



Annual Report 2019

Protecting the Public. Guiding the Chiropractic Profession.
Transitioning the CCO.

Protégeons le public. Guidons la pratique de la chiropractie.
Effectuons la transition de l'OCO.



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

Contents

Mission, Vision, Values	2
Strategic Objectives	2
Message from the President	4
Registrar's Report	12
Executive Committee	14
Advertising Committee	20
Fitness to Practise Committee	22
Inquiries, Complaints and Reports Committee	24
Discipline Committee	30
Patient Relations Committee	38
Quality Assurance Committee	40
Registration Committee	44
Independent Auditor's Report	50
Extract from Highlights of the Last Year at the Health Profession Regulators of Ontario (2019-2020)	60

Commonly Used Acronyms

Acronym	Full Name
BDC	Board of Directors of Chiropractic
CCO, College	College of Chiropractors of Ontario
CCPA	Canadian Chiropractic Protective Association
CE	Continuing Education
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CPMF	College Performance Measurement Framework
FCC	Federation of Canadian Chiropractic
FHRCO	Federation of Health Regulatory Colleges of Ontario
HPARB	Health Professions Appeal and Review Board
HPRO	Health Profession Regulators of Ontario
ICE	Independent Chiropractic Evaluation
ICRC	Inquiries, Complaints and Reports Committee
ODP	Office Development Project
OFC	Office of the Fairness Commissioner
PP	Professional Portfolio
PPA	Peer and Practice Assessment
QA	Quality Assurance
RFP	Request for Proposals
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i>
RKW	Record Keeping Workshop
SCERP	Specified Continuing Education or Remediation Program
SA	Self-Assessment



CCO's New Home – 59 Hayden Street, Suite 800, Toronto

*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

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.

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.

Message from the President

Earning Public Trust and Confidence

In 2019, I had the privilege of leading CCO Council as its President.

It was a busy and exciting year and, a time of considerable change when CCO transitioned to its new premises at 59 Hayden Street. This space is something we can all be proud of and is easily accessible by public transportation in the heart of downtown Toronto. Very closely situated to Queens Park and other health regulatory colleges just one street south of Bloor Street and east of Yonge Street. I am grateful to the members of the 2019 Council for their focus on this project, as well as all of the previous Councils back to 2008 when the vision and the hard work and significant due diligence carried this project to completion.

CCO's election cycle began in mid-January 2019 and results were announced in April 2019. It is interesting to reflect that the debate during the election cycle between members was highly spirited to such an extent the CCO took significant action in looking at the best practices of other health regulatory colleges in Ontario in managing their elections. At our strategic planning session in September 2019, we explored steps to ensure professional and respectful communication by members not only during the elections, but at all times.

During the time that I have served on Council, I have been impressed by the diversity of skills and practices among chiropractors. I think it is important to note that Council members are there to serve the public and not their constituencies, and support decisions that clearly benefit the public. Simply put, those chiropractors' obligation is

only to the public. The idea of being elected from a district provides Council with representation from different regions across Ontario, thereby providing Council with diverse perspectives on issues.

I'm pleased to provide some highlights since May 1, 2019:

- After many years of discussion and careful planning, and with no impact on members' fees, CCO moved to its new permanent home.
- Council approved revisions to Standard of Practice S-001: Chiropractic Scope of Practice. The revisions dealt with matters outside of the chiropractic scope of practice and responding to general health-related questions. I would like to point out that, as part of its role to protect the public interest, CCO recognizes that vaccinations, as mandated in Ontario, provide a safe and effective means to protect individuals from infectious diseases. CCO reminds members and the public that treating or advising in relation to vaccination is outside of the chiropractic scope of practice. Members must not express views, or treat or advise patients or prospective patients with respect to vaccination, which includes, but is not limited to:
 - Counselling or providing information to patients or prospective patients with respect to vaccination; conducting seminars on vaccination; and providing information on vaccination on a member's website or social media account.
 - Members must refer patients who ask questions related to vaccination to consult with a health professional who has the act within their scope of practice, such as a member of the College of Physicians and Surgeons of Ontario, a member of the

College of Nurses of Ontario who holds a certificate of registration in the extended class, or a member of the Ontario College of Pharmacists.

