and Reports*

Ms Tina Perryman,

*Complaints Coordinator*

#### COMMITTEE MANDATE

- To respond to inquiries, complaints and reports in a manner consistent with its legislative mandate under the *RHPA*.
- 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.



A stack of several weathered, reddish-brown bricks is shown against a blue background. The bricks are stacked vertically, with some showing signs of wear and discoloration. The lighting is bright, highlighting the texture of the bricks.

THE TASK OF THE ICRC IS  
TO RESPOND TO INQUIRIES,  
COMPLAINTS AND REPORTS.

# RESPONSE

**TABLE 1:**  
MAIN AREAS OF CONCERN  
IDENTIFIED BY COMPLAINANTS  
IN 2009 - TOTAL: 113

Area of Concern	Total
Insurance fraud	16
Concerns re: insurance assessments (i.e., independent chiropractic evaluations)	14
Incompetent practice causing patient harm	12
Advertising	11
Improper billing practices	11
Intra-professional business disputes	6
Failure to provide information on request of patient	6
Providing care outside the chiropractic scope of practice	6
Sexual abuse	5
Block fees	5
Disseminating information on vaccination	5
Pressure tactics/harassment	4
Misinformation or lack of information re: treatment	3
Ordering MRIs	2
Not obtaining proper consent to treatment	2
Refusing to treat a patient	2
Dispensing orthotics re: improper fitting and/or overcharging	1
Improper termination of care	1
Practising under a suspended licence	1

HPARB may do one or more of the following things:

- confirm all or part of the ICRC decision
- make recommendations to the ICRC
- require the ICRC to exercise any of its powers other than to request a Registrar's investigation

In 2009, HPARB considered six decisions of the former Complaints Committee, in each case at the request of the complainants.

In one request for review, HPARB gave notice to the parties that it considered the request to be frivolous, vexatious, made in bad faith or otherwise an abuse of process. After requesting written submissions from the parties, HPARB confirmed its intention not to proceed with a review of the decision of the Complaints Committee.

After considering all information before it and hearing submissions from the parties, HPARB upheld the remaining five Complaints Committee decisions, deeming the investigations to be adequate and the decisions reasonable.

## A MESSAGE FROM THE CHAIR

The transition to the ICRC from the Complaints Committee in June 2009 was seamless, largely due to the energy, expertise and enthusiasm of the staff members who work with the Committee. Thanks to Ms Kristina Mulak, Ms Tina Perryman and Ms Christine McKeown for their invaluable assistance and support.

As the public member on the ICRC, it has been a pleasure to work with the professional members, Drs. Marshall Deltoff, Lezlee Detzler, and Brian Gleberzon, and to receive the on-going support of Ms Jo-Ann Willson, CCO's Registrar and General Counsel. The process has been fully implemented as a result of a great team effort.

Under the *RHPA* amendments, procedures for processing complaints and reports are more clearly prescribed. In response, the ICRC amended Policy P-015: Use of Information Regarding Prior Investigations or Hearings. In December 2009, Council approved the amended policy, renamed Consideration of Prior Decisions Involving a Member.

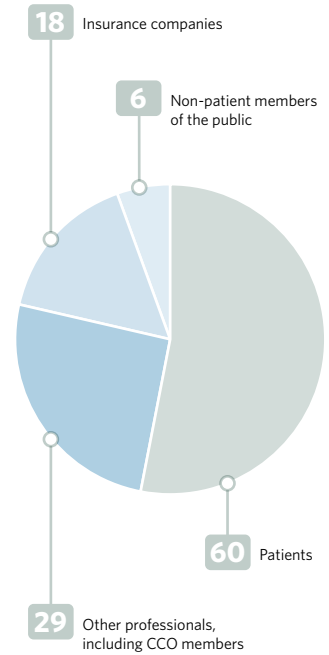
For full information about the procedures for processing of inquiries, complaints or reports, members of CCO and members of the public should refer to the CCO website – [www.cco.on.ca](http://www.cco.on.ca).



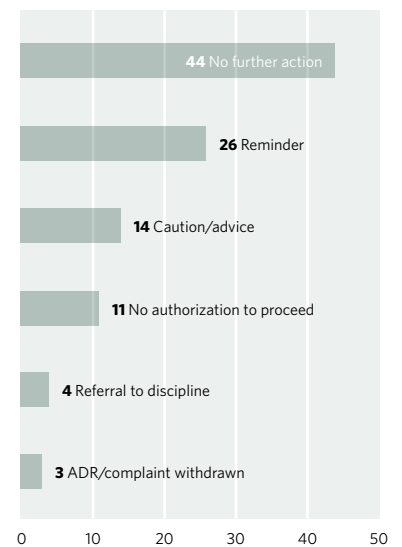
**TABLE 2: COMPARISON OF FUNCTIONS**

<b>COMPLAINTS COMMITTEE</b>	<b>ICR COMMITTEE</b>
<ul style="list-style-type: none"> <li>■ addressed formal complaints only</li> <li>■ Executive Committee addressed other member-specific concerns and mandatory reports</li> </ul>	<ul style="list-style-type: none"> <li>■ the screening Committee for all complaints, including member-specific reports from sources other than formal complaints, and mandatory reports</li> </ul>
<ul style="list-style-type: none"> <li>■ no required time frame for member to receive notice of complaint</li> </ul>	<ul style="list-style-type: none"> <li>■ members receive notice of a complaint within 14 days of CCO receiving the complaint</li> <li>■ no time frame for notice of a report</li> </ul>
<ul style="list-style-type: none"> <li>■ could refer a member to the Executive Committee for incapacity proceedings</li> </ul>	<ul style="list-style-type: none"> <li>■ the screening Committee for incapacity proceedings</li> <li>■ may refer matters directly to the Fitness to Practise Committee</li> </ul>
<ul style="list-style-type: none"> <li>■ no legislative requirement to consider prior decisions, but considered similar-fact complaints</li> </ul>	<ul style="list-style-type: none"> <li>■ when investigating a complaint or report, shall consider all previous decisions by the Complaints Committee, ICRC, Discipline Committee and Fitness to Practise Committee, (unless decision was to take no further action) involving the member</li> </ul>
<ul style="list-style-type: none"> <li>■ 120-day legislative requirement to dispose of a complaint</li> </ul>	<ul style="list-style-type: none"> <li>■ shall dispose of a complaint within 150 days after it is received</li> <li>■ if not disposed after 150 days, Registrar shall provide the complainant and member with written notice and reasons for the delay</li> <li>■ if there are further delays, shall provide written notice to the member, the complainant and HPARB with reasons and new expected date of disposition</li> </ul>

**GRAPH 1:**  
ORIGIN OF COMPLAINTS  
IN 2009 – TOTAL: 113



**GRAPH 2:**  
DISPOSITION OF COMPLAINTS  
IN 2009 – TOTAL: 102



“THIS PAST YEAR HAS BEEN BOTH CHALLENGING AND SUCCESSFUL FOR THE DISCIPLINE COMMITTEE.”



## Mr. Robert MacKay

CHAIR

### COMMITTEE MEMBERS

Dr. Michaela Cadeau, *non-Council*

Dr. Heather Jones, *non-Council*

Ms Ellie Moaveni

Dr. Douglas Pooley

Dr. Bryan Wolfe

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

### STAFF SUPPORT

Ms Jo-Ann Willson,

*Registrar and General Counsel*

# DISCIPLINE COMMITTEE

Although the Discipline Committee did not meet formally in 2009, the Committee chair convened several discipline panels to hear 22 disciplinary matters before CCO. In addition, because all members of Council are potentially members of a Discipline panel, several CCO members, including the newly appointed public member, Ms Judith McCutcheon, and the newly appointed non-Council member, Dr. Heather Jones, participated in the discipline training sessions offered by FHRCO and facilitated by Mr. Richard Steinecke and Mr. Brian Gover.

## DISCIPLINE PANEL ACTIVITIES FOR 2009

Discipline panels were convened to hear the following cases:

- 13 members who had not responded to requests to participate in two mandatory programs of CCO – the record keeping workshops and the peer and practice assessment program. The panel resolved all but one case through agreed statements of facts and joint submissions.
- One member contested the allegation of failure to attend the record keeping workshop. This hearing included testimony from two witnesses, a motion for non-suit, and a penalty phase with a costs consideration. For more information on this case, please review the discipline decisions portion of this annual report.
- Four members against whom allegations of professional misconduct related to sexual abuse had been referred, three of which were contested and one involved a Joint Submission. For more information on these cases, please review the Discipline Decisions portion of this annual report.

## A MESSAGE FROM THE CHAIR

This past year has been both challenging and successful for the Discipline Committee.

Due to the unusually high number of complaints that made their way to Discipline, the Committee was required to convene more discipline panels and participate in more hearings in a single year than ever before. Significant challenges in terms of time commitments were placed on both Committee members and Council members alike, but they rose to the occasion and fulfilled their roles in this crucial component of self regulation of the chiropractic profession.

We learned that it is difficult to recruit panel members when they are needed for four or more consecutive days of a hearing. It is a strain on them when they become involved in a contested matter that then goes on to deliberation, decision writing, and a penalty/cost hearing when necessary. Therefore, we plan to use the lessons learned over the past year to improve our process and selection of Council members to sit on discipline panels.

### COMMITTEE MANDATE

- To adjudicate specified allegations of professional misconduct or incompetence referred to the committee by the Inquiries, Complaints and Reports Committee.
- To review applications for reinstatement following a discipline finding.



Notwithstanding the significant workload, matters that came before the various discipline panels were dealt with in a timely and appropriate manner. All hearings convened in 2009 were concluded and the accompanying written decisions released and published on CCO's revamped website – [www.cco.on.ca](http://www.cco.on.ca). This means both members of the profession and members of the public have access to this important information more quickly.

## JOINT SUBMISSIONS AND RESOLUTION AGREEMENTS

CCO makes every effort to resolve discipline referrals through joint submissions by the parties involved.

Dealing with discipline matters through mediation expedites the process, relieves the witnesses of the trauma of testifying at a formal hearing and being subject to cross-examination, and eases the burden of both CCO and the member in terms of time and legal expenditures. Mediation also allows for greater consistency in decisions and ensures a number of public protection measures are built in to any application for reinstatement. In all cases, CCO requires that the results of the proceedings be on the public register and published in the annual report.

The details of joint submissions are set out in resolution agreements that CCO's Discipline Committee has the discretion, but not the obligation, to accept.

All discipline hearings are open to the public.

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
- provide that the results of the proceedings be recorded in the public portion of the register and published in the annual report or other publications at the discretion of CCO

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

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

The role and function of the Discipline Committee is essential to CCO's mandate to regulate the practice of the chiropractic profession, to govern its members, and to serve and protect the public interest.



# DISCIPLINE DECISIONS

## SUMMARY OF DISCIPLINE DECISIONS

CCO publishes summaries of discipline decisions for a number of reasons:

- CCO is required to do so under the *RHPA*.
- Publication of decisions helps members and other stakeholders understand what does and does not constitute professional misconduct or incompetence and the consequences.
- The decisions provide important direction to members about practice standards and professional behaviour.

Pursuant to the *RHPA*, the name of the member who is the subject of a hearing is published if there has been a finding of professional misconduct or incompetence. Discipline decisions are posted on CCO's website. The decisions govern to the extent of any inconsistency with the decision summaries.

