




Committed to the Public • Engagé envers le public



Annual Report
2018



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



Acronym	Full Name
Agreements	Resolution Agreements
<i>AODA</i>	<i>Accessibility for Ontarians with Disabilities Act</i>
CCO or College	College of Chiropractors of Ontario
CE	Continuing Education
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
FHRCO	Federation of Health Regulatory Colleges of Ontario
FSCO	Financial Services Commission of Ontario
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
ICRC	Inquiries, Complaints and Reports Committee
ODP	Office Development Project
PPA	Peer and Practice Assessment
Program	Peer and Practice Assessment Program
QA	Quality Assurance
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i>
SCERP	Specified Continuing Education or Remediation Program



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*CCO's statutory responsibility is protection of the public interest.
The context for every report is:
So what does this mean for the public of Ontario?*





Mission

The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

Vision

Committed to Regulatory Excellence in the Public Interest in a Diverse Environment

Values

- Integrity
- Respect
- Collaborative
- Innovative
- Transparent
- Responsive

*Developed at the strategic planning session:
September 2017*

Strategic Objectives

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.
2. Ensure the practice of members is safe, ethical, and patient-centered.
3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.
4. Optimize the use of technology to facilitate regulatory functions and communications.
5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

Developed at the strategic planning session: September 2017



Chiropractic Act, 1991

SCOPE OF PRACTICE

3. 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

4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
 1. Communicating a diagnosis identifying, as the cause of a person's symptoms,
 - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
 - ii. a disorder arising from the structures or functions of the joints of the extremities.
 2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
 3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.



CCO – Protecting the Public Interest



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



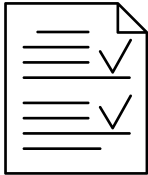
The Public

The College of Chiropractors of Ontario **regulates the profession in the public interest to assure ethical and competent chiropractic care.**

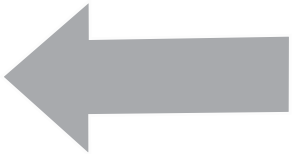
Public Interest Lens



In Ontario, regulated health professions are governed under the **Regulated Health Professions Act, 1991 (RHPA)** and health profession acts including the *Chiropractic Act, 1991*. This legislative framework establishes health regulatory colleges, which regulate the professions in the public interest.



Health regulatory colleges are responsible for ensuring that regulated health professionals provide health services in a safe, professional and ethical manner. This includes, among other things, setting standards of practice for the profession, investigating complaints about members of the profession and, where appropriate, disciplining them.



The College of Chiropractors of Ontario (CCO) is the governing body established by the provincial government to regulate chiropractors in Ontario.



Chiropractors

Every chiropractor practising in Ontario **must be a registered member of the CCO for the duration of their chiropractic career.**



Chiropractors treat the public in accordance with the *Chiropractic Act, 1991*.



Education

In Ontario, an applicant must graduate from an accredited program, pass national competency examinations and Ontario's Legislation and Ethics Examination, and be of "good character."



Dr. David Starmer

President, CCO Member Since 2007
président, membre de l'OCO depuis 2007

CCO's new home at 59 Hayden Street, Toronto

Message from the President

Calculated Steps and Positive Action

In 2018, CCO continued to build on its strengths both in protecting the public interest and demonstrating regulatory excellence. Through Council's support, it has been a productive year and I am proud to share what we have done to enhance our commitment to ensuring the public of Ontario has access to safe and ethical care.

It is important to remember that the work of CCO's Council and committees is the backbone of delivering on our regulatory responsibilities. To that end, I am proud of the hard work put in. I believe that while CCO and all the other regulators in Ontario face some challenges in the current external environment, CCO has continued to focus its efforts energetically and positively to the best of our ability within our current legislative framework. I thank Council for its proactive support in upholding our strategic objectives.

2018 was a year with numerous "good news" stories.

I am pleased to report on a number of exciting initiatives and accomplishments:

- In September, Council convened in Niagara-on-the-Lake and ably tackled a comprehensive agenda. We developed communications strategies to better engage members and stakeholders and, most importantly, articulated opportunities for enhanced engagement with the public of Ontario. A key outcome was an optimized communications strategy going forward.
- In a broader communications context, Council directed a number of initiatives. An important outcome was taking some calculated steps to enhance CCO's abilities around enforcing its regulatory authority around some members' inappropriate use of social media and advertising.
- Many health regulatory colleges in Ontario have embraced frank discussion about how conflicts of interest can best be managed. CCO has been well-engaged in undertaking a comprehensive review of the related implications and, following legal advice, has been reassured that it is following best practices.
- CCO has a long history of maintaining a well-functioning complaints process (through the Inquiries, Complaints and Reports Committee) and a rigorous discipline process (through the Discipline Committee). I am pleased to report that CCO has an impressive track record of being proactive, fair, and diligent. We take our role in protecting the public from harm by chiropractors very seriously.
- Recognizing the importance of integrating technology with its public interest mandate, CCO has stepped up to that challenge. Examples of initiatives that were implemented over the past year include:
 - Increasing use of technology (e.g., reducing Council and meeting dependency on paper by moving to electronic channels)
 - Increasing the number of meetings held by teleconference (rather than face-to-face)
 - Improving accessibility to content on CCO's website and investigating other areas where enhancements to access could be made, including the adoption and use of specialized communications tools
 - Through seeking input from CCO Council member, Ms Karoline Bourdeau, about her experience with accessibility to CCO information, tools, etc. and how it could be enhanced, there has been progress in offering

more seamless access to files and information, etc. through new technology and specialized software

- Continuing to evolve and enhance CCO's first (and successful!) peer and practice assessment program (PPA 1.0) to PPA 2.0, which will continue to support our members in maintaining and building on excellence in delivering chiropractic care.
- Investing and supporting training and education in varying areas of CCO's operations continue to be "front and centre". CCO recognizes the value of good training for both professional and public members **and** the staff team. We believe it builds better competence in the organization and better serves the public interest. I extend my appreciation to all who have taken the time away from their busy practices to learn, share ideas, and contribute to our public interest mandate.

As previously reported, CCO will soon be moving to a new home. I would like to thank Dr. Clifford Hardick for his sage advice and Ms Jo-Ann Willson and her team for pulling all of the details together.

Reflection

Looking back to 2018, I believe it was a year where we took calculated steps in ensuring we upheld our statutory mandate in regulating chiropractic in the public interest. Our steps resulted in positive action. Thank you to everyone who was on our journey.



DAVID STARMER, DC
PRESIDENT

CCO Presidents and BDC Chairs

Name	Position	Organization	Term	
Dr. David Starmer	President	CCO	April 2018	April 2019
Dr. Gauri Shankar	President	CCO	April 2017	April 2018
Dr. Clifford Hardick	President	CCO	April 2016	April 2017
Dr. Clifford Hardick	President	CCO	April 2015	April 2016
Dr. Dennis Mizel	President	CCO	April 2014	April 2015
Dr. Peter Amlinger	President	CCO	April 2013	April 2014
Dr. Peter Amlinger	President	CCO	April 2012	April 2013
Dr. Marshall Deltoff	President	CCO	April 2011	April 2012
Dr. Peter Amlinger	President	CCO	June 2009	April 2011
Dr. Dennis Mizel	President	CCO	June 2008	June 2009
Dr. Gilles Lamarche	President	CCO	April 2006	June 2008
Dr. R. Andrew Potter	President	CCO	April 2004	April 2006
Dr. Allan Gotlib	President	CCO	March 2002	April 2004
Dr. Keith Thomson	President	CCO	March 2001	March 2002
Dr. Allan Gotlib	President	CCO	March 1999	March 2001
Dr. Lloyd E. MacDougall	President	CCO	March 1997	March 1999
Dr. Leo K. Rosenberg	President	CCO	March 1995	March 1997
Dr. Bertram L. Brandon	President	CCO	March 1994	March 1995
Dr. Edward R. Burge	Chair	BDC	February 1988	March 1994
Dr. Robert M. Wingfield	Chair	BDC	February 1986	February 1988
Dr. Fred N. Barnes	Chair	BDC	February 1984	February 1986
Dr. Stephen E. West	Chair	BDC	September 1974	February 1984
Dr. Harold W.R. Beasley	Chair	BDC	September 1961	September 1974
Dr. Harry A. Yates	Chair	BDC	August 1952	September 1961

Message du président

Des démarches calculées et des actions positives

En 2018, l'OCO a continué de miser sur ses forces pour protéger l'intérêt du public et démontrer l'excellence de la réglementation. Grâce au soutien du Conseil, cette année s'est avérée productive et je suis fier de partager ce que nous avons fait pour renforcer notre engagement à faire en sorte que le public de l'Ontario ait accès à des soins sûrs et conformes à l'éthique.

Il est important de se rappeler que le travail du Conseil et des comités de l'OCO est la pierre angulaire de l'exécution de nos responsabilités en matière de réglementation. À cette fin, je suis fier du travail acharné qui a été effectué. Bien que l'OCO et tous les autres organismes de réglementation de l'Ontario soient confrontés à certains problèmes dans le contexte externe actuel, je crois que l'OCO a su concentrer ses efforts de manière énergique et positive au mieux de ses capacités à l'intérieur de son cadre législatif. Je remercie le Conseil pour son soutien actif dans la réalisation de nos objectifs stratégiques.

2018, une année riche en « bonnes nouvelles »

Je suis heureux de rendre compte d'un certain nombre d'initiatives et de réalisations dignes d'intérêt :

- En septembre, le Conseil s'est réuni à Niagara-on-the-Lake et s'est attaqué avec diligence à un programme exhaustif. Nous avons élaboré des stratégies de communication afin d'accroître la participation des membres et des parties prenantes et, plus important encore, afin d'accentuer notre engagement envers le public ontarien. En ce sens, nous avons élaboré une stratégie de communication optimisée pour l'avenir.
- Dans un contexte de communication plus large, le Conseil a dirigé plusieurs initiatives. Des mesures calculées ont été prises pour renforcer les capacités de l'OCO en ce qui concerne l'application de son autorité réglementaire face à l'utilisation inappropriée des médias sociaux et de la publicité par certains membres.
- De nombreuses autorités de réglementation de la santé de l'Ontario ont lancé une discussion franche sur la meilleure façon de gérer les conflits d'intérêts. L'OCO s'est engagé de front dans la réalisation d'un examen exhaustif des conséquences qui en découlent et, à la suite d'un avis juridique, a reçu la confirmation qu'il exerce ses activités en respect des meilleures pratiques.
- L'OCO a toujours eu en place un processus de traitement des plaintes qui fonctionne bien (par le biais du comité des enquêtes, des plaintes et des rapports) et un processus disciplinaire rigoureux (par le biais du comité disciplinaire). Je suis heureux d'annoncer que l'OCO a fait preuve d'un historique impressionnant en matière de proactivité, d'équité et de diligence. Nous prenons très au sérieux notre rôle de protection du public contre les fautes professionnelles chiropratiques.
- Conscient de l'importance de l'intégration de la technologie dans son mandat d'intérêt public, l'OCO a su relever ce défi. Voici des exemples d'initiatives mises en œuvre au cours de la dernière année :
 - Utilisation accrue de la technologie (p. ex. réduire l'utilisation du papier par le Conseil et lors des réunions en passant à des voies électroniques)
 - Augmentation du nombre de réunions tenues par téléconférence (plutôt qu'en personne)
 - Amélioration de l'accessibilité au contenu du site Web de l'OCO et exploration des autres domaines auxquels des améliorations pourraient être apportées en termes

d'accès, notamment l'adoption et l'utilisation d'outils de communication spécialisés

- M^{me} Karoline Bourdeau, membre du Conseil de l'OCO, nous a fourni une rétroaction au sujet de son expérience en matière d'accès à l'information de l'OCO, aux outils et autres et des améliorations pouvant être apportées. Conséquemment, des progrès ont été réalisés pour offrir un accès plus transparent aux fichiers et à l'information, entre autres, par le biais de nouvelles technologies et de logiciels spécialisés
- Continuer à faire évoluer et à améliorer le premier (et efficient) programme d'évaluation des pairs et des pratiques de l'OCO (PPA 1.0 à PPA 2.0), qui continuera d'aider nos membres à maintenir et à renforcer l'excellence dans la prestation de soins chiropratiques.
- L'investissement et le soutien à la formation et à l'éducation dans divers domaines d'activités de l'OCO continuent d'être « à l'avant-plan ». L'OCO reconnaît la valeur d'une bonne formation pour les membres professionnels et les membres du public **et** le personnel. Nous pensons

que cela contribuera à renforcer les compétences de l'organisation et permettra de mieux servir l'intérêt du public. J'adresse mes remerciements à tous ceux qui ont pris le temps de prendre une pause de leur horaire chargé pour apprendre, partager des idées et contribuer à notre mandat d'intérêt public.

Comme indiqué précédemment, l'OCO déménagera vers un nouvel emplacement. Je voudrais remercier le Dr Clifford Hardick pour ses conseils avisés, ainsi que M^{me} Jo-Ann Willson et son équipe pour avoir rassemblé tous les détails.

Réflexion

En rétrospective, 2018 a été selon moi une année où nous avons pris des mesures précises pour nous acquitter de notre mandat législatif en matière de réglementation de la chiropratique dans l'intérêt du public. Nos démarches ont abouti à des actions positives. Merci à tous ceux qui ont pris part à notre aventure.



DAVID STARMER, DC
PRÉSIDENT



Ms Jo-Ann Willson
Joined CCO in 1993,
Registrar & General Counsel
Since 1998

Registrar's Report

Sometime in 2018, I attended a stakeholder meeting with a number of health regulatory colleges and representatives of the Ontario Ministry of Health and Long-Term Care. At the meeting a casual comment was made that stuck with me. The comment was "The colleges' annual reports should not be marketing tools. They should answer the question: **So what does this mean for the public of Ontario?**"

The colleges, including CCO, exist for one reason only, and that is protection of the public interest. When you read the various committee reports, please bear that question in mind. Why does the public care about what the Executive Committee did during 2018? Presumably they care because the public wants to know that as stewards of the leadership of the college, the Executive Committee maintained a focus on public protection. Does it matter to the public how the Inquiries, Complaints and Reports Committee (ICRC) deals with complaints? Of course it does – the public, and that includes critics of the profession, want to know the ICRC is diligently exercising its mandate consistent with existing provisions, and if those provisions don't protect the public, what is being done to change them. Does anyone care about the work of the Registration Committee? I certainly hope so. The Registration Committee reviews those applicants who do not clearly meet the requirements including successful graduation from an accredited program, completion of the national examinations and CCO's Legislation and Ethics examination and being of "good character." How should applicants who have a criminal conviction be addressed to protect the public? What about an applicant who can't get a letter of good standing from the jurisdiction in which he or she practised? Terms, conditions and limitations on an applicant's certificate need to be considered to ensure every member granted the privilege of practising in Ontario is competent and ethical.