- Council approved amendments previously circulated to members and stakeholders for feedback on By-law 16: Professional Liability Insurance. Coming into effect for 2021, the amounts are a minimum amount of \$5,000,000 per occurrence and a minimum aggregate amount of \$5,000,000 per year.
- Council approved amendments previously circulated to members and stakeholders for feedback on By-law 6: Elections. The changes made to By-law 6 guarantee there will always be a member from a chiropractic educational institution on Council.
- These actions in 2019 most certainly speak to the CCO's focus on our public interest mandate.
- On November 16, 2019, CCO and the Canadian Chiropractic Protective Association (CCPA) co-hosted a meeting of all chiropractic regulators from across Canada to discuss common issues such as scope of practice, advertising claims by members, and use of social media. Spearheaded by the Federation of Canadian Chiropractic (FCC), a working group with national representation was established.

I would like to remind members that CCO is bound and defined by its mission: The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

CCO also has a clear mandate to protect the public of Ontario. Under that mandate, members are expected to engage in respectful and professional discourse at all times and therefore I urge all members to be appropriately vigilant about what they say and communicate publicly. It is particularly important that members are mindful of the diversity of chiropractic care and, at all times, respectful of our colleagues' choices in how they practise chiropractic.

In Appreciation

I would like to extend my appreciation to three people who undertook significant responsibilities in 2019:

• As Treasurer for a two-year period, President for a two-year period, and a Council member for nine years, Dr. Cliff Hardick helped CCO navigate the myriad of options before it when Council was considering the necessity of re-locating CCO's offices. Cliff's insight was invaluable. I thank him for his vision, counsel, and welcomed support.

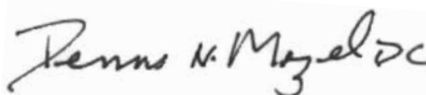
• Mr. Robert MacKay brought considerable relevant regulatory experience to Council in having served previously on numerous public appointments with regulatory bodies in Ontario. He served nine years on CCO Council and three years on the Council of the College of Nurses of Ontario. I highly value his contributions as a Council member and Vice-President as well as his wise contributions to committee and Council meetings.

• Ms Jo-Ann Willson, Registrar and General Counsel, makes it all happen! While maintaining her day-to-day and other responsibilities, Ms Willson and the staff oversaw a myriad of details and arrangements through the build-out of CCO's new office space and ably orchestrated two office moves. CCO's new offices would never have happened were it not for Ms Willson's vision. Thank you for your vision, work ethic, and leadership. We are lucky to have you!

I would also like to thank our other Council members for their commitment to CCO's mission: Ms Georgia Allan, Dr. Peter Amlinger, Ms Karoline Bourdeau, Dr. Brian Budgell, Dr. Janet D'Arcy, Ms Robyn Gravelle, Dr. Paul Groulx, Dr. Steven Lester, Mr. John Papadakis, Dr. Kristina Peterson, Ms Sheryn Posen and Dr. David Starmer.

Thank you!

It was a pleasure to serve the public of Ontario in 2019. I thank my fellow chiropractors for their dedication to providing care to Ontarians, our public members on Council for their commitment to upholding the public interest, and the considerable "behind the scenes" work of our dedicated staff team.



Dr. Dennis Mizel
President



May 14, 2019

Mr. Robert MacKay, Vice-President, and Dr. Dennis Mizel, President

Message du président

Gagner la confiance du public

En 2019, j'ai eu le privilège de diriger l'OCO à titre de président.

Se fût une année chargée et palpitante ainsi qu'une période de changements considérables puisque l'OCO a fait la transition à ses nouveaux locaux au 59 Hayden Street. Nous pouvons tous être fiers de cet espace qui est facilement accessible en transport en commun et situé en plein cœur du centre-ville de Toronto. L'Ordre est situé tout près de Queens Park et des autres ordres réglementant des professions de la santé, soit une rue au sud de Bloor Street et à l'est de Yonge Street. Je tiens à remercier les membres du Conseil de 2019 pour leur attention portée à ce projet ainsi qu'à tous les membres du Conseil les ayant précédés depuis 2008, puisque la vision et le travail acharné et l'importance du contrôle diligent ont mené à terme ce projet.

Le cycle électoral de l'OCO a commencé à la mi-janvier 2019 et les résultats ont été annoncés en avril 2019. Il semble intéressant de revenir sur le débat ayant eu lieu lors du cycle électoral, lequel a été très enflammé, à un tel point que l'OCO a pris des mesures importantes en analysant les meilleures pratiques de gestion d'élections des autres ordres réglementant les professions de la santé en Ontario. Lors de notre séance annuelle de planification en septembre 2019, nous avons étudié les étapes nécessaires pour nous assurer que la communication soit professionnelle et respectueuse par nos membres non seulement lors des élections, mais aussi en tout temps.