In 2009, as in prior years, CCO resolved most referrals by way of joint submissions. This means CCO and the member reached a Resolution Agreement and made joint submissions as to facts and penalty to a Discipline Panel which, following receipt of advice from independent legal counsel and deliberations by the panel, accepted the joint submissions, made the findings, and ordered the penalty. These hearings were adjudicated by a five-person panel (three chiropractors and two public members), transcribed by a court reporter, and were frequently attended by members of the public, including students from CMCC, who are required to attend a discipline hearing as part of their chiropractic education. The hearings involving allegations of failing to comply with CCO's quality assurance program (i.e., failing to attend a record keeping workshop or failing to participate in the peer assessment program) proceeded on July 15 and 16, 2009. Most members attended in person, although in some instances involving extenuating circumstances, CCO permitted the member to attend the hearing via teleconference. The hearings involving allegations of other forms of professional misconduct or incompetence proceeded on September 22, 2009, or December 8, 2009. All members attended these hearings in person. Hearing dates for the contested hearings are reflected in the discipline summaries. All hearings took place at CCO.

## DISCIPLINE DECISIONS INVOLVING FAILURE TO PARTICIPATE IN QUALITY ASSURANCE INITIATIVES (JOINT SUBMISSIONS)

### FAILURE TO ATTEND A RECORD KEEPING WORKSHOP

The discipline summaries that follow relate to members who did not attend a mandatory record keeping workshop. CCO provided record keeping workshops across the province on a number of dates from 2005 to 2009. Various notifications were sent to members and information was posted on CCO's website. CCO mandated that all members with a General (i.e., active) certificate of registration were required to attend a record keeping workshop. The majority of CCO members attended the workshops, provided positive feedback, and expressed an interest in ongoing continuing education programs.

The resolution agreements, including agreed statement of facts and joint submission on penalty, were consistent for the following members:

**Dr. Harvinder Bhella** (#4189), Mississauga  
**Dr. John Lam** (#1449), Toronto  
**Dr. David Leung** (#1598), Macau, China  
**Dr. Paul Meyer**<sup>1</sup> (#1780), Lagos, Portugal  
**Dr. Heather Munroe**<sup>2</sup> (#5045) Collingwood  
**Dr. Nam Nguyen** (#4958), Windsor  
**Dr. Alexander Yuan** (#1799), Hong Kong, China

### Agreed Statement of Facts

- The member was an active member from 2005 to 2009.
- In 2005, CCO determined every active member had to attend a record keeping workshop.
- Notifications were sent to every member setting out the requirement to attend a record keeping workshop. This information was also posted on CCO's website.
- Workshops were held on a number of different dates in a number of locations across the province.

<sup>1</sup> Had the member testified, he would have said he was living in Portugal during the relevant period but maintained his General (active) class of registration with CCO. Despite the notices and letters which the member admits he received, the member did not take a record keeping workshop. The member mistakenly believed that he was excused from the obligation to attend a record keeping workshop (payment of costs by the member in the amount of \$200 due to extenuating circumstances).

<sup>2</sup> Had the member testified, she would have said she moved to British Columbia in August 2006 and returned to Ontario on January 1, 2008. She also would have said she did not receive one of the notifications or the correspondence from the Chair of the Quality Assurance Committee, but she did receive all other flyers and the correspondence from the Registrar in June 2008.



- Council provided a number of additional opportunities to members to comply with the mandatory record keeping workshops.
- In November 2007, the Chair of the Quality Assurance Committee sent a letter to every active member who had not attended a record keeping workshop advising of the requirement to attend, and that failure to attend would lead to a referral to the Executive Committee which could refer allegations of professional misconduct to the Discipline Committee.
- In June 2008, the Registrar sent a letter to the few members who had not attended a record keeping workshop advising that the Executive Committee required the member to attend or the Executive Committee would refer a specified allegation of professional misconduct to the Discipline Committee.
- CCO scheduled an additional record keeping workshop in November 2008, with further notification sent to members.
- Despite the notices and letters which the member admits he/she received, the member did not attend a record keeping workshop.
- The member admits that he/she engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional by failing to attend a CCO record keeping workshop.

#### **Finding**

- The member engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional by failing to attend a CCO record keeping workshop.

#### **Reasons for Finding**

- The proposed resolution is reasonable and in the public interest. The member has cooperated with CCO and, by agreeing to the facts, has accepted responsibility for his/her actions and has avoided unnecessary delay and expense in resolving the allegation.

#### **Penalty**

The panel made an order:

- Requiring the member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the member's certificate of registration for a period of 30 days to be served prior to December 31, 2009.

- Requiring the member to pay a portion of CCO's investigative and legal costs in the amount of \$2,000 by December 31, 2009.
- Ten days of the suspension suspended if the member paid the costs and completed a record keeping workshop by December 31, 2009.
- Providing that in the event CCO investigates further matters which are similar, the agreement and the evidence of witnesses and all relevant documentation will, at CCO's option, be provided to the Inquiries, Complaints and Reports Committee.
- Requiring that the results of the proceeding be recorded in the public portion of the Register and published in the annual report or other publications at the discretion of CCO.

#### **Reasons on Penalty**

- The parties had come to a fair and equitable resolution, having carefully balanced the issues of protection of the public and remediation of the member and his/her practice.
- The proposed penalty is reasonable and in the public interest.

#### **CCO'S WITHDRAWAL OF ALLEGATIONS**

- Dr. Allan Overgaard (#1429), Hanover, resigned his certificate of registration while a Discipline Committee hearing was pending regarding his failure to attend a record keeping workshop.
- Dr. Christie Munro (#1007), Guelph, applied to and became registered in the retired class while a Discipline Committee hearing was pending regarding his failure to attend a record keeping workshop.

#### **FAILURE TO PARTICIPATE IN PEER ASSESSMENT PROGRAM**

The discipline summaries that follow relate to members who did not participate in CCO's peer assessment program, one of the components of the quality assurance program required by the *RHPA* and *Chiropractic Act* (and regulations). CCO's peer assessors conduct assessments of randomly selected members across Ontario in an effort to ensure members are aware of and are practising chiropractic consistent with CCO's expectations as set out in various documents, including standards of practice, policies and guidelines. The majority of CCO members participated in the program, provided positive feedback, and expressed relief and appreciation that the experience was educational and remedial in nature.

The resolution agreements, including agreed statement of facts and joint submission on penalty, were consistent for the following members:

**Dr. Scott Best** (#4892), Barrie

**Dr. Mark Da Silva** (#4475), London

**Dr. Elaine Doyle**<sup>3</sup> (#3966), Waterloo

**Dr. Catherine Kristof** (#4851), Brantford

**Dr. Scott Lyons** (#1717), Scarborough

#### Agreed Statement of Facts

- CCO is required pursuant to the *RHPA* to make regulations prescribing a quality assurance program.
- In 2005, *Ontario Regulation 204/94 (Quality Assurance)* was amended so that CCO's quality assurance program was defined as including random peer assessments, individual member remediation, and x-ray peer reviews. All members of CCO are required to participate in the quality assurance programs. In addition, according to the regulation, it is mandatory for a member selected at random to undergo a peer assessment.
- The member was chosen at random to be peer assessed.
- In 2007, CCO sent three separate letters over several months advising the member that he/she had been selected to be peer assessed, and requesting the member to provide certain materials within a specified time frame. The member did not respond to these requests.
- In March 2008, the Executive Committee sent a letter requiring an explanation as to why the member had not responded to the earlier requests for peer assessment materials and advised if the member did not provide a written response within a specified time frame, the Executive Committee would refer specified allegations of professional misconduct to the Discipline Committee. The member did not respond to this letter.
- The member admits that he/she contravened *Ontario Regulation 204/94 (Quality Assurance)* and engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional by not undergoing a peer assessment when selected at random by CCO and required to do so and failing to respond to the Executive Committee's requirement to provide an explanation for his/her failure to undergo a peer assessment.

#### Finding

- The member contravened *Ontario Regulation 204/94 (Quality Assurance)* and engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional by not undergoing a peer assessment when selected at random by CCO and required to do so and failing to respond to the Executive Committee's requirement to provide an explanation for his/her failure to undergo a peer assessment.

#### Reasons for Finding

- The proposed resolution is reasonable and in the public interest and the member has cooperated with CCO and, by agreeing to the facts has accepted responsibility for his/her actions and has avoided unnecessary delay and expense in resolving the allegation.

#### Penalty

The panel made an order:

- Requiring the member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the member's certificate of registration for a period of 30 days to be served prior to December 31, 2009.
- Requiring the member to pay a portion of CCO's investigative and legal costs in the amount of \$2,000 by December 31, 2009.
- Ten days of the suspension suspended if the member paid the costs and was peer assessed by December 31, 2009.
- Providing that in the event CCO investigates further matters which are similar, the agreement and the evidence of witnesses and all relevant documentation will, at CCO's option, be provided to the Inquiries, Complaints and Reports Committee.
- Requiring that the results of the proceeding be recorded in the public portion of the Register and published in the annual report or other publications at the discretion of CCO.

<sup>3</sup> In March 2008, the member advised she sent the requested documents with her cheque at the end of December 2007. CCO has a record of receiving the member's renewal cheque but has no record of receiving any peer assessment materials from the Member (payment of costs by the member in the amount of \$1,000 due to extenuating circumstances).



### Reasons for Penalty

- The parties had come to a fair and equitable resolution, having carefully balanced the issues of protection of the public and remediation of the member and his/her practice.
- The proposed penalty is reasonable and in the public interest.

## DISCIPLINE DECISIONS INVOLVING PROFESSIONAL MISCONDUCT OR INCOMPETENCE (JOINT SUBMISSIONS)

In addition to the hearings involving allegations of failure to comply with aspects of CCO's quality assurance program, the Committee conducted hearings involving joint submissions relating to other forms of professional misconduct or incompetence, summarized below.

### DR. DANIEL DUGAN (#3552), MISSISSAUGA

#### Agreed Statement of Facts

- The Member has been a member of CCO since 1998.
- The Member was found guilty on August 2, 2007, in the Ontario Court of Justice, Brampton, Ontario, of unlawfully and wilfully committing an indecent act, namely exposing his penis in a public place, being the Erin Mills Town Centre, in the presence of one or more persons, contrary to section 173(1)(a) of the *Criminal Code*. The Member received a conditional discharge and 18 months probation with conditions, including taking counselling as directed and not attending within 200 metres of Erin Mills Town Centre or John Fraser Secondary School.

#### Finding

- The Member committed an act of professional misconduct as provided by subsection 51.1(a) of the *Code* in that on or about August 2, 2007, in the City of Brampton, in the province of Ontario, he was found guilty of an offence relevant to his suitability to practise, and in particular, was found guilty of unlawfully and wilfully performing an indecent act in contravention of section 173(1)(a) of the *Criminal Code*; and
- The Member committed an act of professional misconduct as provided by subsection 51.1(c) of the *Code* and paragraph 1(33) of *Ontario Regulation 852/93 (Professional Misconduct)*, in that 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, and in particular:

- ▶ on or about August 2, 2007, he was found guilty of unlawfully and wilfully performing an indecent act in contravention of section 173(1)(a) of the *Criminal Code*; and
- ▶ on or about October 5, 2006, he exposed his genitals and made gestures as if he were masturbating while observing female high school students and/or female children.

#### Reasons for Finding

- The Member has cooperated with CCO and, by agreeing to the facts, has accepted responsibility for his actions and has avoided unnecessary delay and expense in resolving the allegations at a full hearing.