The Quality Assurance (QA) Committee was very busy and productive in 2018. An important component of public protection is guiding members, the vast majority of whom practise ethically and competently and simply want to be clear about the standards they need to meet. The public should be reassured to know CCO reviewed and revised standards of practice based on the recommendations of the QA Committee, through the lens of public protection. Fundamental to public interest is the work of the Discipline Committee. Is it in the public interest that matters are resolved by way of joint submission based on recommendations from a prehearing conference chair? The Discipline Committee

in its reasons always addresses that question. Public protection, along with the principles of fairness and natural justice must be reflected in every decision made by the Discipline Committee.

The Patient Relations Committee worked diligently on the *Partnership of Care* document in 2018, including translating it into the many languages used in Ontario. I was once asked a question at an international conference about the Patient Relations Committees in Ontario. The question was: "How many patients are on the Patient Relations Committee?" The answer is, none. I think we can do more to engage the public in the work of CCO, and the Patient Relations Committee has this on its agenda for 2019. It's important to remember that the general public does of course benefit from the competent, diverse and committed public members who participate on every committee and on Council. One interesting question for the future of self-regulation is whether the public would be better protected by having public members exceed 50 % of the composition of every committee and Council.

As I reflect on 2018, and in the interests of openness and transparency, I think there are some areas for improvement. I think we need to find mechanisms to be quicker to address emerging major public health issues. As the regulator with more than half the chiropractors in Canada as members, CCO should demonstrate national leadership, and that includes learning valuable lessons from regulators across the country on how they have addressed important issues affecting the public, including those involving social media and outside of scope practices. We need to find a way to encourage and enforce professional and respectful discourse (both within and outside the profession). Constructive criticism is helpful and needs to be considered in the context of CCO's mission, vision, values and strategic objectives. Those foundation documents that are included in every CCO publication include words like respect, trust, ethical and competent chiropractic care, a diverse environment, and collaboration. Anything less than respectful, professional behaviour and discourse reflects poorly on the entire profession and the public it serves.

As CCO moves forward with its mandate to regulate chiropractic in the public interest, I trust and hope it can work with all stakeholders to enhance public protection, demonstrate leadership and reflect a commitment to earning, developing and maintaining public trust and confidence in the profession.

Committee Members and Staff Support

Back L-R

Mr. Joel Friedman, Director, Policy & Research

Ms Karoline Bourdeau

Dr. Gauri Shankar

Dr. Kristina Peterson

Front L-R

Ms Georgia Allan

Dr. Elizabeth Anderson-Peacock, Vice-Chair

Ms Jo-Ann Willson,
Registrar & General Counsel

Dr. David Starmer, Chair

Mr. Douglas Cressman, Treasurer



Executive Committee

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.

Committee Activities in 2018

Throughout 2018, the Executive Committee supported Council's initiatives in advancing CCO's strategic objectives. Activities included maintaining and building relationships with key external stakeholders, seeking opportunities for inter-professional collaboration, and engaging with other health care regulators to support the public interest. The Committee also oversaw CCO's day-to-day operations in a fiscally responsible manner and ensured that CCO's public interest mandate was forefront in all decisions and actions.

In 2018, the Executive Committee:

- Convened five meetings
- Received reports on the progress of the Office Development Project (ODP) and preliminary plans for the move to the new location in 2019
- Oversaw the planning and execution of a productive strategic planning refresher for CCO Council and staff on September 15-16, 2018
- Continued to implement electronic systems and initiatives to reduce dependency on paper and enhance electronic methods of communication with members, stakeholders, and the public
- Received a report from Ms Willson on recent Federation of Canadian Chiropractic activities, including consideration of a national forum on issues such as advancing regulatory excellence and best practices
- Recommended to Council the following policies:
 - Amendments to Policy P-009: Dr. Harold Beasley Memorial Award
 - Amendments to Policy P-011: Conflict of Interest for Council and Committee Members

As staff were packing up to move to the new CCO offices, we uncovered these artifacts dating back to 1925.

Royal Bank Building
300 St. George, Room 57
Toronto July 3/25

The first meeting of the Board of Regents, appointed under the Act to provide for the Regulation of Druggists Practitioners, 1925, was held this day at 2.30^{PM}, daylight saving time.

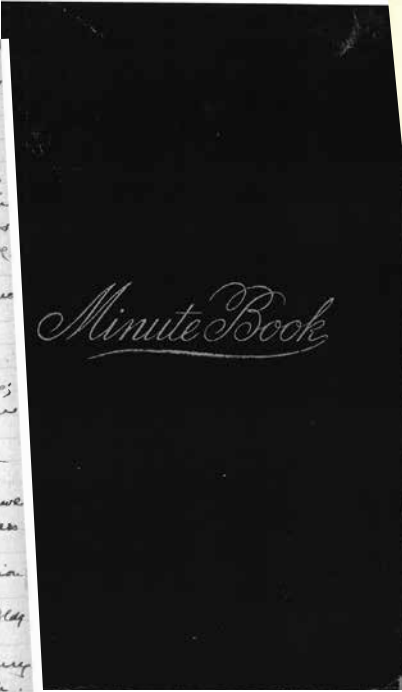
The full Board was in attendance

Members present;
President - R.B. Henderson;
Vice President - A.W. Macgill;
Secretary - Treasurer - G.W. McKay;
Members - H. Peacock; J. Hawthorn

Robert Benjamin Henderson, 32 Bloor St. E. Toronto; and Thomas Willis Gibbs McKay of 58 King St. E. Ottawa are appointed for a period of two years each;
Archie William Macfie of 210 Dominion Savings Bldg. London Ont;
Hubert John Peacock of 401 C.W.R. Bldg Toronto Ont; and
James Hawthorn of the Town of Sudbury are appointed for one year each.

Introduction The members spent a few of minutes in becoming acquainted and then were called to order at 2:45 by Mr Henderson in the Chair.

The Chairman gave a short resume of the History of Chiropractic in Ontario, referred to the Hodgkins Report and the conditions



Minute book including first meeting of the Board of Regents in 1925 showing that minutes at one point were handwritten.

Inventory 1952

270	Mailing Tubes	11.92
12	Petty Cash Voucher Books	8.40
500	Copies, Information for Reg.	33.50
	Duplicate Licenses	40
1400	Bottles Ink	5.40
4	Sheets Ximoo paper 8 x 11	2.25
15	Stenographers Note Books	4.75
150	# 10 Plain envelopes	7.75
700	# 10 Window envelopes	11.50
30	# 8 Plain envelopes	2.95
200	# 8 Window envelopes	8.20
30	# 7 Printed envelopes	2.00
400	Envelopes for List	4.25
250	Envelopes for Applications	3.75
150	Envelopes for Return Applications	4.25
150	Lead Pencils	2.00
2 D.	Blotters and Pads	31.00
6	Blotter cases	3.75
1	Quira Memo Stencils	1.50
1	Lb. Ximoo Ink	46.75
	Ximoo Ink	.50
1700	Addressograph stencils & roller	1.80
5	Box Carbon Paper	15.75
2	Bottles India Ink	.50
8	Damped Labels	1.85
900	Sheets Letterhead	2.00
40	Sheets Second Letterhead	22.00
30	Copy Paper	14.85
5	Doane Journal Seals	.75
	Index Book and Pages	5.75
	Register	6.00
1/2	Blank Cheques	10.50
8	Biophone Records	6.00
2	Sheets typing paper	1.40
2200	Box File Folders	25.00
1/2	Cheque Marker	5.00
1	Index Pages, Cash Book	22.50
	Copies Def.	40.00
150	Applications for Registration	11.80
400	Exc. Books	1.75
400	Leads	6.25
75	Leads	1.00
2	Foreign Stamps	1.25
1/2	Tube addressograph ink	2.00
1	Staples	.25
1/2	Paper cups	14.25
1/2	Paper clips	3.60
1/2	Rubber bands	7.45
1	Water jug	5.00
15	Rubber stamps	2.50
1	Jump Book	6.80
1	Receipt Book	135.00
200	Registration Identification cards	2.50
1	Medical Dictionary	6.30
300	Regulations	1.00
	Pen set	5.60
6	Certificates of Registration	6.30
800	Ximoo Paper 8 x 14	1.00
10	Ximoo Paper 8 x 14	1.00
500	Letter envelopes	
100	File cards	

\$657.12

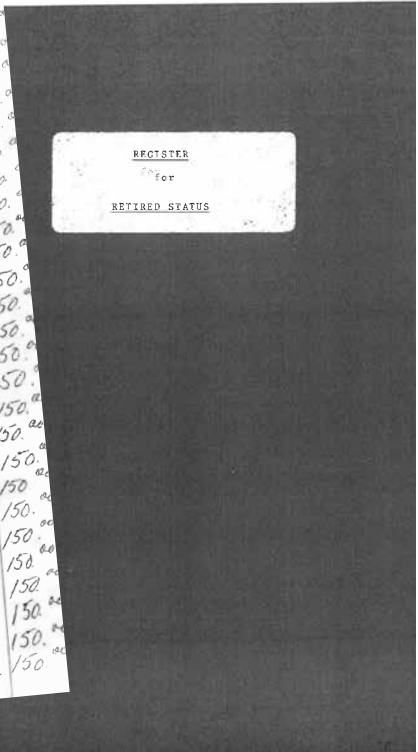
Certificate correct: *[Signature]*

List of total inventory from 1952 showing total value of \$657.12 with the most expensive item being stencils at \$46.75.

RETIRED STATUS

Invoice No.	NAME	REGISTRATION YEAR	FEE
0001	Bitzky, Ronald W.	1990	150.
0002	Broad, Arthur H.	1990	150.
0003	Bruce W. Fox	1990	150.
0004	Henry C. Kderski	1990	150.
0005	Stanislaw W. Stolarski	1990	150.
0006	James L. Watkiss	1990	150.
0007	Howard B. Whitnough	1990	150.
0008	Edmond A. Mc Donough	1990	150.
0009	Georgeth Smith - Payne	1991	150.
0010	Earl H. Sawyer	1991	150.
0011	Edmond A. Mc Donough	1991	150.
0012	Georgeth Smith - Payne	1991	150.
0013	Ronald W. Bitzky	1991	150.
0014	Arthur H. Broad	1991	150.
0015	Lymen C. Ingraham	1991	150.
0016	Beirde J. Brumwell	1991	150.
0017	Joseph L. Bryson	1991	150.
0018	John B. Robt	1991	150.
0019	Wellard A. Burkholder	1991	150.
0020	Jeffrey N. Vanderheyem	1991	150.
0021	Neil S. Harris	1991	150.
0022	John J. W. Litany	1991	150.
0023	Philip Donoff	1991	150.
0024	Robert E. Krasman	1991	150.
0025	Harry O. Holm	1991	150.
0026	Walter M. Reddle	1991	150.
0027	Donald C. Sutherland	1992	150.

Early register of retired members.



Committee Members and Staff Support

Back L-R:

Mr. Joel Friedman, Director, Policy & Research

Ms Karoline Bourdeau

Dr. Janine Taylor, non-Council Member

Front L-R:

Ms Jacqui Shaw, Student-at-Law

Dr. Peter Amlinger, Chair

Dr. Brian Budgell



Advertising Committee

Committee Mandate

- To review proposed advertisements by members to ensure compliance with CCO's Standard of Practice S-016: Advertising and Guideline G-016: Advertising.

A Message from the Chair

Over the past year, the Advertising Committee diligently reviewed its terms of reference, standards of practice, policies and guidelines. It is vitally important that we constantly evolve, where necessary, to adapt to changing times and to protect the public of Ontario. Daily, our members interact with Ontarians who benefit from safe and ethical chiropractic care.

Our goal as a committee was to ensure that advertising by members complies with CCO standards, supports ethical chiropractic care and incorporates changing public expectations.

As a profession, chiropractors fully embrace the privilege of self-regulation. As members of CCO, it is imperative that we are aware of, understand, and adhere to the existing standards of practice that guide our members in protecting

their patients from harm. By doing so, each and every member can help Council regulate the profession in the public interest.

When it comes to advertising, it is essential that the public has confidence in our profession and our advertising standards hold our members to a high level of scrutiny.

CCO's Advertising Committee is pleased to assist members with a review of their proposed advertisements prior to distribution. Visit the CCO website and review Standard of Practice S-016: Advertising and Guideline G-016: Advertising. Self-assess your advertising and marketing materials – including your website(s) and social media – for compliance. If they don't comply, change them and bring them into compliance. If you're not sure if they comply, send them to the Advertising Committee for review and feedback.

In Appreciation

It has been an honour to serve as Chair of the Advertising Committee over the past year. I wish to recognize our professional members, Dr. Brian Budgell and Dr. Janine Taylor, and our public member, Ms Karoline Bourdeau, and former public member Ms Judith McCutcheon. I would also like to thank our staff support, Mr. Joel Friedman.

Committee Activities in 2018

CCO is unique among the health regulatory colleges in that it has a committee with the sole focus of advertising. The Advertising Committee's mandate is to review proposed advertisements voluntarily submitted by members to ensure compliance with CCO's Standard of Practice S-016: Advertising and Guideline G-016: Advertising.

In 2018, the Advertising Committee:

- Convened two face-to-face meetings and one teleconference meeting
- Reviewed and responded to proposed advertisements submitted by members for review prior to publication

- Conducted its annual review of Standard of Practice S-016: Advertising, Guideline G-016: Advertising and Policy P-016: Advertising
- Reviewed options for more comprehensively looking at links on members' websites (i.e., how far back links should be followed) as well as members' communications (e.g., email blasts)
- Investigated additional options and mechanisms in situations where a member will not make changes to their advertising when something is brought to their attention
- Reviewed the Advertising Committee's Terms of Reference and Policy P-004: Advertising Committee Protocol

The Advertising Committee is pleased to assist members with a review of their proposed advertisements prior to distribution. The review process helps ensure compliance, is at no cost to members, and produces feedback within 10 business days or less. For up-to-date information relating to advertising standards of practice, policies and guidelines, go to the CCO website: www.cco.on.ca.

Committee Members and Staff Support

Back L-R:
Ms Jo-Ann Willson,
Registrar & General Counsel

Dr. Brian Budgell

Front L-R:

Ms Georgia Allan

Dr. Kristina Peterson, Chair



Fitness to Practise Committee

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.