Au cours de la période durant laquelle j'ai siégé à l'Ordre, j'ai été impressionné par la diversité des compétences et des pratiques parmi les chiropraticiens. Je crois qu'il est important de noter que les membres de l'Ordre sont présents pour servir les Ontariens et non leur circonscription ainsi que de supporter les décisions qui bénéficient clairement le public. Autrement dit, les obligations de ces chiropraticiens sont seulement envers les Ontariens. L'idée d'être élu dans une circonscription offre au Conseil une représentation de différentes régions à travers l'Ontario, fournissant ainsi différentes perspectives face aux problèmes auxquels le Conseil doit faire face.

Je suis ravi de vous fournir quelques faits saillants qui ont eu lieu depuis le 1^{er} mai 2019 :

- Après plusieurs années de discussions et de planification méticuleuse, l'OCO a déménagé dans sa nouvelle maison permanente, et ce, sans avoir eu un impact sur les frais d'agrément des membres.
- L'Ordre a accepté les révisions apportées aux Normes d'exercice de la pratique professionnelle S-001 : Champ de pratique de la chiropractie. Les révisions abordent des questions à l'extérieur du champ de pratique et répondent aux questions touchant à la santé. Je tiens à rappeler que dans son rôle de protection de l'intérêt du public, l'OCO reconnaît que les vaccins, exigés en Ontario, assurent des moyens sécuritaires et efficaces pour protéger les personnes des maladies infectieuses. L'Ordre désire rappeler à ses membres et au public que les soins et les conseils en lien avec la vaccination sont en dehors du champ de pratique de la chiropractie. Les membres ne doivent pas exprimer leurs opinions ou offrir des soins et fournir des conseils aux patients ou patients éventuels en ce qui a trait aux vaccins, incluant, mais sans toutefois s'y limiter :

- Offrir des conseils et des renseignements aux patients ou patients éventuels par rapport aux vaccins; organiser des séminaires sur la vaccination; et fournir de l'information sur la vaccination sur un site Web d'un membre ou sur un compte de médias sociaux.
- Les membres doivent recommander aux patients qui posent des questions au sujet de la vaccination à consulter un professionnel de la santé qui agit dans les limites de son champ de pratique, comme un membre de l'Ordre des médecins et chirurgien de l'Ontario, un membre de l'Ordre des infirmières et infirmiers de l'Ontario qui déteint un certificat d'enregistrement dans la catégorie autorisée ou un membre de l'Ordre des pharmaciens de l'Ontario.
- Le Conseil a approuvé les amendements précédemment diffusés aux membres et aux parties prenantes pour obtenir leurs retours sur le règlement 16 : Assurance responsabilité civile professionnelle. Entrant en vigueur en 2021, les montants sont un montant minimum de 5 000 000 \$ par occurrence et un minimum d'un montant total de 5 000 000 \$ par année.
- Le Conseil a approuvé les amendements précédemment diffusés aux membres et aux parties prenantes pour obtenir leurs retours sur le règlement 6 : Élections. Les modifications apportées au règlement 6 garantissent qu'il y aurait toujours un membre d'une institution d'enseignement de la chiropractie siégeant au Conseil.
- En 2019, ces actions ont certainement eu une influence sur la direction suivie par l'OCO quant à notre mandat d'intérêt public.
- Le 16 novembre 2019, l'OCO et l'Association de protection chiropratique canadienne (CCPA) ont organisé une rencontre avec toutes les autorités de réglementation de la chiropractie à travers le Canada

afin de discuter des problèmes communs, tels que le champ de la pratique, les allégations publicitaires faites par nos membres et l'utilisation des médias sociaux. Cette rencontre a été menée à la création de la Fédération chiropratique canadienne (FCC), un groupe de travail de représentation nationale.

J'aimerais rappeler aux membres que l'OCO est lié à et défini par sa mission : L'Ordre des Chiropraticiens de l'Ontario réglemente la profession dans l'intérêt du public afin d'assurer des soins chiropratiques éthiques et de qualité.