#### Penalty

The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of four months.
- Directing the Registrar to impose specified terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - ▶ The Member's mental health shall not interfere with his ability to practise chiropractic.
  - ▶ The Member will only engage in the practice of chiropractic in a setting and under the conditions approved of by his psychologist.
  - ▶ Within 30 days of the date of the decision, the Member shall provide a letter to the Registrar from his psychologist, which shall set out whether there are any concerns about the Member treating female patients, and, if so, identifying the nature of such concerns and any conditions required to ensure the protection of the public.
  - ▶ Within 30 days of the date of the decision in this matter, the Member shall provide to the Registrar a letter signed by the psychologist, in which she agrees to provide the Registrar with such information as the Registrar shall require to ensure the Member is complying with the Conditions, and in which the psychologist agrees to immediately notify the Registrar in writing in the event that:
    - i. She forms the opinion that the Member's current health may interfere with his ability to practise chiropractic safely;

- ii. The Member fails to comply with her recommendations for treatment, counselling or monitoring; or
  - iii. She receives information that the member has failed to comply with any of the Conditions.
- ▶ The Member will continue to receive treatment and monitoring from the psychologist at such frequency as she considers necessary but in any event, not less than once a month while the member is practising chiropractic, and will comply with her recommendations for treatment, counselling and/or monitoring.
  - ▶ The Member will not substitute for his psychologist without first obtaining the agreement of the Registrar. Where any such substitution is made, the terms of the Conditions shall be amended to substitute the name of the replacement physician and the Member's obligations shall be fulfilled within 30 days of the date of the substitution.
  - ▶ Within three months of the date of this decision, the member will successfully complete, at his own expense, a course on gender sensitivity/boundary issues approved by the Registrar, with provision to the Registrar of proof of the successful completion of the course or training.
  - ▶ Within three months of the date of this decision, the Member will successfully complete at his own expense, a clinical competency program approved by the Registrar, with provision to the Registrar of proof of the successful completion of the clinical competency program.
  - ▶ Within three months of the date of this decision, the Member will provide evidence satisfactory to the Registrar that he has reviewed and understands all CCO Standards and Guidelines.
  - ▶ The Member will cooperate with CCO in monitoring the Member's chiropractic practice and in particular, he will allow, at CCO's option, CCO to conduct up to four inspections of his practice over a period of two years after the date he returns to practice from his suspension.
- The Conditions set out in the Joint Submission on Penalty will be removed where the Registrar is satisfied that the Member has fully complied with the Conditions for at least 24 months from the date of the decision in this matter and the psychologist has provided a written opinion to the Registrar that the Member does not pose a risk to the public when treating patients and that the Conditions are not required in the interests of the public.
  - Two months of the suspension will be suspended if, within three months of the date of the decision in this matter, the Member:

- ▶ has paid the costs set out in the Joint Submission on Penalty; and
  - ▶ has provided evidence to the Registrar that he successfully completed the course on gender sensitivity/boundary violations and the clinical competency program, and has provided satisfactory proof to the Registrar that he has reviewed CCO's standards and guidelines.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$3,500, payable within three months of the date of the decision.
  - Providing that in the event CCO investigates further matters which are similar to the matters in the Notices of Hearing, the Resolution Agreement and the evidence of witnesses and all relevant documentation will, at CCO's option, be provided to the Inquiries, Complaints and Reports Committee.

#### Reasons for Penalty

- The parties had come to a fair and equitable resolution, having carefully balanced the issues of protection of the public and remediation of the member and his practice. The proposed penalty is reasonable and in the public interest.

#### DR. NIELS HENRIKSEN (#2501), OAKVILLE

##### Agreed Statement of Facts

- The Member has been a member of CCO since 1990.
- The Member's practice was limited to the prescribing and dispensing of orthotics and orthotic/orthopedic shoes.
- During the relevant period, the Member would provide certain patients who came to his office with an advertisement indicating he would offer two pairs of custom orthotic shoes to employees of a certain company.
- The Member's practice was to obtain some information from a patient, have the patient walk on a metascan diagnostic system image bed, and then send the information from the image bed electronically to a company that produced orthotic footbeds.
- Patients purchased shoes by ordering them through the Member from the company who supplied the Member with orthotic footbeds.
- Patients were not informed by the Member that they did not have to purchase shoes from him.
- The shoes sold by the Member and by his supplying company were not actually orthopedic/orthotic shoes. Rather, they were brand name shoes that could be purchased off the shelf in retail shoe stores.



- The Member did not custom modify shoes to make them orthopedic. In some cases, he would remove the factory supplied insole and replace it with an orthotic footbed. In some cases, shoes would come from his supplier with the orthotic footbed already inserted, and the Member would simply provide the shoe to the patient.
- During the relevant time, an insurer (“Insurer”) provided, among other things, health benefit coverage for orthotics and custom-fitted orthopedic shoes.
- The Insurer conducted an audit for the period January – June 2007 as a result of a high number of claims associated with orthotics and orthopedic shoes. It reviewed invoices and prescriptions issued by the Member during that six-month period and discovered that the Member had issued 1,498 invoices related to orthotics or orthopedic shoes, worth \$558,184 in claims. Almost all of the claims were associated with employees of one organization.
- A review of records for 21 patients, for whom claims had been received by the Insurer during the relevant period showed:
  - ▶ The patient’s health records did not include basic information such as:
    - date(s) of visits;
    - names of relevant primary care practitioners;
    - patient history, including chief complaint with supporting data and relevant health history;
    - the results of a complete examination, including evidence of the current condition, diagnosis or clinical impression, and plan of management;
    - the results of a gait and postural analysis, other than that created through the use of the image bed;
    - the therapeutic management of the patient;
    - the provision of a therapeutic trial of care with orthotics;
    - an assessment of the outcome of care; and
    - any follow-up or reassessment.
  - ▶ In some cases, the Member had not kept records of contact information, including address and telephone number.
  - ▶ There was no written consent from any patient on file.
  - ▶ The Member saw each patient once, during which time he prescribed orthotics and/or orthotic/orthopedic shoes.
    - ▶ Each patient was billed for at least one pair of orthotics and/or shoes. Many patients were billed for two pairs of orthotics and two pairs of shoes.
    - ▶ The Member documented charging patients \$550 for each pair of shoes and \$475 for each pair of orthotics.
    - ▶ The Member was charged \$70 by his supplier for each pair of orthotic footbeds. He was charged from \$94–\$129 for each pair of shoes provided by his supplier.
    - ▶ Despite the fact that the Member did not custom modify shoes to make the orthopedic, he signed estimates for certain patients in which he indicated that he would “design, measure, mold and dispense the finished shoe.”
    - ▶ The Member signed estimates and prescriptions for some of the patients indicating they had medical conditions necessitating custom orthotic/orthopedic shoes and/or orthotics when there was no documented clinical indication for custom orthotic/orthopedic shoes and/or orthotics.
    - ▶ The Member admits that his conduct contravenes standards of practice of the profession or fails to maintain the standards of practice of the profession, and in particular, he contravened CCO standards S-002: Record Keeping, S-008: Communicating a Diagnosis/Clinical Impression, and S-012: Orthotics, in the course of his assessing, diagnosing, treating and documenting the 21 patients. He therefore admits that he has committed an act of professional misconduct.
- The Member admits that his conduct is conduct that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional with respect to:
  - ▶ his treatment of the identified patients;
  - ▶ his documentation of the identified patients; and
  - ▶ his invoices regarding one or more of the identified patients.

**Finding**

- The Member contravened the standards of practice or failed to maintain the standards of practice of the profession; and
- The Member committed an act of professional misconduct by engaging in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, and unprofessional.

**Reasons for Finding**

- The proposed resolutions are reasonable and in the public interest, the Member has cooperated with CCO and, by agreeing to the facts, has accepted responsibility for his actions. The Member has avoided unnecessary delay and expense in resolving the allegations at a full hearing.

**Penalty**

The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of 12 months.
- Directing the Registrar to impose specified terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - ▶ the Member shall be peer assessed;
  - ▶ the Member shall attend a record keeping workshop;
  - ▶ the Member shall successfully complete a legislation and ethics examination.
- Three months of the suspension will be suspended if, within nine months of the date of the decision in this matter, the Member has:
  - ▶ completed a record keeping workshop;
  - ▶ successfully completed the legislation and ethics examination; and
  - ▶ paid the costs.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$7,500, payable within three months of the date of the decision in this matter.
- Providing that in the event CCO investigates further matters which are similar to the matters in the Notice of Hearing, the Resolution Agreement and the evidence of witnesses and all relevant documentation will, at CCO's option, be provided to the Inquiries, Complaints and Reports Committee.

**Reasons for Penalty**

- The parties had come to a fair and equitable resolution, having carefully balanced the issues of protection of the public and remediation of the Member and his practice. The proposed penalty is reasonable and in the public interest.

**Agreed Statement of Facts**

- The Member began treating a patient known as "A.B." in September 2006 for upper back and shoulder pain related to postural strain. A.B. received chiropractic treatments from the Member on a twice weekly basis for approximately two months. Thereafter, A.B. received a chiropractic treatment once every one to two months.
- In March 2007, the Member began treating A.B.'s husband "C.D."
- In the fall of 2007, the Member and A.B. began exchanging personal e-mails, flirting and complimenting each other on their looks. In October 2007, the Member and A.B. discussed the e-mail exchange and kissed at the Member's office.
- Shortly thereafter, the Member and A.B. began having a sexual relationship, which included having sexual intercourse at the Member's office.
- The sexual relationship ended after approximately one month. The Member and A.B. then continued to have a personal and non-sexual relationship until early January 2008, when A.B.'s husband discovered a number of their e-mails and text messages. A.B. admitted to her husband that she had had a sexual relationship with the Member. The Member and A.B. ceased having contact at that time. The professional/patient relationship was also terminated.
- A.B. and C.D. subsequently made a complaint to CCO regarding the Member's sexual relationship and breach of the doctor patient relationship with A.B., and the breach of his professional relationship with C.D.
- The Member admits that he sexually abused A.B. by having sexual intercourse and oral sexual relations with her when she was his patient. The Member admits that he committed an act of professional misconduct in that 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 by having a sexual relationship with patient A.B. when her husband, C.D. was also a patient.
- The Member has been cooperative with CCO and has acknowledged and accepted responsibility for his actions. He recognizes that his conduct was inappropriate and is extremely remorseful.
- Because the Member has agreed to proceed by way of an Agreed Statement of Facts and Joint Submission on Penalty, CCO has been spared the requirement of holding a long and costly discipline hearing. As well, the complainants have been spared from having to testify at a hearing.

- CCO never received a complaint about the Member prior to the letter of complaint in this matter. The Member has not been the subject of a prior discipline hearing at CCO.
- The Member has entered into an Undertaking with the Registrar.

#### Finding

- The Member has committed an act of professional misconduct as provided by subsection 51(1)(b.1) of the *Code* in that during the period October 2007 to January 2008, he sexually abused a patient known as A.B. and
- has committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Code* and paragraph 1(33) of *Ontario Regulation 852/93 (Professional Misconduct)*, in that 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.

#### Reasons for Finding

The proposed resolutions are reasonable and in the public interest and the Member has cooperated with CCO and, by agreeing to the facts has accepted responsibility for his actions. The Member has avoided unnecessary delay and expense in resolving the allegations and he has spared Ms A.B. having to testify at a full hearing.

#### Penalty

The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to revoke the Member's certificate of registration.
- Requiring the Member to reimburse CCO up to a maximum of \$10,000 for funding for therapy and counselling for A.B.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$5,000, payable over a period of 12 months commencing November 1, 2009, and terminating on October 1, 2010.
- Providing that in the event CCO investigates further matters, which are similar to the matters in the Notices of Hearing, the Resolution Agreement and the evidence of witnesses and all relevant documentation will, at CCO's option, be provided to the Inquiries, Complaints and Reports Committee.

#### Reasons for Penalty

The parties had come to a fair and equitable resolution, having carefully balanced the issues of protection of the public and remediation of the Member and his practice. The proposed penalty is reasonable and in the public interest.