A Message from the Chair

Under the *Regulated Health Professions Act, 1991*, CCO is mandated through the Fitness to Practise Committee to address circumstances where a chiropractor's ability to practise is impaired by a physical or mental disorder that poses a risk to the public.

Procedurally, incapacity and discipline proceedings are similar. Incapacity hearings focus on the physical and/or mental state of a member and their ability to perform their professional role as a chiropractor, whereas discipline proceedings focus on a member's conduct and whether or not the member has committed an act of professional misconduct or is incompetent.

The Fitness to Practise Committee hears, determines, and may impose terms, conditions, limitations, or restrict or suspend a member's certificate of registration until such time as they no longer pose a risk of harm to the public.

A finding of incapacity usually results in rehabilitative rather than punitive measures. Unlike a discipline hearing, a fitness to practise hearing is generally closed to the public, as it involves the review and revealing of personal health information. A fitness to practise hearing will only be open to the public if the member involved makes a written request in advance to the Registrar and General Counsel.

If a panel of the Fitness to Practise Committee finds a member is incapacitated, it shall make an order doing any one or more of the following by directing the Registrar and General Counsel to:

- Revoke the member's certificate of registration;
- Suspend the member's certificate of registration; or
- Impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.

The results of a fitness to practise hearing where a member's license was revoked or suspended, or terms, limitations or conditions were applied to their certificate of registration, are published on the public register.

Decisions of the Fitness to Practise Committee can be appealed to Ontario's Divisional Court for judicial review within 90 days of the decision being issued.

A chiropractor whose certificate of registration has been revoked or suspended as a result of incapacity proceedings may apply in writing to the Registrar & General Counsel to have a new certificate issued or the suspension removed one year after the date on which the certificate of registration was revoked or suspended.

In March 2018, the Fitness to Practise Committee participated in a training session facilitated by Ms Karen Jones, Paliare Roland Rosenberg Rothstein LLP, and Mr. Colin Stevenson, Stevenson Whelton LLP, to review its mandate and terms of reference, hear about current regulatory best practices, and to discuss preparedness in the event of a referral.

The Committee also convened one teleconference meeting in June.

Over the past year, there were no referrals to the Fitness to Practise Committee.

Acknowledgements

I would like to thank Dr. Brian Budgell and Ms Georgia Allan for their willingness to serve on the Committee. We also thank Ms Jo-Ann Willson for her able guidance and support.

Committee Members and Staff Support

Back L-R:

Ms Patrice Burke

Dr. Steve Gillis, non-Council Member

Dr. Brian Schut

Front L-R:

Ms Tina Perryman,
Manager, Inquiries, Complaints, Reports

Dr. Gauri Shankar, Chair

Ms Christine McKeown,
Inquiries, Complaints & Reports Officer



Inquiries, Complaints and Reports Committee

Committee Mandate

- To respond to inquiries, complaints and reports in a manner consistent with CCO's legislative mandate under the *RHPA*.
- To review investigation reports carried out pursuant to s. 75 of the *RHPA*, and to make decisions concerning any further action, including the referral of specified allegations of professional misconduct or incompetence to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member's certificate of registration.

A Message from the Chair

In 2018, the Inquiries, Complaints and Reports Committee (ICRC) managed a full agenda and upheld its statutory mandate in responding to inquiries, complaints, and reports. The Committee members worked cooperatively to ensure that all matters before it were dealt with on a timely basis and within CCO's statutory mandate.

I am pleased to report that the ICRC worked well as a cohesive team. Each agenda required the Committee to thoroughly consider and discuss each matter put before it and reach a unanimous decision – always framed by the best interest of the public while also respecting the professionalism of chiropractic care. It is a comprehensive and well-managed process that helps to protect Ontarians.

In the course of our deliberations over the past year, the ICRC has noted certain trends in the types of complaints received at CCO. I believe they serve as important reminders for all chiropractors in Ontario about the importance of complying

with CCO's standards of practice and ensuring the provision of safe and ethical chiropractic care to Ontarians. I would like to share a few of them:

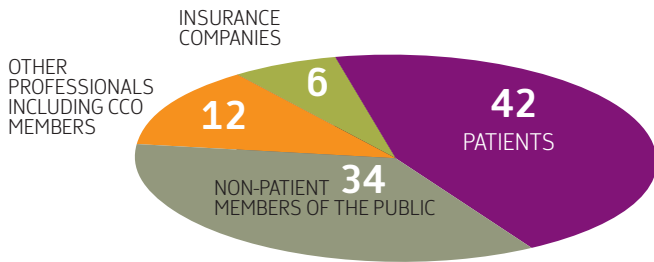
- In framing the communication to avoid any potential misunderstanding, the member should have a thorough discussion with the patient about the proposed treatment plan, and obtain permission to do an examination as well as informed consent.
- In obtaining informed consent, the member must be explicit in communicating to the patient what is being done and the elements of touching that will occur, including full clarity if the member will be working on sensitive or sexual areas.
- The member should not require a patient to bring a spouse to a report of findings.
- In practising in a multi-disciplinary clinic, the clinic should have individual consent forms for all of its practitioners and it must be clear to the patient who is treating them.

(Continued on page 24)

SUMMARY OF COMPLAINTS, INQUIRIES AND REPORTS IN 2018

Received **87** Complaints **7** Inquiries **5** Reports Total number of complaints, inquiries and reports received - 99

Origin of Inquiries/Complaints Received in 2018

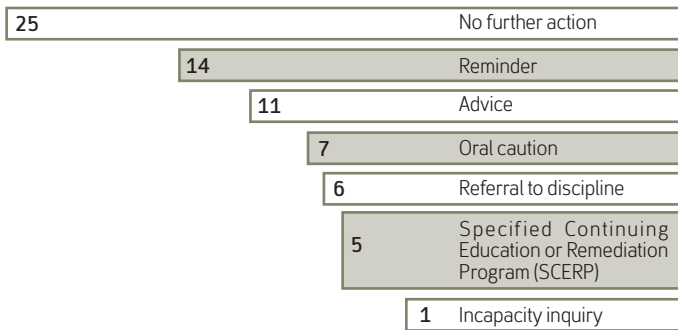


Committee Activities in 2018

The ICRC ably fulfilled its mandate during 2018:

- Convened 12 face-to-face meetings
- Received 87 complaints, 7 inquiries and 5 reports (total: 99)
- Completed 69 decisions

Outcome of Complaints and Reports



Note: Not all outcomes of complaints relate to complaints or reports received in 2018. Also, some of the outcomes consisted of two dispositions (e.g., oral caution and SCERP).

Outcome of Inquiries



Note: An inquiry includes when an individual does not confirm if the letter is to be intended for a complaint and does not sign an authorization form, and the College does not implement the formal complaints process.

Main Areas of Concerns Identified by the Complainant for a Complaint or Inquiry in 2018

Total: 94

Scare tactics	1
Scope of practice	1
Social media	2
Issuing a document which is false or misleading	2
Failure to advise a patient to consult with another healthcare professional	2
Misinformation or lack of information	2
Failure to provide information	2
Abandonment of patient	3
Independent chiropractic evaluation	4
Conduct unbecoming	4
Insurance fraud	6
Advertising	6
Business disputes	8
Billing	12
Sexual abuse - touching, communication, boundary	12
Patient harm/consent	13
Advertising/social media/scope of practice (one complainant)	14

Inquiries, Reports and Complaints Committee (Continued from page 22)

- When posting on social media, the member should be cognizant that any posting can be seen by a broader audience than just their patients.

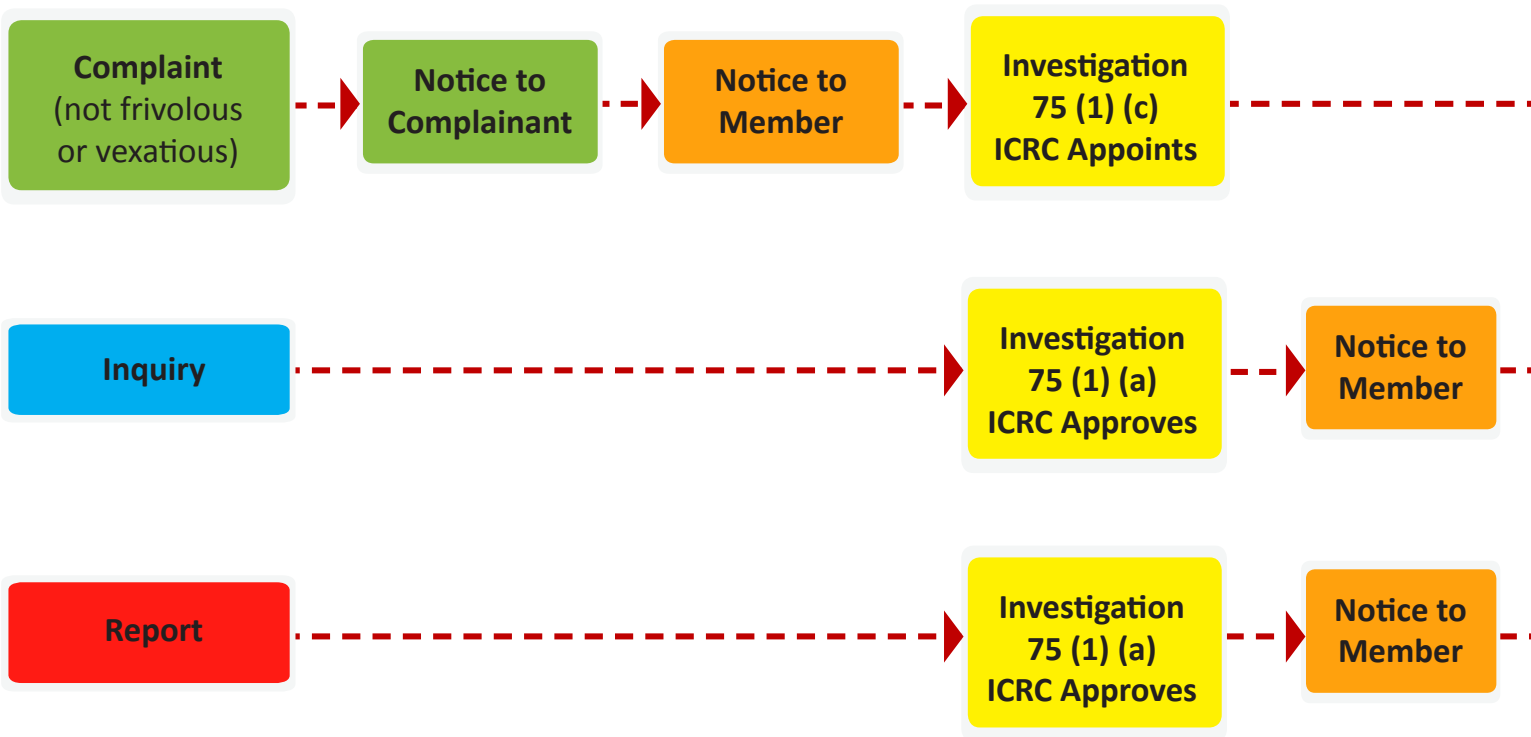
Amendments to By-law 17: Public Register

CCO, like other health regulatory colleges, is required to maintain a public register consistent with the requirements of the *Regulated Health Professions Act, 1991*. Members should be aware that one amendment to By-law 17 requires that the College post oral cautions and Specified Continuing Education or Remediation Program (SCERPs) on the public register indefinitely.

Acknowledgements

I would like to thank the members of the Committee for their dedication and commitment: Dr. Brian Schut, Council member, Dr. Steve Gillis, non-Council member, and our public member, Ms Patrice Burke. Their knowledge and insight were important to the Committee’s deliberations and in ensuring that CCO’s public interest mandate was upheld at all times. The Committee was well supported by CCO staff members, Ms Tina Perryman and Ms Christine McKeown.

Simplified ICRC Flowchart



Decisions Reviewed by the Health Professions Appeal and Review Board (HPARB)

HPARB is an independent adjudicative agency that, on request, reviews certain decisions made by the Inquiries, Complaints and Reports Committees 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.

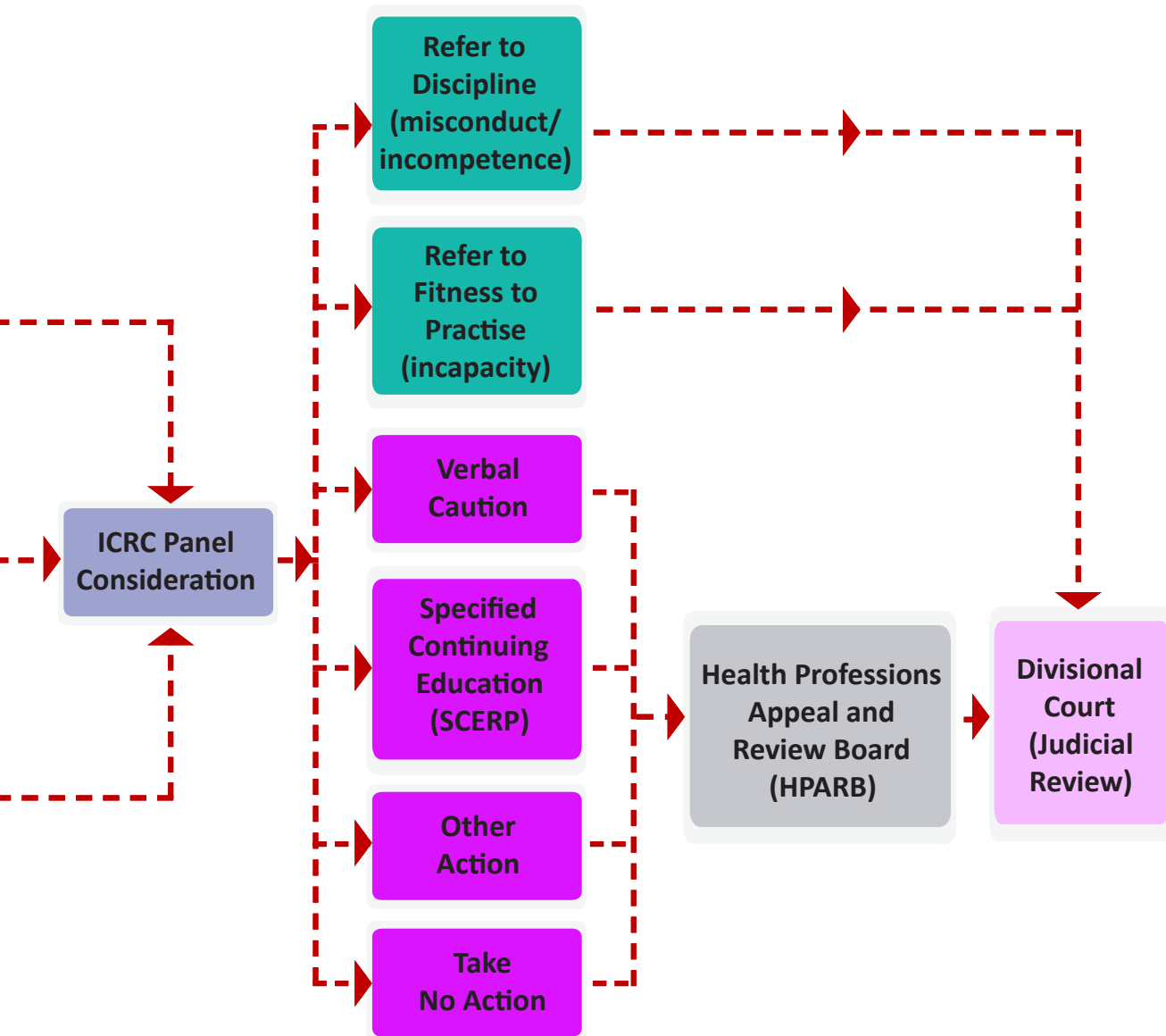
HPARB may do one or more of the following:

- 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 2018, HPARB issued decisions on three reviews of decisions of the ICRC. After considering all information before it and hearing submissions from the parties, in one case HPARB confirmed the ICRC decision, deeming the investigation to be adequate and/or the decision reasonable. The Board referred two complaints back to the ICRC and required it to conduct a further investigation and render new decisions.