Par ailleurs, l'OCO a un mandat précis qui vise à protéger les Ontariens. Dans le cadre de ce mandat, les membres sont attendus de tenir en tout temps des échanges respectueux et professionnels. C'est pourquoi j'incite donc tous les membres à être convenablement attentifs à ce qu'ils disent et communiquent publiquement. Il est particulièrement important que les membres soient soucieux de la diversité des soins chiropratiques, et ce, en tout temps, tout en étant respectueux envers le choix de nos collègues dans leur pratique de la chiropractie.

Reconnaissance

Je tiens à signaler la contribution de trois personnes qui ont assumé d'importantes responsabilités en 2019 :

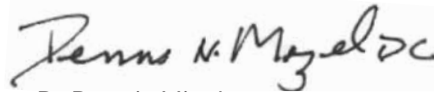
- En tant que Trésorier pour une période de deux ans, Président pour une autre période de deux ans et membre du Conseil pendant neuf ans, le Dr Cliff Hardick a aidé l'OCO à naviguer à travers une myriade d'options avant que le Conseil envisage la nécessité de déménager les bureaux de l'OCO. La perspective de Cliff était inestimable. Je le remercie pour sa vision, ses conseils et son soutien apporté.

- M. Robert MacKay a apporté au Conseil une expérience de réglementation considérable en ayant siégé précédemment sur de nombreux conseils d'administration au sein d'organismes de réglementation de l'Ontario. Il a siégé pendant neuf ans sur le Conseil de l'Ordre et trois ans sur le Conseil de l'Ordre des infirmières et infirmiers de l'Ontario. J'apprécie hautement ses apports en tant que membre du Conseil et vice-président que ses excellentes contributions au comité et aux rencontres du Conseil.
- Mme Jo-Ann Willson, Registrare et avocate générale, avec elle, tout est possible! Tout en exécutant ses responsabilités hebdomadaires et autres, Mme Willson et son personnel ont supervisé de nombreux détails et préparatifs tout au long de la construction des nouveaux bureaux de l'OCO, en plus d'orchestrer de manière compétente deux déménagements de bureaux. Les nouveaux bureaux de l'OCO n'auraient jamais vu le jour sans la vision de Mme Willson. Merci pour votre vision, votre éthique de travail et votre leadership. Nous sommes très chanceux de vous compter parmi nous!

Je tiens aussi à remercier nos autres membres du Conseil pour leur engagement en faveur de la mission de l'OCO : Mme Georgia Allan, Dr Peter Amlinger, Mme Karoline Bourdeau, Dr Brian Budgell, Dr Janet D'Arcy, Mme Robyn Gravelle, Dr Paul Groulx, Dr Steven Lester, M. John Papadakis, Dr Kristina Peterson, Mme Sheryn Posen et Dr David Starmer.

Merci!

Ce fut un plaisir de servir les Ontariens en 2019. Je tiens à remercier mes confrères chiropraticiens pour leur dévouement en prodiguant des soins aux Ontariens, à nos membres du public du Conseil pour leur engagement afin de maintenir l'intérêt général ainsi que le travail effectué dans les coulisses par notre personnel dévoué.



Dr Dennis Mizel
Président

CCO Presidents and BDC Chairs

Name	Position	Organization	Term	
Dr. Dennis Mizel	President	CCO	April 2019	April 2020
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



June 18, 2019

Presidents' Luncheon and tour of new CCO home

Registrar's Report



Ms Jo-Ann Willson, Registrar & General Counsel
Members' Lounge 2019 Members' Lounge 2020

What a difference a year makes!

In 2019 CCO:

- Purchased a new home for its headquarters at 59 Hayden;
- Moved twice, once from 130 Bloor Street West to 77 Bloor Street West (in Spring 2019), and then to 59 Hayden (in Fall 2019);
- Completed the construction of the buildouts to meet CCO's needs at 59 Hayden on budget;
- Maintained members' dues at the same level as they have been since 2011;
- Maintained the same cross-trained, competent and loyal staff team of eleven people;
- Maintained core regulatory functions including registration, quality assurance, complaints and discipline during the moves and through the various transitions on Council;
- Conducted four governance training sessions by experts, namely Ms Rebecca Durcan and Mr. Richard Steinecke of Steinecke, Maciura, LeBlanc, and Ms Deanna Williams of Dundee Consulting Group Ltd.; and
- Reinforced the importance of key governance documents such as the Code of Conduct, non-harassment policy and confidentiality undertakings signed by all Council members.