#### DR. ROBERT ORR (#1040), NIAGARA FALLS

#### Agreed Statement of Facts

- The Member has been a member of CCO since 1972.
- On February 6, 2004, the Member was found guilty in the Ontario Court of Justice of fraud over \$5,000, as a result of submitting false claims to the Ontario Health Insurance Plan, (OHIP) for the payment of chiropractic services.
- The Member did not provide CCO with the details of the finding of guilt, as was required.
- The incidents regarding the Member's fraudulent OHIP billing occurred during a time of significant personal stress.
- The Member pled guilty to the charge of fraud and made full restitution to OHIP.
- The Member has a long history of community involvement and public service.
- The Member recognizes that his conduct was inappropriate and is extremely remorseful.
- The Member has been cooperative with CCO and has acknowledged and accepted responsibility for his actions.
- Because the Member has agreed to proceed by way of an Agreed Statement of Facts and Joint Submission on Penalty, CCO has been spared the requirement of holding a long and costly discipline hearing.
- CCO never received a complaint about the Member prior to the letter of complaint in this matter. The Member has not been the subject of a prior discipline hearing at CCO.

#### Finding

The Member was found guilty of an offence relevant to his suitability to practise; and

The Member committed an act of professional misconduct by engaging in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional.



### Reasons for Finding

The proposed resolutions are reasonable and in the public interest and the Member has cooperated with CCO and, by agreeing to the facts, has accepted responsibility for his actions. The Member has avoided unnecessary delay and expense in resolving the allegations at a contested hearing.

### Penalty

The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of one month.
- Directing the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration:
  - ▶ the Member will participate in a CCO record keeping workshop by January 31, 2010;
  - ▶ the Member will be peer assessed through CCO's quality assurance program by January 31, 2010.
- Providing that in the event CCO investigates further matters which are similar to the matters in the Notices of Hearing, the Resolution Agreement and the evidence of witnesses and all relevant documentation will, at CCO's option, be provided to the Inquiries, Complaints and Reports Committee.

### Reasons for Penalty

The parties had come to a fair and equitable resolution, having carefully balanced the issues of protection of the public and remediation of the Member and his practice. The proposed penalty is reasonable and in the public interest.

## DR. PAUL TRUELOVE (#1631), TORONTO

### Agreed Statement of Facts

- The Member has been a member of CCO since 1980.
- During the period 1996 – 2002, the Member submitted claims in the amount of \$540,189.78 to OHIP for chiropractic services he either did not provide or for which he did not have records to substantiate that services claimed were provided.

- On October 16, 2002, the Member was charged with defrauding OHIP of the sum of money exceeding \$5,000 by submitting claims for payment of medical services to patients that he was not entitled to claim and for which OHIP remitted payment to him, contrary to Section 380(1) of the *Criminal Code*.
- On January 30, 2003, the Member pleaded guilty to the offence and was convicted of defrauding OHIP for more than \$5,000.
- On March 17, 2003, the Member received a suspended sentence and 12-month probation pursuant to a joint submission on penalty. As part of the joint submission, the Member agreed to, and did, make restitution to OHIP of \$8,069.82.
- The Member was required to provide CCO with the details of any finding of guilt of a criminal offence in his annual registration renewal form. He indicated on his 2004 registration renewal form that he had been found guilty of a criminal offence and added a note "OHIP fraud over \$5,000". The Member indicated on his 2007 and 2009 registration renewal forms that he had been found guilty of a criminal offence. However, on his 2005 and 2006 registration renewal forms, he indicated he had not been found guilty of any criminal offence, and on his 2008 registration renewal form, he answered both "yes" and "no" to the question "Have you been found guilty of any criminal offence."
- The Member acknowledges the importance of providing CCO with accurate and true information on registration forms. He has accepted responsibility for failing to do so, and expressed regret for not completing his renewal forms accurately and truthfully.

### Finding

- The Member was found guilty of an offence relevant to his suitability to practise; and
- The Member engaged in conduct or performed an act or acts that, having regard to all the circumstances, would be reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

### Reasons for Finding

The proposed resolutions are reasonable and in the public interest and the Member has cooperated with CCO and, by agreeing to the facts, has accepted responsibility for his actions. The Member has avoided unnecessary delay and expense in resolving the allegations at a full hearing.

**Penalty**

The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of nine months.
- Directing the Registrar to impose the following specified terms, conditions and limitations on the Member's certificate of registration:
  - ▶ the Member will participate in a CCO record keeping workshop within six months of the date of this decision;
  - ▶ the Member will successfully complete the legislation and ethics examination within six months of the date of this decision;
  - ▶ the Member will be peer assessed through CCO's quality assurance program within six months of the date of this decision; and
  - ▶ the Member will provide satisfactory evidence to the Registrar that he has reviewed and understands CCO's standards and guidelines within six months of the date of this decision.
- Three months of the suspension will be suspended if, within six months of the date of the decision in this matter, the Member:
  - ▶ pays the costs;
  - ▶ completes the record keeping workshop;
  - ▶ successfully completed the legislation and ethics examination;
  - ▶ is been peer assessed; and
  - ▶ provides evidence to the Registrar that he has reviewed and understands CCO's standards and guidelines.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$5,000, payable within three months of the date of the decision in this matter.
- Providing that in the event CCO investigates further matters which are similar to the matters in the Notice of Hearing, the Resolution Agreement and the evidence of witnesses and all relevant documentation will, at CCO's option, be provided to the Inquiries, Complaints and Reports Committee.

**Reasons for Penalty**

The parties had come to a fair and equitable resolution, having carefully balanced the issues of protection of the public and remediation of the member and his practice. The proposed penalty is reasonable and in the public interest.

**CONTESTED HEARINGS****DR. X**

**Hearing Dates: 2009**

**Allegations**

CCO alleged that the Member committed a number of acts of professional misconduct, including that he committed acts of professional misconduct as provided by subsection 51(1)(b.1) and subsection 51(1)(c) of the *Code* and paragraphs (2), (3), (5), (14), (28) and (33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that, with respect to a patient known as "E.F.", he:

- sexually abused the patient;
- abused the patient verbally, physically, psychologically or emotionally;
- provided a procedure in a situation where consent was required by law, without such consent;
- provided a therapeutic service that was not necessary;
- contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
- engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be seen by members as disgraceful, dishonourable or unprofessional.

**Overview**

The discipline hearing concerned the Member's treatment of E.F., who alleged that during the course of a chiropractic treatment, while she was lying prone on a treatment table, the member put his penis in her hand and told her to squeeze it.

The panel heard evidence from seven witnesses, including two expert witnesses, and received 10 exhibits.

**Findings**

The panel determined that on July 25, 2006, E.F. attended at the Member's office for a chiropractic treatment. After

providing several treatment modalities, and upon learning E.F. was not finding relief, the Member performed a grip test to further assess her status. The panel found it more likely than not that the Member put two fingers in E.F.'s hand to grip, and not his penis, and that it was appropriate to perform the grip test. It also determined that the Member's records met the applicable standard of practice in terms of consent to perform diagnostic testing and investigations.

Based in its findings of fact, the panel determined there was no clear, cogent and convincing evidence that the Member committed the acts of professional misconduct as alleged. It did recommend better doctor-patient communication and best practices in terms of obtaining consent for a first-time test.

### DR. ENRICO DINARDO (#3604), HAMILTON<sup>1</sup>

**Hearing Dates: July 27 - 29, August 28 and 31, 2009, March 9, 2010**

#### Allegations

CCO alleged that the Member committed a number of acts of professional misconduct, including that he committed acts of professional misconduct as provided by subsection 51(1) (b.1) and subsection 51(1) (c) of the *Code* and paragraphs (2), (5), (19), (20), (22), (28), (29), and (33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that, with respect to a patient known as "G.H.", he:

- sexually abused the patient;
- abused the patient verbally, physically, psychologically or emotionally;
- failed to keep records as required;
- falsified a record relating to his practice;
- signed or issued, in his professional capacity, a document or documents that he knew contained a false or misleading statement;
- contravened a federal, provincial or territorial law;
- contravened the *Chiropractic Act*, the *RHPA* or the regulations under either of those *Acts*;
- contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and

- engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be seen by members as disgraceful, dishonourable or unprofessional.

Prior to the hearing, CCO withdrew the allegation that the member contravened a federal, provincial or territorial law, and one of the allegations that he contravened the *Chiropractic Act*, the *RHPA*, or the regulations under either of those *Acts*.

#### Overview

The discipline hearing concerned the Member's treatment of G.H., a patient he had treated on a couple of occasions in 1999, and who returned to him for four chiropractic treatments in 2006. The allegations against the Member arose from his final treatment of G.H. in 2006, in which it was alleged he put his erect penis on G.H.'s forehead. CCO also alleged that the Member subsequently altered G.H.'s chiropractic record and provided information he knew to be false to CCO.

The hearing took place over five days in July and August 2009. A hearing into penalty and costs was held on March 9, 2010. The panel heard evidence from six witnesses, including two expert witnesses, and received more than 30 exhibits.

At the start of the hearing, the Member brought a motion to stay the hearing, alleging that there was an abuse of process. A portion of the motion was dismissed. According to the panel, there was no unfairness or other abuse of process and the allegations were properly before it. A portion of the motion was deferred until the conclusion of the hearing when the panel would have a full evidentiary record.

#### Findings

The panel determined that on May 31, 2006, G.H. attended at the Member's office for a chiropractic treatment. During the treatment, while G.H. was on her back and the Member was seated behind her, he exposed his penis and placed it on her forehead. Later, in an effort to discredit G.H. and obstruct CCO's investigation, the Member fabricated a story regarding G.H.'s conduct, which he alleged occurred during an exam in June 1999, and made late false entries in her chiropractic file. The Member provided CCO with G.H.'s file knowing it contained false and misleading information.

Based on its findings of fact, the panel determined the Member:

- sexually abused G.H.;

<sup>1</sup> Hearing started in 2009 and concluded in 2010.



- engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be seen by members as disgraceful, dishonourable or unprofessional;
- contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
- falsified a record relating to his practice;
- signed or issued, in his professional capacity, a document or documents he knew contained a false or misleading statement; and
- contravened the *Chiropractic Act*, the *RHPA* or the regulations under either of those *Acts*, and in particular, subsection 76(3) of the *Code*.

The panel also considered the deferred portions of the Member's motion, and determined there was no abuse of process. The entire motion was dismissed.

#### Penalty

CCO and the Member provided the panel with a Joint Submission on penalty and on costs, which was accepted by the panel as being reasonable and in the public interest. As well, the panel considered that by agreeing to a penalty, the Member had accepted responsibility for his actions, and avoided any further delay and expense in resolving penalty at a contested hearing.

The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for 36 months.
- Suspending 12 months of the suspension if, within 24 months of the date of the Order, the Member:
  - ▶ participates in and successfully completes, at his own expense, a course or training on gender sensitivity approved by the Registrar, and provides the Registrar with proof of successful completion of the course or training;
  - ▶ successfully completes, at his own expense, CCO's legislation and ethics examination, and provides the Registrar with proof of successful completion of the examination;
  - ▶ successfully passes, at his own expense, a modified CCEB examination and provides the Registrar with proof of successful completion of the examination;

- ▶ provides satisfactory evidence to the Registrar that he has reviewed CCO's standards of practice, including, but not limited to S-002: Record Keeping, and S-014: Prohibition Against a Sexual Relationship with a Patient.
- Requiring the Member to pay a portion of CCO's hearing and legal costs in the amount of \$5,000, payable within six months of the date of the Order.

#### DR. IAN KAI (#3352), SCARBOROUGH

**Hearing Dates: July 16, 2009, August 20, 2009**

#### Allegations

CCO alleged that the Member committed an act of professional misconduct, as provided by subsection 51(1)(c) of the *Code* and paragraph 1(33) of *Ontario Regulation 852/93 (Professional Misconduct)*, in that 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, by failing to attend a CCO record keeping workshop.

#### Overview

The hearing was scheduled to take place on July 16, 2009. At the Member's request, the hearing was adjourned. The Member was ordered to pay CCO \$1,000 within 30 days for the costs of the adjournment.