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



Committee Members and Staff Support

Mr. Douglas Cressman, Chair

Dr. Brian Budgell

Dr. David Starmer

Ms Karoline Bourdeau

Dr. Daniela Arciero, non-Council Member

Dr. Angela Barrow, non-Council Member

Dr. Liz Gabison, non-Council Member

Dr. Colin Goudreau, non-Council Member

Dr. Colleen Patrick, non-Council Member

Dr. Matt Tribe, non-Council Member

Ms Jo-Ann Willson, Registrar & General Counsel,
staff support

Discipline Committee

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 hearing.

A Message From The Chair

What is the Discipline Committee and what does it actually do? How does the Discipline Committee fit into the bigger picture of public protection?

CCO exists to ensure public protection. Its Council consists of both professional members who know chiropractic well, and members of the general public who bring a public perspective to self-regulation. CCO registers qualified members and then both supports and monitors its members through a Quality Assurance program. The membership is held to a very high standard, as it ought to be, given it is part of the overall health care system in the province and is entrusted to provide a quality of care that is beyond repute.

From time to time and for a variety of reasons, members fail to live up to the standards expected by the profession and the public-at-large. People are sometimes hurt, abused, or

led astray by false or misleading advertising, and insurance companies are sometimes defrauded. In order to reassure the public and to deter members from below-standard behaviour, the regulator must have the ability to investigate complaints and, from time to time, discipline its members. The intent of discipline is public protection through deterrence, restitution, and rehabilitation. It may also include taking the privilege of practising chiropractic away from a chiropractor.

Like other committees of the College, the Discipline Committee consists of both chiropractors and members of the public. We strive to be a group of individuals dedicated to maintaining high standards of excellence in the profession. Five-person panels of the Committee officiate at hearings, listen to evidence, receive submissions, and make difficult, sometimes delicate, decisions. Panels take their responsibility seriously. We work together, deliberate (sometimes vigorously), and strive to get it right.

CCO has supported external training so that Discipline Committee members maintain a high level of competency in performing their duties. This year, we held an in-house training session.

Acknowledgements

I am proud to have worked with a very dedicated team, each of whom has sat on panels and discharged their duties faithfully when asked, and showed their willingness to chair panels from time to time. I believe that we have gone a long way in building capacity within the Committee and this will serve the CCO well and, more importantly, the public into the future. Chiropractors from the general membership who were appointed to the Committee this year include Dr. Daniela Arciero, Dr. Angela Barrow, Dr. Liz Gabison, Dr. Colin Goudreau, Dr. Colleen Patrick, and Dr. Matt Tribe. Thanks also to Dr. David Starmer, Dr. Brian Budgell, members of the core committee, and to any other professional members of Council who have been willing to sit on a panel over the past year. Thanks to Ms Karoline Bourdeau and other public Council members who have also sat on a panel.

The Committee chair convened several discipline panels to hear disciplinary matters before CCO. As all Council members are potentially members of a discipline panel, they are encouraged to participate in the discipline training workshops conducted by the Federation of Health Regulatory Colleges of Ontario (FHRCO). In 2018, FHRCO conducted discipline training sessions, which were attended by several CCO Council members. All discipline hearings are open to the public.

Joint Submissions and Resolution Agreements

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

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

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

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

Discipline Decisions in 2018

CCO publishes summaries of discipline decisions for several reasons:

- CCO is required to do so under the *Regulated Health Professions Act, 1991 (RHPA)*.
- Publication of decisions helps members and 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.

Under 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 the CCO website (www.cco.on.ca). The decisions govern to the extent of any inconsistency with the decision summaries.

Summary of 2018 Discipline Committee Decisions

1. OVERVIEW

In 2018, panels of the Discipline Committee held hearings regarding 10 Notices of Hearing involving five members. In four cases, the hearings proceeded by way of Agreed Statements of Facts and/or Joint Submissions on Penalty. There was one contested hearing.

2. CASES INVOLVING AGREED STATEMENTS OF FACTS

In each of the cases that proceeded by way of an Agreed Statement of Facts or Joint Submission on Penalty, a panel of the Discipline Committee (“Panel”) made findings of professional misconduct based on the facts and admissions set out in the Agreed Statement of Facts. Similarly, Panels accepted the proposed penalty contained in the Joint Submission on Penalty submitted by the CCO and the Member. Each Panel found the parties’ proposed penalties were fair and equitable, and balanced public protection with remediation of the Member. Panels acknowledged that in the cases involving Agreed Statement of Facts, members had cooperated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and the expense of a contested hearing.

Name of Member: Edward Hayes (#2923)

Place of Practice: Toronto

There were two Notices of Hearing regarding Dr. Edward Hayes (“Member”) that were combined and heard together at the same Discipline Committee hearing, at the request of the CCO and the Member.

Summary of Agreed Statement of Facts

- In 1984, the Member was licensed to practise chiropractic in the State of Michigan. He was convicted of mail fraud in Michigan in 1993 because he had been paying people to come to his chiropractic clinic to have x-rays taken. The Member was sentenced to 12 months imprisonment with two years probation, a fine of \$5,767.00, restitution to Blue Cross/Blue Shield in the amount of \$140,000.00 and a \$50.00 special assessment.
- In 1993, the Member was transferred to Canada for the execution of his sentence. He became a member of the College in 1994 and surrendered his State of Michigan chiropractic license in 1995.
- During the relevant time, the Member was the only chiropractor and regulated health professional at the Wellness Centres of Ontario (“Clinic”) in Toronto. He was responsible for the Clinic’s operations.

First Notice of Hearing

- On March 30, 2016, the Member was charged with two counts of fraud under \$5,000.00. On January 30, 2017, he pled guilty to the charges. He admitted that he had defrauded Aviva Insurance by submitting invoices for two patients for treatments that had not been provided. The Member also admitted that he had falsified treatment notes and other documents in the two patients’ files to support the false insurance claims. The Member was sentenced to six months house arrest and 12 months probation and required to pay a victim surcharge.
- The Member admitted at the Discipline Committee hearing that he committed professional misconduct because he had been found guilty of offences that were relevant to his suitability to practise chiropractic and because he had contravened a federal law. He also admitted that the conduct that led to the convictions constituted professional misconduct because he had:
 - contravened a standard of practice of the profession;

- failed to keep records as required by the regulations;
- falsified a record relating to his practice;
- signed or issued, in his professional capacity, documents he knew contained false or misleading statements;
- submitted accounts and charges for services that he knew were false and misleading; and
- engaged in conduct that, having regard for all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Second Notice of Hearing

• The second Notice of Hearing concerned information that had been obtained during a Registrar’s investigation. Prior to the 2016 criminal charges being laid against the Member, the Toronto Police Services had executed a search warrant at the clinic. CCO investigators appointed by the CCO’s Registrar and General Counsel attended at the Clinic with the police and collected documents from the Clinic. Based on those documents, and interviews with a variety of witnesses, the investigators determined that:

- there were sign-in sheets at the Clinic for 206 patients that had been pre-signed, were dated but not signed by patients, or contained dates that post-dated the seizure of the records;
- out of 42 patient files that were examined, the majority of the files had either no or incomplete clinical notes, clinical notes or insurance documents that were created after the fact and backdated, sign-in sheets that were altered or contained other anomalies, and/or claims for services where there was no evidence that the services had been provided;
- two patients told the CCO investigators that their chiropractic records from the Clinic contained documents that appeared to bear their signatures, but they had not signed the documents and the signatures were false; and
- the same two patients told the CCO investigators that their insurers had received claims from the Member for many more treatments than had actually been provided.

• At the Discipline Committee hearing, the Member agreed with the facts uncovered in the CCO investigation, and admitted that, based on those facts, he had committed acts of professional misconduct because he:

- contravened a standard of practice of the profession;
- failed to keep records as required by the regulations;
- falsified a record relating to his practice;
- signed or issued, in his professional capacity, documents he knew contained false or misleading statements;
- submitted accounts and charges for services that he knew were false and misleading; and
- engaged in conduct that, having regard for all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

• The Panel of the Discipline Committee accepted the Member’s admissions and found he committed the acts of professional misconduct alleged by the CCO in the two Notices of Hearing.

Penalty Submissions

- The Member and the CCO had not agreed on a joint proposal for the penalty so they made separate submissions to the Panel. The CCO asked the Panel to revoke the Member’s certificate of registration (“Certificate”) and to reprimand him. The Member asked the Panel not to revoke his Certificate.
- The Panel decided to order the Member’s Certificate be revoked and that he receive a reprimand. It made this order because:
 - the Member had committed many acts of professional misconduct related to insurance fraud. The Panel noted that the chiropractic profession depends heavily on the integrity and trustworthiness of its members, and there is a fundamental requirement that chiropractors maintain a high standard of honesty. The Member’s dishonesty and deceit, and his premeditated criminal conduct, had a negative impact on the profession as a whole;
 - the Member’s previous fraud conviction in 1993 had not deterred him from committing insurance fraud.

There was no evidence that he would not engage in fraud in the future;

- the fraud investigated by the CCO was extensive and showed elaborate pre-planning. It was pre-meditated, deliberate, and repetitive, and concerned many patients and many false documents over an extended period of time;
- the Member never made restitution to the insurance companies for the money he received through fraud;
- this was the first case heard by the Discipline Committee where a CCO member had been convicted on two occasions for insurance fraud. Other regulatory bodies in Ontario have revoked members for similar repeated criminal conduct; and
- a revocation sends the clear message to the membership and the public that chiropractors who engage in fraud and other dishonest conduct do not merit the privilege of being chiropractors.

Cost Submissions

- The CCO and the Member had not agreed on the issue of costs, and they each made submissions to the Panel. The CCO asked the Panel to order the Member to pay \$15,000.00 in costs by December 2019 by way of certified cheques to partially reimburse it for the costs incurred in investigating his conduct, holding the hearing, and for legal costs and expenses. This amount was significantly less than 50% of the CCO's actual costs. The Member claimed he could not pay any costs if his Certificate was revoked.
- The Panel ordered the Member to pay the CCO \$15,000.00 by December 31, 2019.

Name of Member: Angela Martin (#5999)

Place of Practice: Meaford

Summary of Agreed Statement of Facts

- Dr. Angela Martin ("Member") became a member of the CCO in 2010.
- In 2015, 2016 and 2017, the Member did not pay her annual renewal fee or complete her renewal form. As a result, her certificate of registration ("Certificate") was suspended in 2015 and it remained suspended until 2018.
- During the suspension, the Member was not a member of the CCO, and was legally prohibited from calling herself a "chiropractor" or holding herself out to be someone who was qualified to practise chiropractic in Ontario. However, she remained subject to the jurisdiction of the CCO for any misconduct she committed during the period of the suspension.
- Throughout the period of the suspension, the Member continued to use the title "chiropractor" and to advertise that she was a chiropractor. She also continued to practise chiropractic, but, due to an injury, only practised chiropractic on animals at her clinic, Kingstone Chiropractic, in Meaford.
- In 2017, in response to issues raised during a CCO investigation, she removed the references to "chiropractic" in her advertising and stopped using the title "chiropractor" and holding herself out as someone who could practise chiropractic in Ontario.
- In 2018, she renewed her membership with the CCO as an inactive member. As an inactive member, the Member may not practise chiropractic, including animal chiropractic.
- The Member admitted that, by using the title "chiropractor" and holding herself out as someone qualified to practise chiropractic in Ontario while her Certificate was suspended, she committed acts of professional misconduct because she:
 - contravened a standard of practice of the profession;
 - contravened a provincial law; and
 - engaged in conduct that, having regard for all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

- The Panel of the Discipline Committee accepted the Member’s plea and found she committed the acts of professional misconduct alleged in the Notice of Hearing.

Joint Submission on Penalty

- The CCO and the Member jointly submitted that the Panel should make an order:
 - requiring the Member to appear for a reprimand;
 - imposing the following terms, conditions and limitations on the Member’s Certificate:
 - prior to applying for an active class Certificate, the Member must review and undertake in writing to comply with all CCO regulations, standards of practice, policies, and guidelines, including but not limited to CCO Standard of Practice S-009: Chiropractic Care of Animals; and
 - requiring the Member to be peer assessed at her own expense within three months of returning to practice after obtaining an active class Certificate.
- The Panel accepted the joint submission, as it considered it sent a strong message of deterrence and a clear assurance of the CCO’s commitment to public protection.

Name of Member: Daniel Proctor (#1839)

Place of Practice: Toronto

Summary of Agreed Statement of Facts

- Dr. Daniel Proctor (“Member”) became a member of the CCO in 1983. He resigned his certificate of registration (“Certificate”) in 2015.
- The Member provided chiropractic treatment to a patient known as “Patient A.” from 1993 until April 29, 2014.
- On April 29, 2014, during a chiropractic treatment, the Member had sexual relations with Patient A. He then tried to contact Patient A. for more than a year after that encounter, although she did not respond to his contacts.