At the end of the year, and despite the changes and challenges, CCO accomplished all of this on budget as reflected in the audited 2019 Financial Statement.

We've tried a different approach with the 2019 Annual Report. One of CCO's key stakeholders is the Ministry of Health. The Ministry is in the process of developing a College Performance Measurement Framework (CPMF). Although this project is still in process, all CCO committees were asked to report on their activities in a manner that is reflective of the draft CPMF. As always, we are interested in feedback from our stakeholders including members, about CCO's activities and functions. Again, I express my gratitude for an incredible staff. I know each of you were asked to do more in 2019, and you did so with grace and humour.

I'd like to end on a personal note. I have done many things in my career. However, being entrusted with and given the opportunity to oversee the purchase, build out and completion of a new permanent home for CCO has been the highlight of my career. I now know more about city hall planning, developers, contractors, RFP processes, designers and accessibility consultants than I ever dreamed I would need to know. Yes, Council and various people throughout had the vision to make it happen. But it is Dr. Cliff Hardick, Chair of the Office Development Project, who carried the project over the finish line. Dr. Hardick donated his business acumen, knowledge about financing, and extraordinary skills outside of chiropractic to bring the dream to a reality. He did so without charging the College one dime. We all owe him a debt of gratitude.

For all CCO members, stakeholders and the public, I hope we will have an opportunity to show you CCO's new home when it is safe to do so. As we are preparing the 2019 Annual Report, CCO along with the rest of the world, is focused on the Covid -19 global pandemic. I wish everyone good health and a focus on what is most important! For CCO, that means a continued laser focus on public protection and accountability.

MS JO-ANN WILLSON, REGISTRAR & GENERAL COUNSEL

Transitioning to CCO's New Home



June 19, 2019 – CCO Council's last Council meeting at 130 Bloor Street West, Suite 902



Site Visit –
59 Hayden Street,
Suite 800



November 29, 2019

CCO Council's first Council meeting at 59 Hayden Street, Suite 800

Committee Members and Staff Support

Back L-R

Dr. Peter Amlinger

Ms Karoline Bourdeau

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

Front L-R

Dr. Clifford Hardick, *Treasurer*

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

Dr. Dennis Mizel, *Chair*

Mr. Robert MacKay, *Vice-President*

Ms Georgia Allan



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 2019

Throughout 2019, 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 2019, the Executive Committee:

- Convened five meetings
- Received comprehensive reports on the planning and progress of the Office Development Project (ODP) and CCO's move to its new home at 59 Hayden Street
- Recommended to Council approval of new policy P-010: Use of Professional Titles, Designations and Credentials
- Oversaw the planning and execution of a productive strategic planning refresher for CCO Council and staff on September 14-15, 2019
- Oversaw the independent investigation and disposition of several Code of Conduct matters (with a total cost of approximately \$100,000 for unbudgeted for meetings, legal and investigative costs)
- Explored potential opportunities for improvement by looking at best practices among other health care colleges such as considering a smaller Council with enhanced recruiting/screening/election processes, development of a program to educate potential Council members in understanding what regulation means, and encouraging greater diversity of backgrounds among the people who serve on regulatory boards

Summary of Code of Conduct Matters

Memorandum dated March 4, 2020 from Dr. Dennis Mizel, President, and Mr. Robert MacKay, Vice-President

The past year at the CCO has seen a number of important – and, yes, sometimes contentious – decisions made by the Council including changes to Standard of Practice S-001: Scope of Practice, the position statement on vaccination, as well as the by-law amendments to the composition of Council that create a fair representative balance to Council while reducing the risks associated with real or perceived conflicts of interest.

To reach these decisions, Council has sought the input of a variety of public, government, and chiropractic stakeholders. Council, comprised of both public and elected members, has considered these matters, aware that being guided by our core values – integrity, respect, collaborative, innovative, transparent and responsive – ensures we meet our mission to regulate the profession in the public interest to assure ethical and competent chiropractic care.

We are also fortunate to be governed by a Code of Conduct that ensures the nine chiropractors elected by chiropractors from among their peers and up to seven members of the public appointed by the government that compose Council, as well as all non-Council committee members, adhere to a high standard of conduct when carrying out their regulatory work. Council expects professional behaviour of all individuals involved with CCO in any capacity, including demonstration of an understanding and compliance with the duties of due diligence, confidentiality and loyalty.