The hearing was held on August 20, 2009. The panel of the Discipline Committee heard evidence from one witness and received 13 exhibits, including an Agreed Statement of Facts, concerning the allegation of professional misconduct. Following CCO's conclusion of its case, the Member's counsel brought a motion for non-suit, based on the position that CCO was required to, and failed, to provide admissible evidence that the record keeping workshops were mandatory. The motion was dismissed.

#### Findings

Based on the documentary evidence and the evidence of CCO's witness, who was found to be credible and knowledgeable, the panel determined the following facts:

- Over a period of four years, the Member received numerous communications from CCO informing him of the requirement to attend a CCO record keeping workshop.
- Through his own admission, the Member wilfully created an environment where communications from CCO did not come to his attention.

DR. IAN KAI, CONTINUED

- The Member failed to attend a record keeping workshop when he knew, or ought to have known, he was required to do so.

The panel found, based on all of the facts, that the Member engaged in conduct or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional, by failing to attend a CCO record keeping workshop.

### Penalty

The Member testified during the penalty portion of the hearing and provided three letters of reference. Eight other documents were filed as exhibits with the panel.

After reviewing the evidence and hearing submissions from counsel, the panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of 60 consecutive days.
- Suspending 40 days of the suspension if, within a certain date, the Member:
  - ▶ successfully completes, at his own expense, CCO's legislation and ethics examination;
  - ▶ is peer assessed; and
  - ▶ pays a portion of CCO's hearing and legal costs in the amount of \$7,500.

One of the panel members issued a dissent on costs alone, indicating he considered the cost of \$10,000 to be warranted in the circumstances. The dissenting panel member noted that where a Member challenges a CCO directive that is in the public interest, other members of the profession should not have to bear the cost of the challenge. The dissenting panel member noted that CCO's legal and administrative costs were significantly higher than the \$7,500 ordered by the majority of the panel.

The panel considered there was a need to remediate the Member's lack of respect and consideration for the time and economic burden he placed on CCO and the profession, and to assist him in realizing his responsibilities in terms of his relationship and communications with his regulator. The panel was also concerned about the Member's ability to keep current with information concerning the chiropractic

standards of practice. The panel considered the structured penalty would achieve the required remedial effect.

### DR. LAWRENCE SMITH (#1748), CAVAN <sup>2</sup>

**Hearing Dates: September 30, October 1, 2, November 16, 17, 2009, March 11, 2010**

### Allegations

This hearing concerned allegations in two Notices of Hearing. The first concerned the Member's conduct towards a patient known as "I.J." The second Notice of Hearing concerned allegations regarding the member's conduct towards patient "K.L." The parties agreed that the allegations would be heard together in one hearing.

CCO alleged that the Member committed a number of acts of professional misconduct, including that he committed acts of professional misconduct as provided by subsection 51(1)(b.1) and subsection 51(1)(c) of the *Code* and paragraphs (2), (5), (10), (19), (28), (29), and (33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that, with respect to a patient known as I.J., he:

- sexually abused the patient;
- contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
- abused the patient verbally, physically, psychologically or emotionally;
- gave information about a patient to another person without the patient's consent;
- failed to keep records as required;
- contravened the *Chiropractic Act*, the *RHPA* or the regulations under either of those *Acts*;
- contravened a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals Act* was relevant to suitability to practise; and
- engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be seen by members as disgraceful, dishonourable or unprofessional.

<sup>2</sup> Hearing started in 2009 and concluded in 2010.

CCO also alleged that the Member committed a number of acts of professional misconduct, including that he committed acts of professional misconduct as provided by subsection 51(1) (b.1) and subsection 51(1)(c) of the *Code* and paragraphs (2) and (33) of *Ontario Regulation 852/93 (Professional Misconduct)* in that, with respect to a patient known as K.L., he:

- sexually abused the patient;
- contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
- engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be seen by members as disgraceful, dishonourable or unprofessional.

At the start of the hearing, CCO indicated it would not be pursuing allegations that the Member contravened the *Chiropractic Act*, the *RHPA* or the regulations under either of those Acts, or that the Member contravened a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals Act* was relevant to suitability to practise.

#### Overview

CCO alleged that the Member had a personal relationship that developed into a sexual relationship with I.J. while she was a patient. During the course of the relationship, CCO alleged the Member told I.J. confidential information about other patients. After the conclusion of the personal relationship, the Member refused to give I.J. her full chiropractic record when requested to do so. CCO also alleged that the Member altered I.J.'s chiropractic record before providing it to CCO during its investigation.

CCO alleged that the Member had a sexual relationship with patient K.L., and altered K.L.'s chiropractic record before providing it to CCO during its investigation.

The hearing took place on five days between September 30, 2009, and November 17, 2009. A hearing into penalty and costs was held on March 11, 2010. The panel heard evidence from six witnesses and received 27 exhibits.

#### Findings

The panel determined that the Member complimented I.J. on her appearance, hugged and kissed her, received gifts from her, went to her home many times for mostly personal reasons, shared personal information with her, and shared with her his opinions about other patients. According to the panel, the Member's relationship with I.J. was inappropriate and unprofessional, as his actions blurred the line between doctor and patient.

The panel also found that on two occasions, the Member inappropriately hugged and kissed K.L. during a period when she was a patient. The panel considered, on the totality of the evidence, that the Member engaged in conduct of a sexual nature with K.L. The panel also found as a fact that the Member provided CCO with documents with false or misleading dates in an attempt to show K.L. was not a patient at the material time.

Based in its findings of fact, the panel determined the Member:

- Engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be seen by members as disgraceful, dishonourable or unprofessional with respect to I.J. by:
  - ▶ disclosing personal information to her;
  - ▶ hugging and/or kissing her;
  - ▶ making inappropriate comments to her of a personal nature;
  - ▶ disclosing confidential information to her about another patient or patients; and
  - ▶ failing to provide her with her full chiropractic record when requested.

The panel found, with respect to K.L. that the member:

- Sexually abused her.
- Engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be seen by members as disgraceful, dishonourable or unprofessional.

#### Penalty

A penalty hearing was held on March 11, 2010.

CCO and the member provided the panel with a Joint Submission on penalty and on costs, which was accepted by the panel as being reasonable and in the public interest. As well, the panel considered that by agreeing to a penalty, the Member had accepted responsibility for his actions, and avoided any further delay and expense in resolving penalty at a contested hearing.

The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for 12 months.
- Suspending four months of the suspension if, within three months of the date of the Order, the Member:



- ▶ participates in and successfully completes, at his own expense, a course or training on gender sensitivity approved by the Registrar, and provides the Registrar with proof of successful completion of the course or training;
  - ▶ successfully completes, at his own expense, CCO's legislation and ethics examination, and provides the Registrar with proof of successful completion of the examination;
  - ▶ provides satisfactory evidence to the Registrar that he has reviewed CCO's standards of practice, including, but not limited to S-002: Record Keeping and S-014: Prohibition of a Sexual Relationship with a Patient.
- Requiring the Member to pay a portion of CCO's hearing and legal costs in the amount of \$15,000, payable within six months of the date the Member returns to practice or by September 11, 2011, whichever is earlier.

## COURT PROCEEDINGS

### DR. ENRICO DINARDO (#3604), HAMILTON

On July 21, 2009, Dr. Enrico DiNardo, brought an application for judicial review and a motion for an interlocutory injunction prohibiting CCO from proceeding with his discipline hearing, scheduled to start on July 27, 2009. The application and the motion were brought before a judge of the Superior Court of Justice. The motion was not heard, and the application for judicial review was transferred to a scheduling court.

On November 9, 2009, Dr. DiNardo's application for judicial review was heard by a judge of the Divisional Court. The application for judicial review was dismissed.

### DR. VINCENT LEERING (#3337), WATERLOO

#### Background

On April 16, 2008, a panel of the Discipline Committee found the Member, sexually abused patient "M.N." because he had a concurrent sexual and chiropractor/patient relationship with her. The Member appealed the finding of sexual abuse to the Divisional Court. On November 4, 2008, the Divisional Court allowed the appeal, set aside the Discipline Committee decision, and referred the matter back to the Discipline

Committee for a new hearing. CCO appealed the Divisional Court decision to the Court of Appeal.<sup>1</sup>

This was the third time in which the Court of Appeal considered the provisions in the *RHPA* prohibiting a regulated health professional from sexually abusing a patient ("sexual abuse provisions").

Sexual abuse is defined in the *RHPA* as:

- ▶ sexual intercourse or other forms of physical sexual relations between the member and the patient,
- ▶ touching, of a sexual nature, of the patient by the member, or
- ▶ behaviour or remarks of a sexual nature by the member towards the patient.

The legislation also provides that if a member is found to have sexually abused a patient by having sexual intercourse or other forms of physical sexual relations with the patient, there is a mandatory revocation of the member's certificate of registration for a minimum of five years.

#### The Facts

The Member was a chiropractor in Waterloo. He met M.N. in December 2004 and they began a personal relationship, which became a sexual relationship. They moved in together about mid-March 2005. In April 2005, M.N. switched chiropractors and commenced regular chiropractic treatments with the Member. She received 28 treatments between April and October 2005, both at the Member's clinic and at home. The Member billed her, and although she did not pay, he marked her bills as paid and she submitted them to her insurer for reimbursement. When she received the money from the insurer, she would pass it on to the Member. When their personal relationship ended in October 2005, the Member attempted to collect the balance owing for his chiropractic services of \$567 from M.N. When she refused to pay, he referred the account to a collection agency. M.N. complained to CCO about the inappropriate billing issues and sexual relationship.

#### The Court of Appeal Decision

The Court of Appeal confirmed that the proper approach to the question of whether there was sexual abuse of the patient was to ask two questions:

- Was M.N. the Member's patient?
- If so, did they have a sexual relationship when she was his patient?

<sup>1</sup> The Court of Appeal heard the matter in July 2009 and released its decision in February 2010.

If the answer to both questions was yes, the member was guilty of sexual abuse, as defined in the *RHPA*.

According to the Court of Appeal, there is some room for interpretation in deciding whether a person is a patient, and it is up to the Discipline Committee to apply its expertise in considering all of the facts and circumstances in order to make that determination. For example, it is possible that a chiropractor could provide “incidental care” to a person without establishing a doctor/patient relationship. The Court of Appeal gave examples of when a chiropractor could provide such care, including emergency care in an accident, and not be in a doctor/patient relationship. However, it noted that where treatment is provided on a regular basis by appointment in an office and where payment is received and expected, it would be most unlikely that such treatment would be considered incidental.

The Court of Appeal also confirmed there is no “spousal exemption” to the prohibition against having a sexual relationship with a patient. Similarly, for the purpose of the sexual abuse provisions, it does not matter whether the sexual relationship or the professional relationship started first. There is a strict prohibition against a doctor having a sexual relationship with a patient. This prohibition was noted by the Court of Appeal in previous cases. For example, in *Rosenberg v. College of Physicians and Surgeons of Ontario*, the court said:

“The legislation is clear and unambiguous: when it comes to sexual relations between a doctor and a patient, there is a black letter, bright light prohibition with a drastic sanction and no exceptions or exemptions. The zero tolerance policy precludes inquiry into any explanation or excuse for the sexual activity. A patient’s consent is irrelevant.”

The Court of Appeal found that the Discipline Committee was correct in its application and interpretation of the *RHPA*, and its decision that the member sexually abused M.N. was reasonable.

The Member was ordered to pay costs to CCO in the amount of \$30,000.

## DR. MICHAEL VENNERI, (#3054), ST. CATHARINES

Dr. Michael Venneri was the subject of a hearing by the Discipline Committee. On March 16, 2007, the Discipline Committee issued a decision in which it found Dr. Venneri committed a number of acts of professional misconduct. On October 19, 2007, the decision on penalty was issued. The decision regarding costs was issued on May 7, 2008. Dr. Venneri unsuccessfully appealed the findings of professional misconduct and penalty decision to the Divisional Court. He also initiated an appeal of the cost decision to the Divisional Court (“Cost Appeal”).