- The Member did not contest that his conduct toward Patient A. constituted sexual abuse as that term is defined in the Health Professions Procedural Code: “sexual abuse of a patient means sexual intercourse or other forms of physical sexual relations between the member and the patient” or that it contravened a standard of practice of the profession and was conduct that would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.
- The Member also did not contest that the frank physical sexual relations he had with Patient A. would legally require the Panel to revoke his Certificate and reprimand him.
- The Panel accepted the Agreed Statement of Facts and found that the Member had committed professional misconduct because he:
 - sexually abused Patient A;
 - contravened a standard of practice of the profession; and
 - engaged in conduct that, having regard for all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful and unprofessional.

Joint Submission on Penalty

- The CCO and the Member made a joint submission to the Panel that it should:
 - reprimand the Member;
 - revoke the Member’s Certificate; and
 - require the Member to reimburse the CCO for any funding for therapy or counselling that the CCO provided to Patient A.
- The Panel accepted the Joint Submission. It recognized that it was required by law to make the order for a reprimand and revocation if it found the Member sexually abused Patient A. by having sexual relations with her. The Panel also considered that the order sent a strong message that the CCO was committed to public protection and to zero tolerance of sexual abuse of patients by its members.

Joint Submission on Costs

- The CCO and the Member jointly submitted that the Member should be ordered to pay \$15,000.00 to the CCO by December 31, 2018 to partially repay it for the costs of the investigation and hearing, and its legal costs and expenses. The Panel accepted the submission and made the requested order.

Name of Member: Allen Turner (#1711)

Place of Practice: Stouffville

There were four Notices of Hearing regarding Dr. Allen Turner (“Member”) that were combined and heard together at the same Discipline Committee hearing, at the request of the CCO and the Member.

Summary of Agreed Statement of Facts

- The Member has been a member of the CCO since 1981. He owns and practises chiropractic at the Stouffville Health Centre (“Clinic”) in Stouffville.
- In assessing the evidence at the hearing, the Panel referred to the legislation governing chiropractic, including the *Chiropractic Act, 1991*, and the *Regulated Health Professions Act, 1991*, which describe the chiropractic scope of practice and the circumstances under which chiropractors can treat or advise patients outside of the scope of practice. It also referred to CCO Standard of Practice S-001: Chiropractic Scope of Practice; Standard of Practice S-002: Record Keeping; Standard of Practice S-016: Advertising; and CCO Guideline G-008: Business Practices.

The First Notice of Hearing

- The first Notice of Hearing arose from a report that the CCO received in 2013 concerning the Member’s seminars regarding the treatment of Type 2 diabetes and his website regarding diabetes, fibromyalgia, hypothyroidism, and chronic fatigue syndrome.
- The Member stopped holding the seminars in 2015.
- The Member claimed on his website that he was “uniquely skilled and experienced at treating the root physiological, biochemical and hormonal imbalances” associated with diabetes, fibromyalgia, hypothyroidism,

and chronic fatigue syndrome. He advertised that he used “break though diagnostic testing” to “uncover the hidden causes of why a person may be experiencing the diseases of diabetes, hypothyroidism, and fibromyalgia.”

- The “break though” testing referred to in the Member’s advertising was an EIS Scan. The EIS Scan measured heart rate variability and oxygen saturation, among other things. Using the EIS Scan was not a diagnostic procedure taught in the core curriculum, post-graduate curriculum or continuing education division of accredited educational institutions. Although the Member advertised the EIS Scan as a Health Canada Registered Class III Medical Device, it was not a Health Canada registered device licensed for sale by Health Canada at the time of the Member’s advertisements.
- The Member acknowledged that it is outside the scope of practice of a chiropractor to diagnose or treat Type 2 diabetes, fibromyalgia, hypothyroidism, and chronic fatigue syndrome and to use an EIS Scan to diagnose. He admitted that members of the public who saw his advertising or website or who attended his seminars could have been confused as to his scope of practice and may have been misled by his advertising.
- The Member admitted that he committed acts of professional misconduct because he:
 - contravened a standard of practice of the profession; and
 - engaged in conduct that, having regard for all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional.
- The Panel made the findings of professional misconduct that were admitted by the Member.

The Second Notice of Hearing

- The second Notice of Hearing arose from a complaint by a patient who went to the Member for treatment of Type 2 diabetes in March 2013. The Member presented the patient with a treatment plan which indicated treatment would cost \$6,275.00, with 15% of the cost to be discounted if paid upfront (i.e., a “block fee”). The patient paid the Member \$5,334.00 upfront. The patient was not provided with a written agreement explaining the costs, as required by CCO standards of practice. The Member did not document the patient’s right to

be refunded any unspent portion of the block fee or advise the patient that there would be a monthly administrative fee.

- The patient's chiropractic record did not contain adequate documentation of an assessment and the Member did not document a diagnosis, clinical impression or plan of care. The patient's chart indicates the Member conducted a thermal scan and three EIS Scans. There is no information in the patient's chart regarding the diet, meal plan, supplements or coaching provided by the Member, although the Member did have a copy of a standard meal plan that he provided to his patients. The patient's chiropractic record is illegible and consists of notations of dates and times, and what appears to be a record of adjustments provided on the dates. There is no record of re-assessment after every 24 treatments. There were a number of inconsistencies found in both the clinical and financial records in the patient's file.
- The patient stopped attending at the Clinic in July 2013. He requested a refund for the unused portion of his block fee. The Member sent him a cheque for \$770.00 although more than two months was remaining of the six-month treatment plan that had cost the patient \$5,334.00.
- The Member admitted that he committed acts of professional misconduct as described in the second Notice of Hearing because he:
 - contravened a standard of practice of the profession;
 - provided diagnostic or therapeutic services that were not necessary;
 - failed to keep records as required by the regulations;
 - failed to disclose a fee for a service before the service was provided;
 - charged a block fee when the unit cost was not specified and did not agree to refund the unspent portion of the block fee calculated by reference to the number of services provided multiplied by the unit cost per service; and
 - engaged in conduct that, having regard for all the circumstances, would reasonably be regarded by members as unprofessional.
- The Panel made the findings of professional misconduct as admitted by the Member.

The Third Notice of Hearing

- The third Notice of Hearing arose from a complaint made by a medical team regarding the treatment the Member provided to a high-risk, elderly patient who had a number of complex medical conditions including Type 2 diabetes, stage 4 chronic kidney disease, osteopenia, hypertension, hypothyroidism, hearing impairment, Parkinson's disease, osteoarthritis, asthma, and mobility issues.
- The issues regarding the Member's treatment and documentation for the elderly patient were similar to those described under the second Notice of Hearing. In addition, the Member admitted that he was not sufficiently proactive in communicating with the patient's physicians, and he agreed that a number of the supplements he provided to the patient did not benefit diabetes management.
- As a result, the Member admitted that he had committed acts of professional misconduct, and in particular he:
 - contravened a standard of practice of the profession;
 - provided diagnostic or therapeutic services that were not necessary;
 - failed to keep records as required by the regulations; and
 - engaged in conduct that, having regard for all the circumstances, would reasonably be regarded by members as unprofessional.
- The Panel made the findings of professional misconduct as admitted by the Member.

The Fourth Notice of Hearing

- The fourth Notice of Hearing concerned a complaint from a patient who had Type 2 diabetes. The issues raised were similar to the previous two patients and involved assessment, treatment, documentation and billing, with there being deficiencies in the Member's clinical and financial records, and the Member providing unnecessary diagnostic or therapeutic services.
- The Member admitted that he had committed acts of professional misconduct, and in particular:
 - contravened a standard of practice of the profession;

- provided diagnostic or therapeutic services that were not necessary;
 - failed to keep records as required by the regulations; and
 - engaged in conduct that, having regard for all the circumstances, would reasonably be regarded by members as unprofessional.
- The Panel made the findings of professional misconduct that were admitted by the Member.

Joint Submission on Penalty

- The CCO and the Member made a joint submission to the Panel that it should:
 - reprimand the Member;
 - suspend the Member's certificate of registration for eight months, with three months of the suspension to be suspended if the Member completed certain remedial measures;
 - impose the following terms, conditions and limitations:
 - within five months of the start of the suspension, the Member must:
 - at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop; and
 - review and agree in writing to comply with all CCO regulations, standards of practice, guidelines, and policies, and
 - the CCO may monitor specific elements of the Member's practice for a two-year period after he returns to practice at his expense and the member must co-operate with the monitoring.
- The Panel accepted the Joint Submission. In the Panel's view, the negotiated penalty was in the public interest. It was reasonable, fair to the Member, and fell within the range of appropriate penalties. It sent a strong message of deterrence to the Member and to other members of the profession, provided for effective remediation, and provided assurance to the public that the probability of re-offending was low.

Joint Submission on Costs

- The CCO and the Member jointly submitted that the Member should be ordered to pay \$25,000.00 to the CCO to partially repay it for the costs of the investigation and hearing, and its legal costs and expenses, with \$5,000.00 paid by June 11, 2018 and the remainder by December 31, 2018. The Panel made the order as requested.

Name of Member: David Sangster (#5404)

Place of Practice: Kitchener

Summary of Agreed Statement of Facts

- Dr. David Sangster ("Member") became a member of the CCO in 2007. He practised chiropractic at his clinic, Health at Hand, ("Clinic") in Kitchener, Ontario.
- On May 22, 2014, Patient A. was in a car accident, which exacerbated a pre-existing back injury. She was eligible for a course of treatment paid for by her insurer. Patient A. went to the Clinic, where she received chiropractic treatment from the Member and massages from a massage therapist, paid for by her insurer pursuant to a treatment plan.
- On July 14, 2014, the Member completed a Treatment Confirmation Form (OCF-23) which provided for treatment costing \$2,280.71 and sent it electronically to the insurer. Although the Member was required to retain a copy of the original OCF-23 signed by both himself and Patient A. in his chiropractic record, he did not do so. Instead, the OCF-23 in the Member's file contains the Member's signature in ink while Patient A.'s signature is a "cut and paste" copy of her signature from another document.
- On September 30, 2014, the course of treatment that had been approved by the insurer was completed. However, the Member never advised Patient A. that her insurer-approved treatment had ended, that she had been discharged from the treatment program, or that she could apply for additional treatment.
- On October 9, 2014, the Member sent an Auto Insurance Standard Invoice (OCF-21) to the insurer in which, among other things, he claimed \$400.00 for Supplementary Goods and Services, which he indicated

- he had provided to Patient A. on July 16, 2014. In fact, the Member had not provided any Supplementary Goods or Services to Patient A. Had he testified, the Member would have said the \$400.00 for Supplementary Goods and Services referred to six registered massage treatments that were administered by a registered massage therapist.
- On October 14, 2014, Patient A. had a massage at the Clinic and on October 20, 2014, she had a chiropractic treatment from the Member. She believed the treatments were being paid for by her insurer as she did not know she had been discharged from the insurer's funded treatment program.
 - Other than her treatment on October 20, 2014, Patient A. did not receive any treatment from the Member between September 30, 2014 and January 8, 2015.
 - Patient A. resumed treatment with the Member on January 8, 2015 and received chiropractic treatment from him on five occasions, as well as a massage from a registered massage therapist. The Member did not tell Patient A. that she had been discharged from her insurer's paid treatment plan, that he intended to send a Treatment and Assessment Plan (OCF-18) to the insurer to approve treatment that had already been provided, or that he intended to bill the Insurer for treatment provided under that OCF-18, assuming it was approved.
 - On February 12, 2015, the Member sent an OCF-18 dated October 9, 2014 to the insurer. The proposed plan, which required approval from the insurer, was for sessions of physical therapy provided by the Member, two sessions of therapy provided by the Registered Massage Therapist, the completion of the OCF-18, and the completion of a Disability Certificate (OCF-3).
 - The Member admits the OCF-3 was not required by the insurer or otherwise needed by Patient A.
 - The insurer approved the OCF-18.
 - The insurer received an OCF-21 dated February 24, 2015 from the Member for the goods and services provided under the OCF-18. The OCF-21 indicated, among other things, that the Member had completed an OCF-3 on October 9, 2014 and had provided physical rehabilitation to Patient A. on October 14, 2014, November 4, 2014, November 19, 2014, December 4, 2014, December 22, 2014, and February 17, 2015.
 - In fact, the Member never provided an OCF-3 to the insurer and he did not provide the physical rehabilitation in 2014 that was claimed in the February 24, 2015 OCF-21. The Member accepted payment from the insurer for the OCF-3 and the physical rehabilitation that had not been provided.
 - On March 26, 2016, Patient A. spoke with her insurer and was advised, for the first time, that she had been discharged from the insurer's treatment program.
 - Patient A. then called the Member and left him a voicemail, asking about her status with him. The Member did not respond to her. On July 6, 2015, Patient A. sent the Member an email, asking if he had discharged her and, if so, to confirm the discharge and/or send her a copy of his statement for her treatments. The Member never responded to Patient A.'s email.
 - The Member admitted that he committed acts of professional misconduct because he:
 - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his communications, documentation and billing of professional services;
 - falsified a record or records regarding Patient A.;
 - signed or issued, in his professional capacity, a document or documents that he knew contained false or misleading statements regarding Patient A.;
 - submitted an account or charge for services that he knew was false or misleading regarding professional services for Patient A.; and
 - engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional with respect to his conduct towards communication, documentation and billing regarding Patient A.

Joint Submission on Penalty

- The CCO and the Member made a joint submission to the Panel that it should:
 - reprimand the Member;

- suspend the Member's certificate of registration for eight months, with two months of the suspension to be suspended if the Member completed certain remedial measures;
- impose the following terms, conditions and limitations:
 - within six months of the start of the suspension, the Member must:
 - at his own expense, successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop, and
 - review and agree in writing to comply with all CCO regulations, standards of practice, guidelines and policies; and
 - requiring the member to be peer assessed at his own expense within six (6) months of returning to practice after the lifting of the suspension.
- The Panel accepted the Joint Submission. In the Panel's view, the negotiated penalty was in the public interest. It was reasonable and was fair to the Member, given the fact that he had no prior disciplinary history and had admitted committing acts of professional misconduct, thereby avoiding the need for a contested hearing. The penalty took into account the need to discourage the Member from any repetition of the misconduct and to send a clear message to the profession that such conduct would not be tolerated. It also ensured that patient safety concerns were dealt with as there were provisions for remediation and a peer assessment after the Member re-entered practice.

Joint Submission on Costs

- The CCO and the Member jointly submitted that the Member should be ordered to pay \$15,000.00 to the CCO by December 31, 2018 to partially repay it for the costs of the investigation and hearing, and its legal costs and expenses. The Panel accepted the submission and made the requested order.