Any allegation of a breach of our Code of Conduct is taken seriously by Council. It deals with such charges promptly and painstakingly, employing an independent and experienced investigator as required and devoting CCO's time and resources

to ensure a fair and comprehensive review. Following is a summary report of several Code of Conduct complaints received and dealt with during the period September 2019 – February 2020. Council received information about these matters at the Council meeting on February 26, 2020, at which time there was a direction to publish a summary of the matters to demonstrate transparency and accountability.

The disposition of these complaints suggests to us that accusations of a reputed breach by a Council member must be made cautiously, deliberately and with all due consideration for the time and cost required to investigate and examine the circumstances.

This caution is not meant to discourage any legitimate concern about the behaviour of members of Council being brought to Council. Rather this expectation for judgment and circumspection before charging individuals with breaching the Code recognizes that the fundamental task of Council is to focus on its statutory role and responsibility; that is, regulating chiropractic in the public interest. And it accepts that Council is accountable to members for the efficient utilization of the resources granted to it.

Experts, including Ms Deanna Williams who spoke to CCO on November 29, 2019, suggest that 80% of a regulator's time and energy should be devoted to public interest/public protection, and that other matters, including internal reviews and investigations, should not involve more than 20% of the college's efforts and resources. Any matters not directly related to the important public interest work CCO does are a distraction from that work. However, best practices suggest any governance matters be addressed fairly, promptly and efficiently.

March 4, 2020 Executive Summary of Code of Conduct Matters Reported to Council

We believe this is an appropriate division of labour. It is our intention to ensure we have the time and resources to build public trust and confidence, promote understanding of the role of CCO amongst all stakeholders, and ensure the practice of members is safe, ethical, and patient-centered. CCO will be using the learnings from the recent reviews to self-reflect and refocus energies and resources on ensuring that members provide competent, ethical chiropractic care to the public of Ontario and that Council members role model professional, respectful behaviour and communications.

February 26, 2020

The College of Chiropractors of Ontario (CCO) has a statutory obligation to act in the public interest and to be open and transparent in carrying out its duties. It has developed a Code of Conduct as part of its effort to help ensure that elected and public members of Council and non-Council committee members adhere to a high standard of conduct when carrying out their regulatory work. During the period September 2019 – February 2020, the CCO received and dealt with several Code of Conduct complaints.

The Code of Conduct complaints that the CCO received were carefully investigated as required by an independent investigator. Each Council member who was complained about had an opportunity to review and respond to the complaint. The complaint, response and investigation were reviewed by the appropriate committee, which had authority to deal with the complaint. At its February 26, 2020 meeting, Council directed that a summary of the Code of Conduct matters and their dispositions be posted on the CCO website, because it is required to be open and transparent in carrying out its work. Council also considered that publishing the summaries would be educational and, going forward, help Council focus constructively and predominantly on its public protection mandate.

Complaints by the Executive Committee re: Dr. Janet D’Arcy (Elected Member) and Ms Karoline Bourdeau (Appointed Member) – September 2019

The Executive Committee initiated a Code of Conduct complaint regarding elected Council member, Dr. Janet D’Arcy, and appointed public member, Ms Karoline Bourdeau. The complaints concerned their conduct regarding certain Council documents that, as a result of conflict of interest concerns, were only provided by the CCO to certain Council members. The Executive Committee found Dr. D’Arcy had not maintained the high standards of integrity, honesty and loyalty expected in discharging her duties, as she had gone through inappropriate channels to obtain the documents at issue, and had not been forthcoming in advising the CCO President how and when she obtained them. The Executive Committee found Ms Bourdeau had breached the Code of Conduct by inappropriately providing confidential information to Dr. D’Arcy, and then misleading the CCO President and Registrar by denying she had provided the documents to Dr. D’Arcy. The Executive Committee recommended that both Dr. D’Arcy and Ms Bourdeau attend a course on governance, the Code of Conduct (including the importance of internal and external confidentiality) and the responsibilities of executive members of organizations. Both Dr. D’Arcy and Ms Bourdeau attended a strategic planning exercise on the facilitation of professional, respectful behaviour on November 29, 2019 and, in addition, attended a course on February 25, 2020 on governance and the Code of Conduct facilitated by Ms Deanna Williams and Mr. Richard Steinecke.