On March 2, 2009, Dr. Venneri’s Cost Appeal was dismissed by the Registrar of the Divisional Court because he failed to perfect it in a timely way. On April 28, 2009, Dr. Venneri brought a motion before the Divisional Court to have the dismissal set aside. He was permitted to continue with the appeal if he paid the costs he owed to CCO for prior motions, paid CCO \$1,000 per month, and perfected his appeal by a specific date.

On June 18, 2009, CCO brought a motion before the Divisional Court to require Dr. Venneri to attend an examination in aid of execution. Dr. Venneri owed CCO costs for his unsuccessful appeal of the Discipline Committee’s findings of professional misconduct and penalty. He had not paid the costs and failed to attend two examinations in aid of execution as required. The Divisional Court ordered Dr. Venneri to attend an examination in aid of execution and to pay \$2,500 for the costs of his non-attendance at previously scheduled examinations in aid of execution, and \$1,000 for the costs of CCO’s motion.



"IN 2009, THE PATIENT RELATIONS COMMITTEE REMAINED COMMITTED TO BUILDING ON THE INITIATIVES OF THE PREVIOUS COMMITTEE."

## PATIENT RELATIONS COMMITTEE

### COMMITTEE ACTIVITIES FOR 2009

The Patient Relations Committee:

- convened four meetings
- revised the Committee's vision statement and terms of reference (approved by Council in February)
- recommended that the Quality Assurance Committee add questions regarding the *Partnership of Care/Partenariat de soins de santé* document to the Peer Assessment Program
- reviewed the issue of funding for therapy and counselling for patients sexually abused by members and recommended that Council raise the funding limit available to sexual abuse victims to \$13,130 (approved by Council in April)
- revised the application for funding forms to include the amount of the funding (approved by Council in December) – the forms were posted on CCO's website – [www.cco.on.ca](http://www.cco.on.ca)
- developed four goals for the Patient Relations Committee, as follows:
  1. To help the health professionals regulated by CCO enhance relations with their patients and by extension, the public.
  2. To increase public understanding of the range and quality of the professional services offered by our members.
  3. To help patients become fully informed of their rights in dealing with members of the profession and CCO, including the right to be treated in an ethical, competent and sensitive and respectful manner.
  4. To increase public awareness of the role of the regulatory college and how to participate in college processes and programs.

Dr. Bryan Wolfe

CHAIR

#### COMMITTEE MEMBERS

Ms Lynn Daigneault

Dr. Stuart Kinsinger,  
*alternate, non-Council*

Mme Lise Marin

Dr. Calvin Neely, *non-Council*

Dr. Robin Whale, *non-Council*

#### STAFF SUPPORT

Mr. Joel Friedman,

*Director, Policy & Research*

Ms Sue Gargiulo,

*Communications Officer*

Ms Jo-Ann Willson,

*Registrar and General Counsel*

### A MESSAGE FROM THE CHAIR

In 2009, the Patient Relations Committee remained committed to building on the initiatives of the previous committee members under the very able direction of the then chair, Dr. Douglas Pooley. One such example is the finalization of the *Partnership of Care/Partenariat de soins de santé*, which, following its circulation to members in 2009, has proven to be popular with both chiropractic patients and members of the public. As such, several new formats

#### COMMITTEE MANDATE

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



for the documents were created and were still under review at year's end. The intent is to create a format of this important document that members will display in their offices and provide to their patients upon request.

As part of its regulatory mandate to protect the public interest, the Committee reviewed and is in the process of revising a document relating to professional boundaries. The new document will reflect today's professional practice environment and will assist members to self assess whether they are establishing and maintaining appropriate professional boundaries with their patients. Once finalized, this document will be presented to Council for review and approval.

In addition, the Committee, as it does every year, reviewed all Patient Relations standards of practice, policies, and guidelines to determine if any revisions were required.

Finally, as part of the goal to increase public awareness of the role of the regulatory college, the Committee discussed methods of communicating this information to the public. The Committee began the process of creating an information brochure about CCO that, once completed, will be available for public distribution.

None of these initiatives would have been possible without the contributions of a dedicated group of professional and public members, and by staff, and I extend my sincerest thanks to them.

## PARTNERSHIP OF CARE

### Patient's Charter of Rights and Responsibilities

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 CCO 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](http://www.cco.on.ca))
- privacy and confidentiality
- behaviour and clarity regarding dignified professional boundaries
- disclosure of real or perceived conflicts of interest
- a process for declining treatment and withdrawal of consent at any time
- 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 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 :

- 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](http://www.cco.on.ca))
- respecte la vie privée et la confidentialité
- démontre un comportement et une clarté de communication appropriés et conformes aux barrières professionnelles ne portant pas atteinte à la dignité
- assure la divulgation de conflits d'intérêt réels ou présumés
- offre un processus de refus de traitement et l'annulation du consentement en tout temps
- 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

"PROGRAMS AND STANDARDS OF PRACTICE ARE  
IN PLACE TO CONTINUOUSLY IMPROVE THE QUALITY  
OF THE CHIROPRACTIC PROFESSION IN ONTARIO FOR  
THE BENEFIT OF ALL ONTARIANS."



*Dr. James Laws*

CHAIR

COMMITTEE MEMBERS

Dr. Robbie Berman

Mme Lise Marin

Ms Cindy Maule

Dr. Keith Thomson, *non-Council*

Mr. Martin Ward

STAFF SUPPORT

Mr. Joel Friedman,

*Director, Policy & Research*

Ms Sue Gargiulo,

*Communications Officer*

Ms Jo-Ann Willson,

*Registrar and General Counsel*

CONSULTANT

Dr. J. Bruce Walton

## QUALITY ASSURANCE COMMITTEE

### COMMITTEE ACTIVITIES FOR 2009

The Quality Assurance Committee:

- convened 12 meetings
- hosted a peer assessment workshop on February 7, 2009, to update the assessors on changes in CCO's standards of practice and the peer assessment process
- created, with the input of focus groups from various chiropractic communities, distributed for feedback, and recommended that Council approve a self assessment document (information handbook and questionnaire) designed to help chiropractors assess their chiropractic knowledge and skills (approved by Council in February)
- successfully amalgamated the continuing education materials developed by the Continuing Education Working Group, with self assessment, and peer and practice assessment into one overarching program, entitled Self Assessment and Continuing Education, designed to enhance chiropractic knowledge and skills (approved by Council in September)
- created and distributed to members a CD-ROM containing a PowerPoint presentation with voice-over detailing the program and the various forms members are required to complete, such as the self assessment, the plan of action summary sheet, the professional portfolio, and the continuing education and professional development log (also available in hard copy and mailed to the member upon request)
- amended, distributed for feedback, and recommended that Council approve revisions to the following:
  - Standard of Practice S-003: Professional Portfolio, to reflect the amended *RHPA* requiring members of health regulatory colleges to develop, establish and maintain programs and standards of practice to assure the quality of the profession (approved by Council in December)
  - Standard of Practice S-014: Orthotics (approved by Council in September)
- created and distributed for feedback [draft] Standard of Practice S-018: Third Party Independent Chiropractic Evaluations, following extensive research, including obtaining preliminary input from CCO members and reviewing the CPSO policy for third party independent medical evaluations

### 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 evaluation, competence and improvement among members; and
  - standards of professional ethics.
- To develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members.

- amended, distributed for feedback and recommended that Council approve amendments to *Ontario Regulation 204/94* to reflect changes to CCO's Quality Assurance Program (approved by Council in April 2009).

## A MESSAGE FROM THE CHAIR

Greetings and thank you for taking the time to read the report of the Quality Assurance Committee of CCO for the year 2009. Whether you are an interested citizen of Ontario, a stakeholder in the health care system, a consumer of chiropractic goods and services, a provider of high quality chiropractic care, a doctor or a patient, our goal is to assure you that programs and standards of practice are in place to stimulate continuing quality improvement within and throughout the chiropractic profession in Ontario.

This has been a year of change, transition and implementation. We responded to the amended *RHPA* and made changes to our mandatory continuing education programs. This should encourage chiropractors to participate in more activities that will improve their clinical competence. We introduced a mandatory self-assessment process with a self-directed, clinically relevant questionnaire that will provide guidance to the chiropractors about future directions for continuing education. We changed standards of practice S-003: Professional Portfolio, related to the documentation of continuing education; S-014: Orthotics, related to clarifying procedures; and S-017: Acupuncture, related to clarification of utilization. We developed a new standard of practice, S-018: Third Party Independent Chiropractic Evaluations, in draft form for circulation and feedback. We held a peer assessment workshop in February to clarify issues related to the peer assessment process and to clarify the issue of obtaining informed consent in the province of Ontario. We continued the processing of 300+ assessments that were assigned in 2008. We expect to have a new batch of 300-450 peer assessments in 2010. We reviewed all standards of practice, policies and guidelines relating to quality assurance, and are presently working on S-018: Third Party Independent Chiropractic Evaluations, and S-001: Scope of Practice.

I want to thank the members of the QA Committee, the professional support of staff and our consultant. It takes a team effort to provide the research and information necessary to assist the QA Committee and the CCO Council to make policy and procedural decisions that only the members of Council can make. I want to thank all members of Council for their support of the work of the Committee. Our shared goals are to help chiropractors continuously improve the quality of health care they provide to the public of Ontario and to provide assurance to the public of Ontario that they are the beneficiaries of a consistently high standard of health care from chiropractors.

Thank you to all the chiropractors, members of CCO, who deliver high quality, ethical chiropractic care on a daily basis for the benefit of all Ontarians.

# CONTINUING EDUCATION WORKING GROUP

## COMMITTEE MEMBERS

Dr. Peter Amlinger  
Dr. Robbie Berman  
Dr. Marshall Deltoff  
Ms Cindy Maule  
Mr. Martin Ward

## STAFF SUPPORT

Mr. Joel Friedman, *Director, Policy & Research*  
Ms Sue Gargiulo, *Communications Officer*

## CONSULTANT

Dr. J. Bruce Walton

## ACTIVITIES FOR 2009

The Continuing Education Working Group:

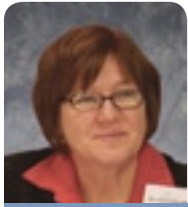
- convened three meetings and had numerous consultation sessions across the province
- researched the requirements of other regulatory colleges vis-à-vis continuing education
- discussed, at length, the pros and cons of every aspect of continuing education and developing a program suitable for CCO members
- presented to the Quality Assurance Committee, which recommended to Council changes to the continuing education (CE) program for CCO members (approved by Council in September). The CE program is created to facilitate the continuous quality improvement of members and is designed to be:
  - open, practical, attainable and respectful of the profession's diversity;
  - maintain members' competence; and
  - enhance members' professional knowledge and skills.

## GROUP MANDATE

- To develop a protocol relating to mandatory continuing education, as set out in Section 80.1 of the amended *RHPA*.