3. CONTESTED HEARINGS

Name of Member: Dr. Michael Reid (#2639)

Place of Practice: Glen Allen, Virginia

- A Panel held a hearing concerning allegations that Dr. Michael Reid had committed professional misconduct because he breached a Discipline Committee Order.
- Dr. Reid did not attend the hearing. His lawyer, who was in attendance, denied the allegations on his behalf.
- The Panel heard evidence from one CCO witness and admitted 13 exhibits into evidence.
- Based on the evidence, which was not contested, the Panel found that Dr. Reid had failed to pay an August 2015 Discipline Committee Order, which required him to pay costs to the CCO of \$166,194.50.
- In the Panel's view, Dr. Reid's failure to pay the cost order was professional misconduct because it was:
 - a failure to maintain the standards of practice of the profession. Members of the profession would expect compliance with orders from the regulatory body, and it was in the public interest for members of the CCO to conduct themselves with integrity and follow through with the consequences of their actions;
 - a failure to comply with an order of the Discipline Committee. The Panel was satisfied that Dr. Reid had ample opportunity to pay the cost order or to make arrangements to pay his costs; and
 - conduct that would reasonably be regarded by members as disgraceful, dishonourable and unprofessional. The Panel considered Dr. Reid had a professional obligation to abide by orders of the Discipline Committee. A failure to do so undermined the integrity of the privilege of self-regulation and threatened the CCO's mandate to serve and protect the public interest, as did Dr. Reid's refusal to be governed.

- The Panel then convened a hearing into penalty. The CCO did not call any evidence at the penalty hearing, but relied on the exhibits that had previously been admitted into evidence. Dr. Reid attended the hearing and testified on his own behalf.
- The CCO argued that the appropriate penalty was to revoke Dr. Reid's certificate of registration ("Certificate"). Dr. Reid submitted that the Panel should order him to pay \$1,000.00/month for five years to the CCO, starting at some unspecified date.
- The Panel ordered the Registrar and General Counsel to revoke Dr. Reid's Certificate, based on a number of factors:
 - Dr. Reid has had many previous interactions with the CCO, including two prior Discipline Committee hearings, and previous remedial orders had been ineffective;
 - Dr. Reid had failed to meet his professional obligations and had shown himself to be ungovernable;
 - Dr. Reid had displayed a pattern of conduct that demonstrated he was unprepared to recognize his professional obligations, and was likely to commit further acts of professional misconduct because of his inability or unwillingness to abide by CCO standards of practice and orders;
 - given Dr. Reid's attitude, no other sanction would be sufficient;
 - public safety is jeopardized when a member refuses to be governed and does not comply with the regulator's directions;
 - there were no mitigating factors; and
 - revocation sends a strong message to the membership that a pattern of conduct demonstrating disregard for the regulator's role is inconsistent with public protection and will not be tolerated.
- The Panel then requested the parties to make written submissions on costs. The Panel's decision regarding costs was not released in 2018.

4. COURT CASES

Name of Member: Dr. Michael Reid (#2639)

- On August 26, 2015, following a Discipline Committee hearing, a Panel ordered Dr. Reid to pay the CCO \$166,194.50 in costs ("Cost Order"). Dr. Reid appealed the Cost Order to the Divisional Court and, after that appeal was dismissed, brought a motion for an extension of time to file a notice of motion seeking leave to appeal the Divisional Court decision to the Court of Appeal for Ontario. On October 24, 2016, the Court of Appeal for Ontario dismissed Dr. Reid's motion with costs of \$5,000.00 to be paid to the CCO.
- Dr. Reid did not pay the Cost Order or the costs ordered by the Court of Appeal.
- Dr. Reid is currently residing in Virginia, USA.
- The CCO petitioned the Henrico Circuit Court in Virginia to recognize and enforce the Discipline Committee Cost Order and the Court of Appeal cost order so it could undertake collection proceedings against Dr. Reid in Virginia. On January 30, 2018, the Court recognized both cost orders and ordered Dr. Reid to pay them.
- The CCO has begun collection proceedings.

Committee Members and Staff Support

Back L-R:

Dr. Janit Porter, non-Council Member

Ms Jacqui Shaw, Student-at-Law

Mr. Joel Friedman, Director, Policy & Research

Dr. Dennis Mizel

Front L-R:

Ms Karoline Bourdeau, Chair (and Fenton)

Ms Jo-Ann Willson, Registrar & General Counsel

Ms Georgia Allan



Patient Relations Committee

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*.

A Message from the Chair

During 2018, the Patient Relations Committee continued to build on the work of past committees and regularly addressed the essence of its mandate to ensure that public interest was, in fact, at the forefront of all activities. Considerable time was spent in discussing a variety of opportunities to best engage the public and to further develop ideas around enhanced and easily implementable opportunities in communicating with the public of Ontario.

To that end, the Committee considered several options for outreach to the public. Two of those ideas included developing a public forum for soliciting patient feedback and convening focus groups to hear directly from Ontarians. An additional option was to distribute written surveys to key stakeholders.

Relevant videos offered through the Federation of Health Regulatory Colleges of Ontario were also posted to inform Council members, staff, and members of the public. During a training session with staff, further complementary ideas were added to the Committee's workplan.

The Committee continued to monitor and provide funding for therapy resulting from complaints of sexual abuse against members.

A tangible outcome of the Committee's 2018 workplan was the translation of the *Partnership of Care* document into 10 languages. This will be followed by the distribution of English and French tent card versions to members, who are encouraged to share the information with their patients.

In Appreciation

I would like to thank the members of the Committee: Dr. Dennis Mizel, Council member, for his sage advice, Dr. Janit Porter, non-Council member, for always being honest and wise; and Ms Georgia Allan, public member, for being ready to offer us a different perspective when needed. Our work was made much easier with the dedicated support and institutional knowledge of Ms Jo-Ann Willson and Mr. Joel Friedman; they always came ready with answers to the Committee's questions and requests.

I would also like to acknowledge Dr. Reginald Gates, a former Committee member who is very much missed, and Dr. Keith Thomson who added wisdom and humour as our guest at a committee meeting.

Committee Activities in 2018

The Patient Relations Committee continued to uphold its regulatory mandate to protect the public interest and to be proactive on patient rights and culturally-directed patient needs.

In 2018, the Patient Relations Committee:

- Convened five face-to-face meetings
- Monitored the funding available for therapy for victims of sexual abuse
- Discussed potential communications initiatives and strategies to develop broader discussion in educating the public and heightening awareness about safe and ethical chiropractic care
- Approved the translation of the well-received *Partnership of Care* document into the 10 most widely spoken languages in Ontario and the production of tent cards for distribution to members to enhance the public's awareness about chiropractic
- Recommended minor amendments to the following standard of practice and guideline:
 - Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient
 - Guideline G-001: Communication with Patients

Committee Members and Staff Support

Back L-R:
 Mr. Joel Friedman, Director, Policy & Research
 Ms Patrice Burke
 Dr. Joel Weisberg, non-Council Member
 Ms Jacqui Shaw, Student-at-Law
 Dr. J. Bruce Walton, Director of Professional Practice
 Front L-R:
 Ms Karoline Bourdeau (and Fenton)
 Dr. Elizabeth Anderson-Peacock, Chair
 Dr. Peter Amlinger



Quality Assurance Committee

Committee Mandate

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

A Message from the Chair

Being entirely honest with oneself is a good exercise.
Sigmund Freud, Austrian neurologist and founder of psychoanalysis

In evaluating ourselves, we tend to be long on our weaknesses and short on our strengths.
Craig Lounsbrough, Author, speaker, licensed professional counsellor

I find these to be interesting quotes for the Quality Assurance Committee as it fulfills its mandate.

It is a good practice to be introspective, responsive, and innovative. The Quality Assurance (QA) Committee does many things very well and we focus on our mandate to assess the great work of most chiropractors while protecting the

public from the few who may be less than satisfactory and need improvement. In the Peer and Practice Assessment program (PPA), we strive for consistency and objective messaging to members through citing and applying the regulations, standards of practice, policies, and guidelines. The Committee reviews all feedback, considers emerging trends, and explores how to further improve the program. We recognize the time delay from conception to implementation of changes, which includes reporting to Council, receiving member and stakeholder feedback, and forwarding the results of the Committee’s work to Council for approval. This delay is a by-product necessary in following statutory procedures.

The QA Committee is tasked with continuing education and professional development designed to promote continuing competency and continuing quality improvement among

the members: promoting inter-professional collaboration, addressing changes in practice environments, and incorporating standards of practice, advances in technology, changes made to entry-to-practice competencies, and other relevant issues at Council's discretion. The Committee also oversees the self, peer and practice assessments of members along with a mechanism for CCO to monitor members' participation in, and compliance with, the quality assurance program.

In 2018, the QA Committee spent some time in self-reflection. With numerous standards of practice, policies and guidelines to review in our work plan, the Committee was productive and in line with CCO's 2018 Mission, Vision and Values and strategic plan and mandate.

In helping to continuously assure the quality of the profession, the QA Committee's workload included recommendations on standards of practice, guidelines, and policies for Council's approval, directing and overseeing continued peer assessments of members, and developing initial thoughts for creating a different self-assessment for use by members further along in their career path. The Committee recognized that there should be advancement in the career path for in-depth self-reflection and self-evaluation, as the needs and expectations for an entry-to-practice practitioner and an experienced practitioner change.

The Committee saw the reporting of the first structured and unstructured continuing education requirements completed on-line in 2018. Colleagues can now regularly log in to update their continuing education in real time. The CE requirements will "count down" the remaining requirements for the current cycle.

In Appreciation

I extend my gratitude to outgoing public appointed member, Ms Patrice Burke, who provided insight and ideas to our discussions, and would like to thank Ms Karoline Bourdeau, our public member, for her contributions. Thanks also goes to our elected member, Dr. Peter Amlinger, and our non-Council member, Dr. Joel Weisberg, for their insight and ideas.

Additional thanks go to Dr. J. Bruce Walton, Director of Professional Practice, Mr. Joel Friedman, Director, Policy & Research, and Ms Jo-Ann Willson, Registrar & General Counsel. They are the backbone of the team, offering institutional knowledge and experience, and ensuring excellence in meeting the stated objectives.

It has been my experience that when a committee is given the right direction and opportunity, the best answer can reside in the room. The key is allowing all to participate in generating it.

Committee Activities in 2018

In fulfilling its mandate in helping to continuously improve the quality of the health care provided to the public of Ontario by chiropractors, the QA Committee ably managed a significant workload in 2018, including recommending numerous standards of practice, guidelines, and policies to Council for approval, and overseeing both the first round of peer assessments (PPA 1.0) (largely for new graduates and chiropractors from other jurisdictions) and the second round of peer and practice assessments (PPA 2.0).

In 2018, the QA Committee:

- Convened seven meetings
- Presented an interactive and engaging peer assessor workshop on January 27, 2018 to:
 - update and receive positive feedback on the second round of peer and practice assessments (PPA 2.0)
 - provide updates on standards of practice, policies, and guidelines, and current events
 - collect feedback on the peer assessors' observations at members' peer and practice assessments

Quality Assurance Committee (Continued from page 41)

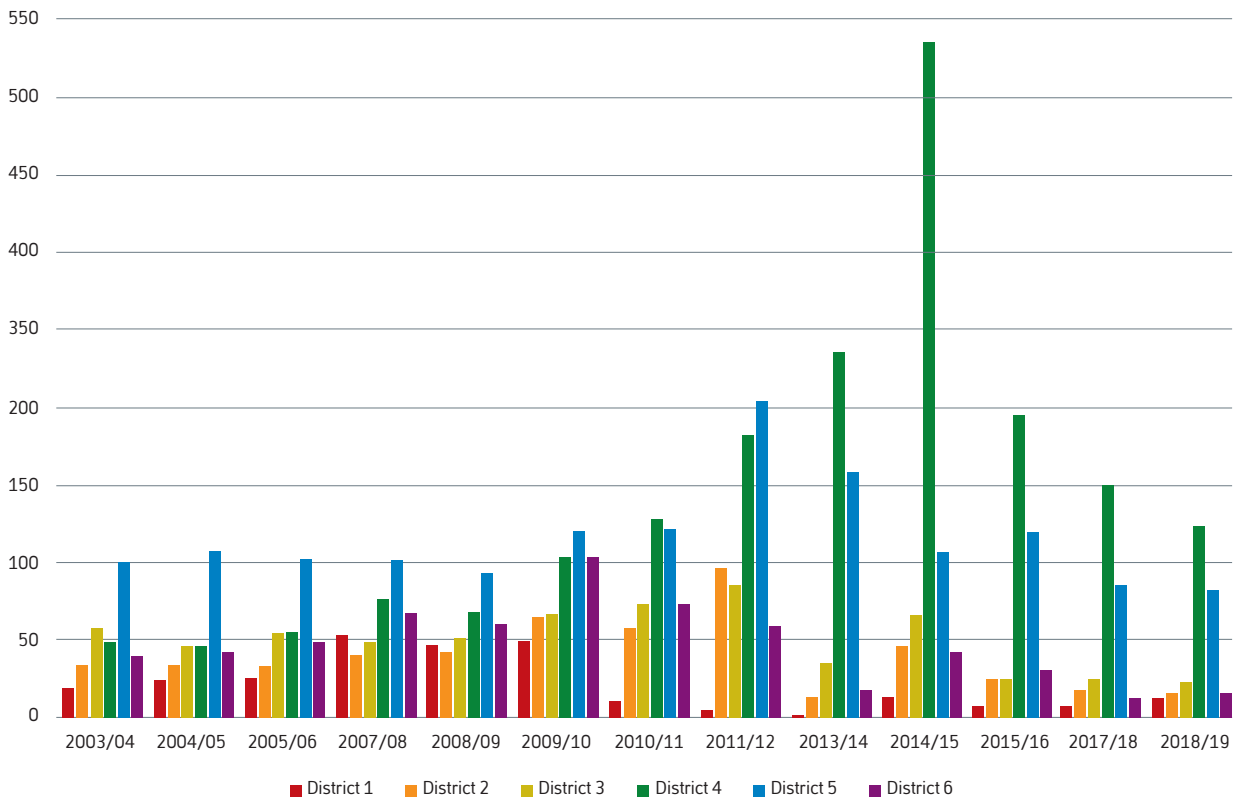
- Oversaw the distribution of 183 PPA 1.0 and 328 PPA 2.0 peer and practice assessment packages to members, with a high rate of return and participation, including a significant number of members volunteering to be assessed under PPA 2.0
- Recommended to Council the following standards of practice, guidelines and policies for approval:
 - Minor amendments to Standard of Practice S-001: Scope of Practice
 - Minor amendments to Standard of Practice S-002: Record Keeping
 - Minor amendments to Standard of Practice S-019: Conflict of Interest in Commercial Ventures
 - Minor amendments to Standard of Practice S-021: Assistive Devices
 - Minor amendments to Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information
- Revocation of Guideline G-004: Documentation of a Chiropractic Visit, pending approved amendments to Standard of Practice S-001: Scope of Practice and Standard of Practice S-002: Record Keeping
- Minor amendments to Guideline G-008: Business Practices
- Minor amendments to Guideline G-009: Code of Ethics
- Guideline G-013: Chiropractic Assessments
- Guideline G-014: Delegation, Assignment and Referral of Care
- Minor amendments to Policy P-051: Peer Assessors
- New Policy: Public Screenings, upon revocation of current Public Display Protocol