Re: Complaint by Dr. Janet D’Arcy (Elected Member) – September 2019

Elected Council member, Dr. Janet D’Arcy complained that elected Council member Dr. Dennis Mizel and appointed public member Mr. Robert MacKay had breached the Code of Conduct by harassing her during the course of a discussion regarding her conduct in relation to certain Council documents (noted above) that, as a result of conflict of interest concerns, had only been provided by the CCO to certain Council members.

The Executive Committee took no action regarding the complaint as it found Dr. Mizel and Mr. MacKay had not harassed Dr. D’Arcy within the meaning of CCO’s harassment provisions (while recognizing that Dr. D’Arcy may have perceived the discussion differently).

Complaints by Dr. Brian Budgell (Elected Member) – October 2019

Elected Council member, Dr. Brian Budgell. made complaints about: a) three elected Council members – Dr. Dennis Mizel, Dr. Cliff Hardick, and Dr. Peter Amlinger; b) one appointed public member, Mr. Robert MacKay; and c) a senior CCO staff person. In each complaint, Dr. Budgell alleged that the individual he complained about was responsible for the publication on the CCO website of certain feedback that the CCO received in relation to proposed changes to CCO By-law 6: Elections. The complaints about Drs. Mizel, Hardick and Amlinger were forwarded to and reviewed by the Inquiries, Complaints and Reports Committee. The complaints about Mr. MacKay and the CCO staff person were forwarded to and reviewed by the Executive Committee. For each complaint, the reviewing committee decided to take no action because the decision to post the feedback in question had been made by Council, not individuals, and the posting of the information was consistent with Council’s

decision. In addition, Council’s decision to post the feedback was based on legal advice, CCO’s statutory obligation to post on its website the information and documentation that would be reviewed at Council meetings, and CCO’s responsibility to be open and transparent. The decision to post the information was made by Council after careful deliberation and discussion and was consistent with legal advice received.

Complaint by Dr. Kristina Peterson (Elected Member) – January 2020

Elected Council member Dr. Kristina Peterson complained that appointed public member Mr. Robert MacKay may have breached confidentiality requirements and may have communicated to 3rd parties on behalf of the CCO without authorization. She also complained that Mr. MacKay had failed to participate in committee work because he did not provide feedback on two documents by a certain deadline, did not respond to a doodle poll regarding the scheduling of a conference call, did not notify the President or Registrar and General Counsel that he would be away from his email for a period of more than three days, and sent CCO staff information without consulting her first. The Executive Committee took no action regarding the complaint. It was satisfied that Mr. MacKay had not breached the confidentiality or communication requirements of the Code of Conduct. It also found he had participated appropriately in committee work and had ensured that the CCO President and Registrar and General Counsel were able to contact him at all times and in fact was in attendance with both at a national meeting. In addition, the Executive Committee expressed its view that Code of Conduct complaints ought to be reserved for serious matters that concerned the public interest and related to CCO’s statutory mandate of public protection.

Governance Training

Good Governance Guidelines

February 1, 2019 – Richard Steinecke
Repeated for New Board Members April 26, 2019
and September 3, 2019

Governance involves four aspects of how a regulator operates:

- Setting the College's goals, mission and strategies;
- Selecting its Council and committee members and senior staff;
- Allocating and enforcing the roles of everyone within the College; and
- Complying with the fiduciary obligation of undivided loyalty.



November 29, 2019

Ms Rebecca Durcan, Presenter, and Ms Robyn Gravelle,
CCO Council Member

Fiduciary obligations include the duties of confidentiality, avoiding conflicts of interest, and ensuring becoming conduct, diligence, and respect. In addition, Council members, committees, the Registrar and other staff work together to achieve the College's priorities by clearly recognizing the role of each. For example, Council establishes the specific goals and strategies needed to achieve the public interest mission of the College. General principles such as proper channels of communication and Board oversight, through examining patterns, assist regulators in operating smoothly and effectively.

Seven Signs Of An Effective Board

June 19, 2019 – Richard Steinecke and
Rebecca Durcan

Well-functioning Boards (or Councils) share a number of key characteristics. They respect confidentiality in order to develop trust amongst Board members and permit a clear and consistent public message about public protection and College priorities. They work together to prioritize the most important initiatives as agreed upon by Board members. Well-functioning Boards participate in orderly meetings where respect is demonstrated to all Board members. Even where there is disagreement on an issue, views are expressed constructively in order to ensure that the best possible decision is made. Participation by Board members takes place openly rather than privately and behind the scenes so that all Board members (and the public) can transparently observe the discussion. Well-functioning Boards ensure that all members participate so that all perspectives are available to the entire Board.