# THANK YOU CCO PEER ASSESSORS



JOYCE ALLMAN,  
OAKVILLE



PETER AMLINGER,  
MISSISSAUGA



ELIZABETH  
ANDERSON-PEACOCK,  
BARRIE



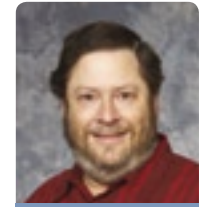
GERARD ARBOUR,  
SCARBOROUGH



GAREY AWENUS,  
DOWNSVIEW



TIMOTHY BARNES,  
WOODSTOCK



RICHARD BORNSTEIN,  
RICHMOND HILL



WILLIAM CHARLTON,  
BRACEBRIDGE



KEVIN DINSMORE,  
BELLEVILLE



LORI DOVER,  
SHELburne



LIZ GABISON,  
TORONTO



REGINALD GATES,  
BURLINGTON



ARNON GLATTER,  
BRAMPTON



RUTH HITCHCOCK,  
COLLINGWOOD



ROBERTA KOCH,  
HAMILTON



PETER LE MASURIER,  
SHARON



CONNIE MILLER,  
SOUTHAMPTON



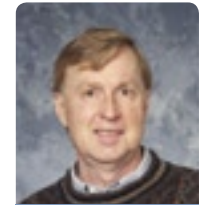
DENNIS MIZEL,  
ST. CATHARINES



PAUL NEWTON,  
OTTAWA



KRISTINA PETERSON,  
THUNDER BAY



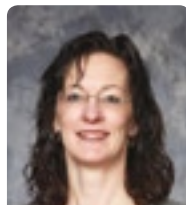
HILARY PETRUS,  
THUNDER BAY



PETER PICARD,  
COCHRANE



KEN ROBINSON,  
BARRIE



HEATHER  
ROBSON-MCINNIS,  
NIAGARA FALLS



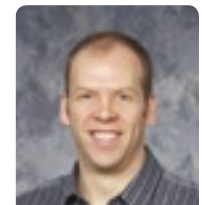
ANTONINO RUSSO,  
LASALLE



GAURI SHANKAR,  
PRESCOTT



STEVEN SILK,  
WIARTON



FRAZER SMITH,  
SMITHS FALLS



MICHAEL STAFFEN,  
SUDBURY



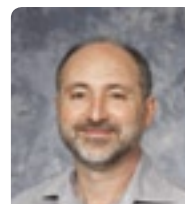
RICHARD STOVER,  
LONDON



BOB SZCZERKO,  
THOROLD



KEITH THOMPSON,  
PETERBOROUGH



SAL VISCOMI,  
RICHMOND HILL



JOEL WEISBERG,  
TORONTO



CAROLYN WOOD,  
CLINTON



DENNIS YURKIW,  
OWEN SOUND



DAVID ZURAWEL,  
PORT HOPE



CCO/CVO MEETING, MAY 2009

LEFT TO RIGHT – MR. JOEL FRIEDMAN, DR. BRUCE WALTON, MS JO-ANN WILLSON, MS SUSAN CARLYLE (CVO REGISTRAR), AND MS KAREN SMYTHE (CVO POLICY AND QA PROGRAM MANAGER)



RKW MEETING, OCTOBER 2009



PEER ASSESSMENT WORKSHOP,  
TORONTO, FEBRUARY 2009



CE WORKING GROUP, JANUARY 2009  
THE WORK OF THE CE WORKING GROUP WAS  
FUNDAMENTAL TO THE EVOLUTION OF CCO'S  
QUALITY ASSURANCE PROGRAM.



"WE CONSTANTLY STRIVE TO MAKE REGISTRATION MORE STREAMLINED, COMPLETE AND FAIR, WHILE ADHERING TO OUR MANDATE OF PROTECTING THE PUBLIC INTEREST."



# REGISTRATION COMMITTEE

## COMMITTEE ACTIVITIES FOR 2009

The Registration Committee:

- convened seven meetings
- with CCO staff, facilitated the audit of CCO's registration practices, required by the Office of the Fairness Commissioner, to ensure compliance with the fair registration provisions of the amended *RHPA*
- prepared responses to the recommendations of the auditor, including suggestions regarding expanding the training involved for Registration Committee members and enhancing communication with applicants
- reviewed the extensive data set required by the MOHLTC's Health Professions Database, and devised a form relevant to CCO members that will collect this information as part of stakeholders' registration renewal process (approved by Council in September)
- assembled a completely revised version of the legislation and ethics examination (and will continue to build an appropriate question pool in 2010)
- created, distributed for feedback, and recommended that Council approval policy P-052: Categories of Registration, with minor revisions following compilation of members' feedback (approved by Council in September)
- revised CCO's 2010 registration renewal to include information questions relating to policy P-052: Categories of Registration (approved by Council in September)
- discussed the ramifications of CCEB's decision to cancel the Practitioner Assessment Examination and potential alternatives for registering members who have been inactive for a period of time
- sent representatives (i.e., Dr. Frazer Smith and Mr. Joel Friedman) to the Labour Mobility Forum, organized by CFCREAB, in Calgary, Alberta, in October
- held special sittings of CCO's Legislation & Ethics examinations for several members who applied for registration
- reviewed several applications for registration referred by the Registrar

*Dr. Marshall Deltoff*

CHAIR

### COMMITTEE MEMBERS

Ms Ellie Moaveni

Dr. Frazer Smith

### STAFF SUPPORT

Mr. Joel Friedman,

*Director, Policy & Research*

Ms Maria Simas,

*Registration Coordinator*

Ms Jo-Ann Willson,

*Registrar and General Counsel*

### COMMITTEE MANDATE

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



A vertical stack of several layers of cork bark. The top layer is a reddish-brown color and has the word "ACCOMPLISHMENT" written on it in white, serif, all-caps font. Below this are several other layers of cork bark in various shades of brown, tan, and yellow, showing the natural texture and grain of the material. The stack is set against a plain white background.

ACCOMPLISHMENT

## A MESSAGE FROM THE CHAIR

Over the past several years, the workload of the Registration Committee has been exponentially on the increase. Long gone are the days of my first year on Council, when four teleconference calls comprised the total annual meetings of this Committee.

Many more people are applying for registration from a variety of different chiropractic colleges and jurisdictions, each one with unique mitigating circumstances. We attempt to approach each candidate for registration with the right blend of proper application of the legislation, fairness, compassion, transparency, open-mindedness, and judicious flexibility without being unduly rigid. We are constantly striving to make the registration process more

streamlined, complete and fair, while adhering to our mandate of protecting the public interest.

We have accomplished a lot here at Registration this particular year, including some major additional projects, such as successfully completing the audit of the Ontario Fairness Commission, as well as the development and implementation of a completely new Legislation and Ethics examination.

Being part of the team that includes Frazer, Ellie, Maria, Joel, Jo-Ann and Andrea has made the ever-increasing workload of this Committee enjoyable, and I would like to thank each of them for making my first year as Chair a real pleasure.





# REGISTRATION STATISTICS 2009

**TABLE 1:**  
COLLEGES OF GRADUATION FOR  
MEMBERS REGISTERED IN THE ACTIVE  
CATEGORY IN 2009

College	Male	Female	Total
CMCC	62	67	129
New York	3	2	5
National	2	0	2
Cleveland	1	1	2
LifeCC - West	1	0	1
Logan	1	0	1
Northwestern	1	0	1
LifeCC	0	1	1

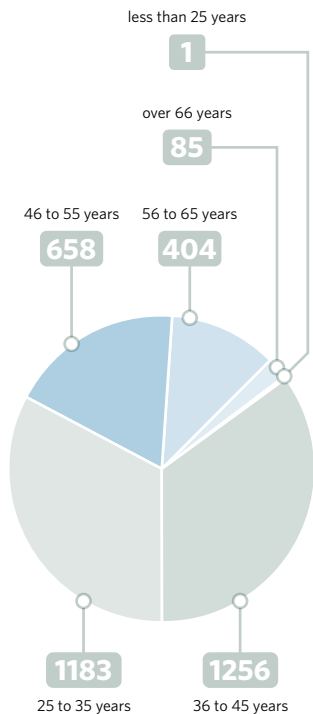
**TABLE 2:**  
CLASSES OF CERTIFICATE FOR CCO  
MEMBERS (AS AT DECEMBER 31, 2009)  
TOTAL: 3,886

Class of Certificate	Total
Active	3,587
Active Non-Resident	59
Inactive	87
Inactive Non-Resident	61
Retired	92
<b>TOTAL</b>	<b>3,886</b>

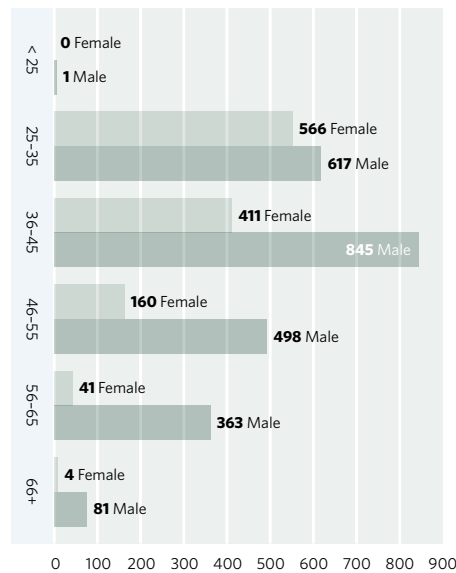
**TABLE 3:**  
AGES/GENDER OF ACTIVE MEMBERS  
(AS AT DECEMBER 31, 2009)  
TOTAL - 3,587

Age Group	Female	Male	Total
< 25	0	1	1
25 - 35	566	617	1,183
36 - 45	411	845	1,256
46 - 55	160	498	658
56 - 65	41	363	404
66+	4	81	85
<b>TOTAL</b>	<b>1,182</b>	<b>2,405</b>	<b>3,587</b>

**GRAPH 1:**  
AGES OF ACTIVE MEMBERS  
(AS AT DECEMBER 31, 2009)  
TOTAL: 3,587



**GRAPH 2:**  
AGES/GENDER OF ACTIVE MEMBERS  
(AS AT DECEMBER 31, 2009)  
TOTAL: 3,587





"IT IS THE GOAL OF THE COMMITTEE TO CONTINUE TO ACTIVELY GARNER AND CONSIDER COMMENTS FROM ALL STAKEHOLDERS."



## ADVERTISING COMMITTEE

### COMMITTEE ACTIVITIES FOR 2009

The Advertising Committee:

- convened four meetings
- via e-mail, reviewed proposed advertisements submitted for review prior to publication and reviewed advertisements submitted for review because of supposedly questionable content
- revised the following advertising documents, approved by Council in September: Proposed Regulation R-12: Advertising, Standard of Practice S-016: Advertising, Policy P-004: Advertising Committee Protocol, Policy P-016: Public Display Protocol, and Guideline G-016: Advertising

### A MESSAGE FROM THE CHAIR

This has been a very busy year for the Advertising Committee. During our meetings, the Committee discussed current trends in technology and how they may impact the marketing and advertising activities of members.

The Committee considered the comments from members who responded to the revised advertising documents circulated for review in January 2009. It is the goal of the Committee to continue to actively garner and consider comments from all stakeholders, be they individual members or professional organizations, with respect to chiropractic marketing and advertising.

It is important for members to know that the regulations, standards of practice, policies and guidelines developed and approved by Council inculcate and are mindful of several overarching principles, documents and directives, such as the *Canadian Charter of Rights and Freedoms*, an advertising template from the MOHLTC, decisions from HPARB, CCO's mandate, and members' ability to conduct a successful practice with CCO's public interest lens being foremost.

I am pleased to report that the Committee diligently returned all submitted proposed advertisements back to members within 10 business days, along with the Committee's decision as to whether the submitted advertisement complied with the advertising regulation, standard of practice, policies and guideline. If the Committee determined that a submitted advertisement was not in compliance, the rules for this decision were provided to the member.

All members are encouraged to review the advertising documents and to submit any proposed advertisement to the Advertising Committee for pre-approval.

In closing, I would like to thank all members of this Committee for their dedication and hard work, especially Dr Peter Amlinger, who served on this Committee for nine years.

*Dr. Brian Gleberzon*

CHAIR

#### COMMITTEE MEMBERS

Mr. Shakil Akhter

Dr. Robbie Berman

Mr. Robert MacKay, *alternate*

Dr. Lawrence McCarthy,

*non-Council member*

#### STAFF SUPPORT

Mr. Joel Friedman,

*Director, Policy & Research*

Ms Sue Gargiulo,

*Communications Officer*

#### COMMITTEE MANDATE

- To review proposed advertisements by members to ensure compliance with CCO's standard of practice S-016: Advertising, Guideline G-016: Advertising, and Policy P-016: Advertising Committee Protocol.