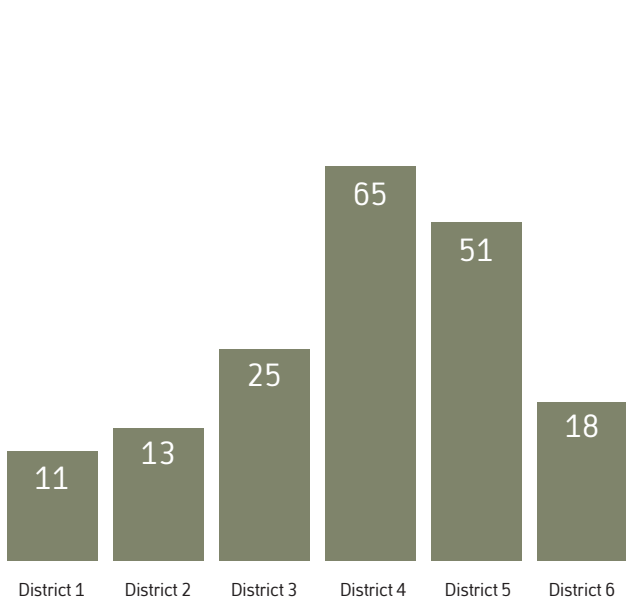
Peer Assessor Workshop – January 2018

Number of Members
Peer Assessed

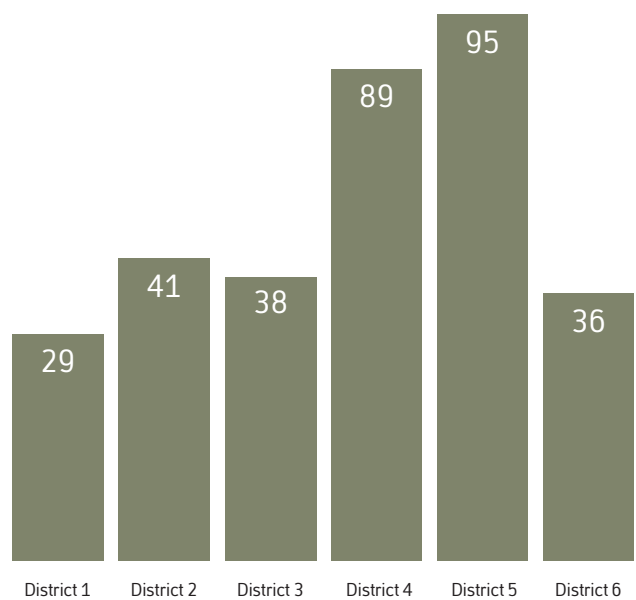
Peer & Practice Assessment 1.0 – Cumulative Review



2018 Peer & Practice Assessment 1.0



2018 Peer & Practice Assessment 2.0



Committee Members and Staff Support

Back L-R:

Ms Madeline Cheng, Registration Coordinator

Mr. Joel Friedman, Director, Policy & Research

Ms Karoline Bourdeau (and Fenton)

Dr. Dennis Mizel

Mr. Douglas Cressman

Front L-R:

Ms Jo-Ann Willson, Registrar & General Counsel

Dr. Clifford Hardick, Chair



Registration Committee

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 Message from the Chair

In 2018, the Registration Committee met regularly to review applications from chiropractors who wish to practise in Ontario. Each candidate was treated with the appropriate blend of fairness and flexibility within CCO's legislative framework. At all times, the goal of ensuring that licensing processes are transparent, objective, and comply with the requirements of Ontario's Office of the Fairness Commissioner was at the forefront of all decisions.

In the spirit of fiscal responsibility, the Registration Committee convened both in-person and teleconference meetings.

Following on the work of previous committees, I am pleased to report on the Committee's positive efforts in 2018 with respect to its annual review of the relevant standards of practice, policies, and guidelines to ensure that the necessary systems and processes are in place, including all consideration of precautions being taken to protect the

public. The Committee's other activities centred on the annual updating of CCO's registration forms to ensure compliance with the relevant regulations and legislation and upholding fairness in our registration practices while both protecting the public and treating all potential registrants equitably.

Acknowledgements

It was a privilege to serve as Chair in 2018. I am delighted that the good work of previous committees was a strong foundation from which we started. Individually, I would like to recognize the outstanding efforts of the Committee members and staff and our work was ably supported through Dr. Dennis Mizel's expertise, the perspectives of our two public members, Ms Karoline Bourdeau and Mr. Douglas Cressman, and the important institutional support provided by Ms Jo-Ann Willson, Mr. Joel Friedman and Ms Madeline Cheng.

Registration Statistics Snapshot

Colleges of Graduation for Members Registered in the Active Category in 2018

College of Graduation	Female	Male	Total
Anglo-European College of Chiropractic	0	1	1
Canadian Memorial Chiropractic College	80	58	138
Durban University of Technology	0	1	1
D'Youville College	2	0	2
Institut Franco-Européen de Chiropraxie – Campus Toulouse	1	1	2
Life Chiropractic College (various campuses)	0	2	2
Logan University	0	1	1
New York Chiropractic College	14	22	36
New Zealand College of Chiropractic	3	4	7
Northwestern Health Sciences University	1	0	1
Palmer College of Chiropractic (various campuses)	1	1	2
Parker University	0	4	4
Southern California University of Health Sciences	1	0	1
L'Université du Québec à Trois-Rivières	0	1	1
Total	103	96	199

Committee Activities in 2018

The Registration Committee executed its role in ensuring that each candidate seeking registration in Ontario is treated with the right blend of fairness, transparency, compassion, and flexibility within CCO's legislative framework. Continuing the work of previous committees, the Committee reviewed all registration forms to ensure compliance with relevant regulations and legislation and oversaw CCO's registration practices in the public interest.

In 2018, the Registration Committee:

- Convened four teleconference meetings and three face-to-face meetings
- Approved registration applications from chiropractors who are practising in other jurisdictions and wish to be

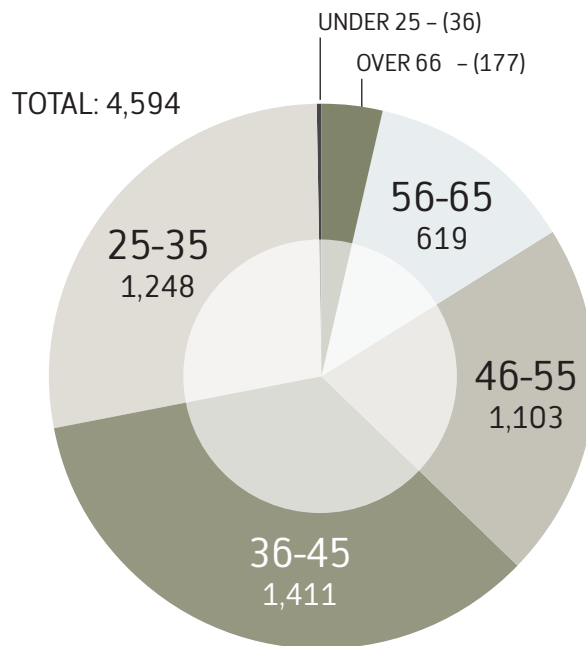
licensed in Ontario, and members requesting a change in their registration status

- Oversaw three sittings of the Legislation and Ethics Examination (February, June and October)
- Recommended to Council the following policies, by-law and terms of reference amendments:
 - Policy P-045: CCO's Legislation and Ethics Examination
 - Policy P-050: Supervision and Direction of Chiropractors in Training
 - By-law 16: Professional Liability Insurance for distribution and feedback
 - Updated Registration Committee Terms of Reference

Countries of Chiropractic College Education of Active Members (as at December 31, 2018)

- Australia 
- England 
- New Zealand 
- Canada: 
- Ontario
- Quebec
- United States 

Ages of Active Members (as at December 31, 2018)





**Classes of Certificate of Registration
for CCO Members (as at December 31, 2018)**

Total 4,873

4,458	General (i.e., Active)
	46
	General (i.e., Active) Non-Resident
157	Inactive
	78
	Inactive Non-Resident
123	Retired
	11
	Retired Non-Resident

March 14, 2018

Canadian Chiropractic Student Night

D'Youville College Chiropractic Health Center, Buffalo, NY



College of Chiropractors of Ontario

Financial Statements for the year ended

December 31, 2018

(with 2017 comparisons)

Independent Auditor's Report

To the Members of the College of Chiropractors of Ontario

Opinion

We have audited the financial statements of the College of Chiropractors of Ontario (the Entity), which comprise the statement of financial position as at December 31, 2018, and the statements of change in net assets, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2018, and its financial performance and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-For-Profit Organizations (ASNFPO).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with ASNFPO, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Respectfully submitted,



TATOR, ROSE & LEONG,
Chartered Accountants
Licensed Public Accountants

TORONTO, CANADA
April 30, 2019

Statement of Financial Position

December 31, 2018

(with 2017 comparisons)

ASSETS	2018	2017
Current		
Cash and cash equivalents	\$ 3,519,366	\$ 1,486,862
Short-term investments, at amortized cost	—	2,063,912
Prepaid expenses and sundry assets	73,340	24,688
Security deposit (Note 7)	5,000,000	1,000,000
	<hr/> 8,592,706	<hr/> 4,575,462
Term deposits - internally restricted for Office Development Project	—	2,848,044
Capital assets (Note 2)	3,378,975	3,315,063
	<hr/> 3,378,975	<hr/> 6,163,107
TOTAL ASSETS	<hr/> \$ 11,971,681	<hr/> \$ 10,738,569
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 300,459	\$ 259,254
Government remittances payable	9,114	3,997
Deferred revenue	3,296,771	2,820,005
Deferred lease inducement - current portion (Note 5)	569	6,804
	<hr/> 3,606,913	<hr/> 3,090,060
Deferred lease inducement - non-current portion (Note 5)	—	569
TOTAL LIABILITIES	<hr/> 3,606,913	<hr/> 3,090,629
NET ASSETS (per Statement 2)		
Internally restricted for Office Development Project (Note 4)	3,571,809	2,848,044
Unrestricted	4,792,959	4,799,896
TOTAL NET ASSETS	<hr/> 8,364,768	<hr/> 7,647,940
TOTAL LIABILITIES AND NET ASSETS	<hr/> \$11,971,681	<hr/> \$10,738,569

Approved on behalf of the College:



MR. DOUGLAS CRESSMAN,
TREASURER



DR. DAVID STARMAR,
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, 2018

	Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	\$ 2,848,044	\$ 4,799,896	\$ 7,647,940
Excess of income over expenditures (per Statement 3)	—	716,828	716,828
Interfund transfer to (from) (Note 4)	723,765	(723,765)	—
BALANCE: December 31, 2018	\$ 3,571,809	\$ 4,792,959	\$ 8,364,768

FOR THE YEAR ENDED DECEMBER 31, 2017

	Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	\$ 1,979,369	\$ 4,944,806	\$ 6,924,175
Excess of income over expenditures (per Statement 3)	—	723,765	723,765
Interfund transfer to (from)	868,675	(868,675)	—
BALANCE: December 31, 2017	\$ 2,848,044	\$ 4,799,896	\$ 7,647,940

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

STATEMENT 2

Statement of Operations

for the Year Ended December 31, 2018

(with 2017 comparisons)

INCOME	2018	2017
Renewal fees	\$ 4,592,774	\$ 4,512,336
Registration fees	66,950	65,375
Examination fees	39,440	37,798
Incorporation fees	201,550	197,000
Recovery of discipline costs	97,137	78,876
Interest and sundry	120,096	91,998
TOTAL INCOME	5,117,947	4,983,383
EXPENDITURES		
Salaries and benefits (Note 3)	1,315,490	1,287,708
Rent and utilities (Note 5)	479,230	430,803
Office and general	532,124	456,798
Printing and postage	49,224	87,316
Insurance	12,521	12,389
Meetings, fees and expenses (Schedule 1) (Note 9)	256,229	242,639
Audit	29,663	27,742
Seminars and conferences	36,774	34,064
CFCREAB dues	126,228	126,228
Consulting fees	419,887	332,521
Consulting fees - peer assessors	230,034	159,514
Consulting fees - complaints	116,348	266,199
Legal fees - complaints	49,155	56,486
Legal fees - discipline	501,690	537,983
Legal fees - executive	10,568	4,858
Legal fees - general	89,466	73,501
Equipment lease	23,494	21,423
TOTAL EXPENDITURES	4,278,125	4,158,172
Excess of income over expenditures before amortization	839,822	825,211
Amortization	122,994	101,446
EXCESS OF INCOME OVER EXPENDITURES	\$ 716,828	\$ 723,765

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

STATEMENT 3

Statement of Cash Flows

for the Year Ended December 31, 2018

(with 2017 comparisons)

	2018	2017
OPERATING ACTIVITIES		
Excess of income over expenditures (per Statement 3)	\$ 716,828	\$ 723,765
Amortization – capital assets	122,994	101,446
(Increase) in prepaid expenses and sundry assets	(48,652)	(7,605)
(Increase) in security deposit	(4,000,000)	(1,000,000)
Increase in accounts payable and accrued liabilities	41,205	5,768
Increase in government remittances payable	5,117	972
Increase in deferred revenue	476,766	2,350,537
(Decrease) in deferred lease inducement	(6,804)	(6,805)
	(2,692,546)	2,168,078
INVESTING ACTIVITIES		
(Purchase) of capital assets	(186,906)	(288,845)
Decrease (Increase) in short-term investments	4,911,956	(825,420)
	4,725,050	(1,114,265)
CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR	2,032,504	1,053,813
CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	1,486,862	433,049
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	\$ 3,519,366	\$ 1,486,862
Cash and cash equivalents consist of the following:		
Cash	\$ 3,519,366	\$ 1,486,862

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

STATEMENT 4

Schedule of Meeting Fees and Expenses

for the Year Ended December 31, 2018

(with 2017 comparisons)

		FEES	EXPENSES	TOTAL 2018	TOTAL 2017
Dr. Peter Amlinger ^{6,8}	\$	11,400	\$ 3,481	\$ 14,881	\$ 7,792
Dr. Elizabeth Anderson-Peacock ^{1,6}		22,975	11,276	34,251	22,842
Dr. Brian Budgell ^{3,4,8}		9,900	—	9,900	—
Dr. Reginald Gates		2,850	488	3,338	15,422
Dr. Clifford Hardick ⁷		11,325	6,324	17,649	46,250
Dr. Bruce Lambert		—	—	—	4,304
Dr. Dennis Mizel ^{5,7}		10,300	4,652	14,952	—
Dr. Kristina Peterson ^{1,4}		17,175	14,855	32,030	17,768
Dr. Gauri Shankar ^{1,2}		56,325	29,408	85,733	74,402
Dr. David Starmer ^{1,3}		26,500	1,038	27,538	14,518
Dr. Patricia Tavares		2,025	71	2,096	14,713
Dr. Bryan Wolfe		—	—	—	12,401
Dr. Brian Schut ²		12,850	1,011	13,861	12,227
Ms. Jo-Ann Willson		—	—	—	—
	\$	183,625	\$ 72,604	\$ 256,229	\$ 242,639

Note: Committee membership changed in April

Numbers refer to committee/project membership (April – December 2018)

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

December 31, 2018

Purpose and Structure of the College

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

1 Significant Accounting Policies

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue Recognition

Renewal, incorporation and examination fees are recognized as revenue in the fiscal year they are related to. Registration, record keeping seminar fees and recovery of discipline costs are recognized when received. Investment income comprises interest from short-term investments and is recognized on an accrual basis.