# FITNESS TO PRACTISE COMMITTEE

The Fitness to Practise Committee did not meet  
and had no hearings in 2009.



*Dr. Frazer Smith*

CHAIR

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#### COMMITTEE MEMBERS

Mme Lise Marin

Dr. Douglas Pooley

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#### STAFF SUPPORT

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

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#### COMMITTEE MANDATE

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



# CCO AGM, JUNE 2009



MS MARIA SIMAS (RIGHT) WAS CONGRATULATED ON HER 20 YEARS OF SERVICE AT CCO.





# AUDITORS' REPORT

TO THE MEMBERS OF THE  
COLLEGE OF CHIROPRACTORS OF ONTARIO:

We have audited the statement of financial position of CCO of Chiropractors of Ontario as at December 31, 2009, 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 CCO as at December 31, 2009, 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 8, 2010

TATOR, ROSE & LEONG,  
Chartered Accountants  
Licensed Public Accountants

STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED DECEMBER 31, 2009  
(WITH 2008 COMPARISONS)

ASSETS	2009	2008
<b>Current</b>		
Bank	\$ 288,899	\$ 465,066
Short-term investments (Note 8)	2,184,063	5,232,428
Prepaid expenses and sundry assets	53,451	91,856
	<u>2,526,413</u>	<u>5,789,350</u>
Capital (Note 2)	2,771,441	83,954
<b>TOTAL ASSETS</b>	<b>\$ 5,297,854</b>	<b>\$ 5,873,304</b>
<b>LIABILITIES</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	\$ 475,226	\$ 474,470
Deferred revenue	461,320	348,471
	<u>936,546</u>	<u>822,941</u>
<b>TOTAL LIABILITIES</b>	<b>936,546</b>	<b>822,941</b>
<b>NET ASSETS</b> (per Statement 2)	<b>4,361,308</b>	<b>5,050,363</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 5,297,854</b>	<b>\$ 5,873,304</b>

Approved on behalf of College:



MR. ROBERT MACKAY,  
TREASURER



DR. PETER AMLINGER  
PRESIDENT

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

STATEMENT 1



STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2009  
(WITH 2008 COMPARISONS)

UNRESTRICTED FUND	2009	2008
BALANCE: January 1,	\$ 5,050,363	\$ 4,986,165
Add: Excess of (expenditures over income)/ income over expenditures (per Statement 3)	(689,055)	64,198
BALANCE: December 31,	\$ 4,361,308	\$ 5,050,363

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

STATEMENT 2

STATEMENT OF CASH FLOWS, FOR YEAR ENDED DECEMBER 31, 2009  
(WITH 2008 COMPARISONS)

OPERATING ACTIVITIES	2009	2008
Excess of (expenditures over income)/income over expenditures (per Statement 3)	\$ (689,055)	\$ 64,198
Amortization - capital assets	143,314	33,005
Decrease (increase) in prepaid expenses and sundry assets	38,405	(37,547)
(Decrease) increase in accounts payable and accrued liabilities	756	255,060
Increase in deferred revenue	112,849	2,654
	(393,731)	317,370
<b>INVESTING ACTIVITIES</b>		
Purchase of capital assets (Net)	(2,830,801)	(3,377)
<b>CHANGE IN CASH AND EQUIVALENTS DURING THE YEAR</b>	(3,224,532)	313,993
<b>CASH AND EQUIVALENTS AT BEGINNING OF THE YEAR</b>	5,697,494	5,383,501
<b>CASH AND EQUIVALENTS AT THE END OF THE YEAR</b>	\$ 2,472,962	\$ 5,697,494
<b>CASH AND EQUIVALENTS REPRESENTED BY:</b>		
Bank	\$ 288,899	\$ 465,066
Short-term investments	2,184,063	5,232,428
	\$ 2,472,962	\$ 5,697,494

Supplemental disclosure

Interest paid	\$	—	\$	—
Income taxes paid		—		—

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

STATEMENT 4

STATEMENT OF OPERATIONS FOR THE YEAR ENDED DECEMBER 31, 2009  
(WITH 2008 COMPARISONS)

INCOME	2009	2008
Renewal fees	\$ 3,096,912	\$ 2,987,825
Registration fees	52,950	65,300
Examination fees	28,990	37,738
Incorporation fees	96,450	79,700
Record keeping seminars	4,800	8,550
Recovery of discipline costs	48,619	2,500
Interest and sundry	96,509	241,445
<b>TOTAL INCOME</b>	<b>3,425,230</b>	<b>3,423,058</b>
<b>EXPENDITURES</b>		
Salaries and benefits (Note 3)	931,638	870,923
Pension - past service (Note 4)	9,600	9,600
Rent and utilities (Note 5)	266,839	274,793
Office and general (Note 6)	496,309	422,888
Printing and postage	191,340	234,119
Insurance	19,444	19,542
Meetings, fees and expenses (Schedule 1)	280,771	237,603
Audit	17,698	26,809
Federation meetings	38,311	15,610
CFCRB and CCEC dues	90,000	90,000
Record keeping workshops	-	30,974
Donation	-	100,000
Government relations	26,500	8,550
Consulting fees	136,358	99,631
Consulting fees - peer assessors	49,891	141,257
Consulting fees - complaints	80,206	77,092
Legal fees - complaints	2,550	-
Legal fees - executive	28,397	31,532
Legal fees - discipline	787,087	362,193
Legal fees - general	382,691	143,569
Sub-contractors	95,102	86,748
Equipment lease	33,055	32,857
Media advertising	7,184	9,565
<b>TOTAL EXPENDITURES</b>	<b>3,970,971</b>	<b>3,325,855</b>
Excess of (expenditures over income)/income over expenditures before amortization	(545,741)	97,203
Amortization	143,314	33,005
<b>EXCESS OF (EXPENDITURES OVER INCOME)/ INCOME OVER EXPENDITURES</b>	<b>\$ (689,055)</b>	<b>\$ 64,198</b>

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

STATEMENT 3

SCHEDULE OF MEETINGS FEES AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2009  
(WITH 2008 COMPARISONS)

	Fees	Expenses	Total 2009	Total 2008
Dr. Peter Amlinger 1	\$ 34,725	\$ 10,008	\$ 44,733	\$ 15,285
Dr. Robbie Berman 1, 6, 8	24,500	5,660	30,160	21,254
Dr. Marshall Deltoff 2, 7	23,600	(313)	23,287	19,807
Dr. Brian Gleberzon 2, 8	18,450	2,087	20,537	16,887
Dr. Gilles Lamarche	—	—	—	51,789
Dr. James Laws 6	(11,700)	(931)	(12,631)	12,771
Dr. Dennis Mizel 1	57,950	18,047	75,997	39,729
Dr. Calvin Neely	2,100	648	2,748	7,637
Dr. Douglas Pooley 3, 4	11,700	7,597	19,297	9,663
Dr. Frazer Smith 1, 4, 7	25,850	22,874	48,724	41,734
Ms. Jo-Ann Willson	—	1,839	1,839	1,047
Dr. Bryan Wolfe 3, 5	14,225	11,855	26,080	—
	\$ 201,400	\$ 79,371	\$ 280,771	\$ 237,603

**NOTE:**

Committee membership changed in June

Numbers refer to committee/project membership (June - December 2009)

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

SCHEDULE 1



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

### 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.

The College was incorporated in the Province of Ontario on December 31, 1993 as a non-profit organization without share capital and, as such, is generally exempt from income taxes in Canada.

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

### 1(b) SUMMARY OF ACCOUNTING POLICIES

#### (i) Capital Assets

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

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

#### (ii) Revenue Recognition

Renewal and incorporation fees are reported on a calendar year basis. Registration, examination and record keeping seminar fees are recognized when received. Investment income is recognized when earned.

#### (iii) Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenditures during the reporting period. Actual results could differ from these estimates.

## 2. CAPITAL ASSETS

	Cost	Accumulated Amortization	2009 Net	2008 Net
Furniture & Office Equipment	\$ 299,698	\$ 266,562	\$ 33,136	\$ 38,708
Computer & Software	732,234	433,058	299,176	27,894
Leasehold Improvements	54,281	43,741	10,540	17,352
Land	2,428,589	—	2,428,589	—
	\$ 3,514,802	\$ 743,361	\$ 2,771,441	\$ 83,954

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2009

### 3. SALARIES AND BENEFITS

This expense includes payments for current service pension plans.

### 4. PENSION PLAN - PAST SERVICE

On 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:

2010	\$ 178,543
2011	178,543
2012	178,543
2013	179,331
2014	14,944

### 6. OFFICE SUPPLIES AND GENERAL

Included in this expense are payments of \$50,000 for Clinical Practice Guidelines for the 2009 and 2008 fiscal years.

### 7. FINANCIAL INSTRUMENTS

The College's financial instruments consist of cash, short-term investments, deferred revenue, accounts payable and accrued charges. Unless otherwise noted, it is management's opinion, that CCO is not exposed to significant interest, currency or credit risks arising from these financial instruments. The fair value of these financial instruments approximate their carrying values unless otherwise noted.

### 8. SHORT-TERM INVESTMENTS

	Interest Rate	2009	2008	Matured
The Bank of Nova Scotia, GIC	0.50%	\$ 1,963,896	\$ -	May 7, 2010
The Bank of Nova Scotia, GIC	3.27%	-	5,232,428	May 7, 2009
The Canada Trust Company GIC	0.30%	220,167	-	January 6, 2010
		\$ 2,184,063	\$ 5,232,428	

### 9. LAND PURCHASE

On February 26, 2009, CCO of Chiropractors of Ontario purchased a vacant piece of land on Pleasant Blvd. in Toronto for the purpose of constructing a commercial office building where the head office will be located.







BACK ROW

DR. FRAZER SMITH, DR. JAMES LAWS, MR. SHAKIL AKHTER,  
MR. ROBERT MACKAY, DR. BRYAN WOLFE, MR. MARTIN WARD,  
DR. ROBBIE BERMAN

SECOND ROW

DR. DOUGLAS POOLEY, MME LISE MARIN,  
DR. BRIAN GLEBERZON, MS JUDITH MCCUTCHEON,  
DR. MARSHALL DELTOFF, MS LYNN DAIGNEAULT

FRONT ROW

DR. DENNIS MIZEL, MS JO-ANN WILLSON, DR. PETER AMLINGER

## CCO COUNCIL





# 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
Dr. Peter Amlinger	President	CCO	June 2009 – April 2011

## CCO STAFF

LEFT TO RIGHT – MS SUE GARGIULO (COMMUNICATIONS OFFICER), MS ANDA VOPNI (FINANCIAL OFFICER), MS TANESHA SMICKLE (RECEPTIONIST), MS KRISTINA MULAK (MANAGER, INQUIRIES, COMPLAINTS & REPORTS), MS CHRISTINE MCKEOWN (INQUIRIES, COMPLAINTS & REPORTS OFFICER), MS TINA PERRYMAN (COMPLAINTS COORDINATOR), MS MARIA SIMAS (REGISTRATION COORDINATOR), DR. J. BRUCE WALTON (QA CONSULTANT), MS JO-ANN WILLSON (REGISTRAR AND GENERAL COUNSEL), MS ROSE BUSTRIA (ADMINISTRATIVE ASSISTANT), MR. JOEL FRIEDMAN (DIRECTOR, POLICY & RESEARCH).





COLLEGE of  
CHIROPRACTORS  
of ONTARIO



L'ORDRE des  
CHIROPRACTIENS  
de L'ONTARIO