(b) 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

(c) Financial Instruments

(i) Measurement of Financial Instruments

The College initially measures its financial assets and liabilities at fair value and subsequently at amortized cost.

Financial assets measured at amortized cost include cash and cash equivalents and short-term investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

The College has not designated any financial assets or financial liabilities to be measured at fair value.

(ii) Impairment

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in net income. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in net income.

(d) Cash and Cash Equivalents

Cash and cash equivalents consist of cash on deposit, cheques issued and outstanding, and term deposits with a maturity period of three months or less from the date of acquisition.

(e) Impairment of Long-lived Assets

A long-lived asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value. As at December 31, 2018, there were no known circumstances that would indicate the carrying value of the capital assets may not be recoverable.

(f) Use of Estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting standards for not-for-profit organizations 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 as additional information becomes available in the future.

2 Capital Assets

	Cost	Accumulated Amortization	2018 Net	2017 Net
Furniture and Office Equipment	\$ 327,008	\$ 313,576	\$ 13,432	\$ 16,790
Computer and Software	969,682	690,533	279,149	226,912
Land	3,086,394	—	3,086,394	3,071,361
	\$ 4,383,084	\$ 1,004,109	\$ 3,378,975	\$ 3,315,063

3 Salaries and Benefits

This expense includes payments for current service pension plans.

4 Internally Restricted for Office Development Project (ODP)

On April 24, 2018, the Council of the College passed a motion to internally restrict the use of \$723,765 in order to fund future disbursements for the Office Development Project (ODP). The \$723,765 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2017.

The mandate of the Office Development Project is to find a future home for the College's head office.

The internally restricted amount is not available for any other purpose without approval of Council.

5 Lease Commitments

On July 15, 2013, the College and the landlord agreed to amend the office lease extension agreement for a period of five years commencing February 1, 2014 to January 31, 2019. The basic minimum annual payment for the next year is as follows:

2019	\$15,810
------	----------

Under this lease extension, the landlord provided lease inducement in the form of a waiver of minimum rent payments for the period from February 1, 2014 to March 31, 2014. This lease inducement is recognized as reduction of monthly rent expense over the duration of the lease extension.

On December 17, 2018, the College and the landlord agreed to extend the office lease agreement for a period of five months commencing February 1, 2019 to June 30, 2019. The basic minimum monthly payment will be \$22,585.

The aggregate minimum lease payment is \$128,735.

6 Financial Instruments

The College is exposed to various risks through its financial instruments, without being exposed to concentrations of risk. The following analysis provides a measure of the College's risk exposure.

Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is not exposed to any significant credit risk as there are no accounts receivable and notes receivable.

Liquidity Risk

Liquidity risk is the risk of being unable to meet cash requirements or obligations as they become due. It stems from the possibility of a delay in realizing the fair value of financial instruments. The College is exposed to liquidity risk if it were ever unable to meet its payment obligations.

The College manages its liquidity risk by holding assets that can be readily converted into cash.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk.

Currency Risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The College is not exposed to currency risk as all financial instruments are in Canadian dollars.

Interest Rate Risk

Interest rate risk refers to the risk that fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

The exposure of the College to interest rate risk arises from its interest bearing assets (GICs).

The College manages its exposure to the interest rate risk of its cash by maximizing the interest income earned on excess funds while maintaining the liquidity necessary to conduct operations on a day-to-day basis. Fluctuations in market rates of interest do not have a significant impact on the College's operations.

The primary objective of the College with respect to short-term investments is to ensure the security of principal amounts invested, provide for a high degree of liquidity, and achieve satisfactory investment return.

Other Price Risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The College is not exposed to other price risk.

The extent of the College's exposure to the above risks did not change during 2018.

7 Security Deposit

On December 15, 2017 the College paid a security deposit in the amount of \$1,000,000 to be held in trust with Bennett Jones LLP relating to a potential purchase of a new head office.

On December 17, 2018, an additional deposit was made in the amount of \$4,000,000 to be held in trust with McMillan LLP.

8 Bank Loans

On October 19, 2018 the College entered into a credit agreement in connection with the secured credit facilities provided by the Toronto Dominion Bank. As at December 31, 2018 the aggregate amount available under the credit facilities is \$7,750,000 comprised of (i) a \$6,000,000 committed revolving term loan facility along with (ii) a \$1,500,000 committed revolving term loan facility and (iii) a \$250,000 uncommitted revolving credit facility operating loan. The contractual term of the credit agreement is for sixty months expiring September 2023.

(i) \$6,000,000 committed reducing term facility to assist the purchase of owner occupied property located at 59 Hayden Street, Unit 1, Level 8 (Toronto, Ontario). This facility is available at the College's option by the way of fixed rate term loan in CDN\$ or prime rate based on loans in CDN\$. This facility is subject to annual review by the Bank. All amounts outstanding will be repaid on or before the contractual term maturity date. The amount advanced under this facility is \$Nil as at December 31, 2018.

(ii) \$1,500,000 committed reducing term facility to assist the purchase of owner occupied property located at 59 Hayden Street, Unit 1, Level 8 (Toronto, Ontario). This facility is available at the College's option by the way of fixed rate term loan in CDN\$ or prime rate based loans in CDN\$. This facility is subject to an annual review by the Bank. All amounts outstanding will be repaid on or before the contractual maturity date. The amount advanced under this facility is \$Nil as at December 31, 2018.

(iii) \$250,000 uncommitted operating loan for working capital requirements. This facility is available at the College's option by the way of prime rate based loans in CDN\$. This facility is subject to an annual review by the Bank. All amounts outstanding are due on demand. The amount advanced under this facility is \$Nil as at December 31, 2018.

9 Related Party Transactions

The College paid per diems and reasonable expenses to committee members as well as an annual honorarium of thirty-five thousand dollars (\$35,000) to the president in accordance with By-Law 9: Remuneration and CCO Internal Policy I-012. All these transactions were carried out in the normal course of operations and are recorded at the exchange value.

10 Subsequent Event - Net Assets

On April 30, 2019, the Council of the College passed a motion to internally restrict the use of \$716,828 in order to fund future disbursements for the Office Development Project. The \$716,828 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2018. The mandate of the Office Development Project is to find a future home for the College's head office.

The internally restricted amount is not available for any other purpose without approval of Council.

11 Subsequent Event - 59 Hayden Street

On January 8, 2019 the College entered into an agreement to purchase 59 Hayden Street, Suite 801, Toronto, Ontario, Canada for use as a head office. The total purchase price was \$11,808,500 (including HST).

12 Subsequent Event - 29 Pleasant Blvd

On April 24, 2019 the College entered into an agreement to sell 29 Pleasant Blvd., Toronto, Ontario. The total sale price was \$6,750,000 (excluding HST).

Extracts from Highlights of the Last Year at the Federation of Health Regulatory Colleges of Ontario



Members:

College of Audiologists and Speech-Language Pathologists of Ontario
 College of Chiropractors of Ontario
 College of Chiropractors of Ontario
 College of Dental Hygienists of Ontario
 College of Dental Technologists of Ontario
 College of Denturists of Ontario
 College of Dietitians of Ontario
 College of Homeopaths of Ontario
 College of Kinesiologists of Ontario
 College of Massage Therapists of Ontario
 College of Medical Laboratory Technologists of Ontario
 College of Medical Radiation Technologists of Ontario
 College of Midwives of Ontario
 College of Naturopaths of Ontario
 College of Nurses of Ontario
 College of Occupational Therapists of Ontario
 College of Opticians of Ontario
 College of Optometrists of Ontario
 College of Physicians and Surgeons of Ontario
 College of Physiotherapists of Ontario
 College of Psychologists of Ontario
 College of Registered Psychotherapists of Ontario
 College of Respiratory Therapists of Ontario
 College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
 Ontario College of Pharmacists
 Royal College of Dental Surgeons of Ontario

FHRCO is comprised of the 26 Colleges that regulate over 300,000 health care practitioners. The Federation's activities include:

- Collective work on government priorities
- The sharing of promising practices and the identification of new initiatives
- Communication about the role of the regulator to the public and stakeholders
- Ongoing support for existing Colleges
- Mentoring for new regulators
- Development of tools and materials to support College work
- Stakeholder collaboration and project participation
- Delivery of education to support key College function areas

Focusing on Priorities and Planning

In December 2018, the Federation's Board of Directors participated in a facilitated discussion related to the organization's purpose and priorities, recognizing the changing regulatory landscape and promising practices in organizational governance. A confirmation of issues opened the day followed by identification of FHRCO's critical functions. Prioritization was the next step, along with an agreement to keep the conversation going. Outcomes from those discussions are anticipated to come to fruition in the 2019-2020 year.

Focusing on Governance

A priority for the Federation continues to be helping Colleges stay informed and be prepared for changes in the area of College governance. A FHRCO Governance Session was provided on December 3, 2018, featuring Anne Coghlan, Executive Director and CEO of CNO, with Kevin McCarthy, Director, Strategy, who presented information on CNO's "Governance Vision 2020". Richard Steinecke, Steinecke Maciura LeBlanc and FHRCO legal counsel, then provided some "Perspectives on Governance". There were 70 in attendance; 20 Colleges were represented.

FHRCO: FOSTERING HEALTHY REGULATORY COLLABORATION IN ONTARIO

Excerpts from The Federation's "2018-2019 Highlights"



FHRCO Member Representatives

Meetings with Key Stakeholders During the 2018-2019 Year:

- Deanna Williams following her work on recommendations for the Ministry of Health and Long-Term Care (MOHLTC) related to patient sexual abuse
- MOHLTC Health Workforce Planning and Regulatory Affairs Division, providing general updates:
- Denise Cole, Assistant Deputy Minister (ADM), with Lorraine de Braganca, A/Executive Assistant to the ADM
- Health Workforce Regulatory Oversight Branch:
 - Allison Henry, Director
 - Stephen Cheng, Manager, Strategic Regulatory Policy Unit
 - Thomas Custers, Manager, Regulatory Oversight and Performance Unit, focusing on the College Performance Measurement Framework Project
 - Marsha Pinto, Manager, Regulatory Design and Implementation Unit
 - Doug Ross, Sr. Policy Analyst, Regulatory Oversight and Performance Unit
- Ontario's Fairness Commissioner Grant Jameson with Kim Bergeron, Senior Program Advisor
- Office of the Patient Ombudsman: Craig Thompson, Executive Director, to learn more about the Office and how Colleges and the Patient Ombudsman relate in Ontario's healthcare system

Ontario Health Regulators

FHRCO's Communications Committee, led by Monique Poirier, continues to provide for opportunities to share expertise, focusing on support for the output of the Public Engagement Program – www.ontariohealthregulators.on.ca (OHR), the public-facing website that provides links to Colleges, specifically their public registers, information about complaints, and public consultations. This initiative is consistent with Colleges' duty to promote and enhance relations between Colleges and the public.

Public outreach through "OHR" was a focus for the Committee with the power of Google ads and boosted Facebook postings harnessed to promote the site over the past year. Additionally, all members of provincial parliament received letters, letting them know about OHR so that they could share information with their constituents. Directly interacting with the public, many Communications Committee members and Practice Advisors from their College teams also staffed a booth at the Zoomer Show on October 27 & 28, 2018. The success of that event led to confirmation of show attendance in 2019 - October 24 & 25.

Another key event for the Communications Committee was the Communications Network-wide annual Communicators' Day, held on November 23rd and hosted by CPSO. The Day included presentations from the College of Social Workers and Social Service Workers, and The Change Foundation. This opportunity for College communications staff to interact and learn from others' experiences was well received, with 35 attending from 23 Colleges. Thanks to Conference Planning Subcommittee chair Mark Sampson (CPSO) for leading this event.

CCO COUNCIL



Back L-R: Ms Sheryn Posen; Ms Tamara Gottlieb; Dr. Brian Budgell; Ms Karoline Bourdeau; Dr. Peter Amlinger; Dr. Brian Schut; Mr. Robert MacKay; Dr. Dennis Mizel; Dr. Clifford Hardick; Dr. Gauri Shankar.

Front L-R: Ms Georgia Allan; Dr. Elizabeth Anderson-Peacock, Vice-Chair; Ms Jo-Ann Willson, Registrar & General Counsel; Fenton; Dr. David Starmer, President; Mr. Douglas Cressman, Treasurer; Dr. Kristina Peterson.

CCO STAFF



Back L-R: Mr. Joel Friedman, Director, Policy & Research; Ms Carolyn Bryck, Administrative Assistant; Ms Anda Vopni, Financial Officer; Ms Madeline Cheng, Registration Coordinator; Ms Jacqui Shaw, Student-at-Law; Ms Christine McKeown, Inquiries, Complaints & Reports Officer.

Front L-R: Ms Funto Odukoya, Administrative Assistant; Ms Tina Perryman, Manager, Inquiries, Complaints and Reports; Dr. J. Bruce Walton, Director of Professional Practice; Ms Rose Bustria, Administrative Assistant; Ms Jo-Ann Willson, Registrar & General Counsel; Ms Sarah Oostrom, Receptionist; Mr. Darwin Visperas, Administrative Assistant.



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

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