Learnings Informing Change

CCO Council Meeting and Strategic Planning Session
– September 14, 2019 – Deanna Williams

Building on learnings arising from an independent investigation she conducted on behalf of the Executive Committee during the summer of 2019, Ms Deanna Williams' session was entitled "Learnings Informing Change" – stressing the need to view findings arising from any reviews as learnings that present opportunities for improvement and change. The session reviewed significant regulatory changes that have been made (or are being proposed) in other jurisdictions and Council was reminded of the need to be watchful of these; anticipate changes that may come to Ontario; and be at the 'front end of the train' to better lead and manage changes.

Use of Learnings to Maximize Regulatory Performance

CCO Council Education Session – November 29, 2019 – Deanna Williams and Rebecca Durcan

Ms Williams joined Ms Rebecca Durcan, of the law firm Steinecke, Maciura LeBlanc, in co-conducting this training session on "Avoiding Regulatory Failure", highlighting examples of regulatory failures that have occurred, including the College of Denturists of Ontario, the College of Dental Surgeons of British Columbia, and the Real Estate Council of British Columbia.

Ms Williams shared how critical it is that Council members demonstrate desired skills and behavioural competencies to support best regulatory governance. What individuals do is important but she stressed that how individuals on Council and committees interact with each other is just as impactful for successful governance. Council members also learned the importance of fully understanding the acknowledgements that they are asked to sign (to preserve confidentiality/declare all conflicts of interest, etc.) so that these have meaning and are adhered to.



November 29, 2019

Mr. Richard Steinecke, Steinecke, Maciura, LeBlanc

Committee Members and Staff Support

Back L-R:

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

Dr. Janine Taylor, *Non-Council Member*

Mr. Robert MacKay

Front L-R:

Dr. Paul Groulx

Dr. Brian Budgell, Chair



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.

I wish to recognize our professional members, Dr. Paul Groulx and Dr. Janine Taylor; our public member, Mr. Robert MacKay; and our staff support, Mr. Joel Friedman.

Committee Activities in 2019

CCO is unique among the health regulatory colleges in that it has a committee with the sole focus of advertising. Its focus is on establishing and ensuring guidelines for the appropriate use of advertising by members. In 2019, the Advertising Committee:

- Convened four face-to-face meetings and one teleconference meeting
- Reviewed and responded to proposed advertisements submitted by members for review prior to publication
- Engaged in discussions about options around enforcing clear and consistent messaging and advertising by members, the use of social media and its parameters

(including who is accountable/responsible for the advertising)

- Conducted its annual review of Standard of Practice S-016: Advertising, Guideline G-016: Advertising; Policy P-016: Public Display Protocol; and Advertising Terms of Reference
- Recommended to Council an amendment to By-law 11: Committee Composition
- Recommended to Council amendments to:
 - Standard of Practice S-016: Advertising
 - Guideline G-016: Advertising
 - Policy P-004: Advertising Committee Protocol
 - Policy P-016: Public Display 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.

Advertising Committee Review Checklist

Advertisement by: _____

Reviewed by: _____ Date: _____

- Advertisement **COMPLIES** with Standard of Practice S-016: Advertising

- Advertisement **DOES NOT COMPLY** with Standard of Practice S-016: Advertising, because it contains the following:
 - Information that is false, misleading, or not verifiable
 - Information that is not readily comprehensible by the persons to whom it is directed
 - Reference to a specific diagnosis or therapeutic procedure, technique, modality, or product that claims superiority, endorses exclusive use, or is not in compliance with Standard of Practice S-001: Chiropractic Scope of Practice
 - Reference to the member being a specialist contrary to CCO Policy P-029: Chiropractic Specialties
 - Reference to the member being affiliated with a professional association, society or body other than CCO, except on a curriculum vitae (including online), business stationary or recognized public display
 - Testimonials, contrary to Standard of Practice S-016: Advertising
 - Guaranteed success of care
 - Comparison to another member's health care provider's practice, qualifications or expertise
 - An expressed or implied endorsement or recommendation for the exclusive use of a product or brand of equipment used to provide services
 - Fee for chiropractic services** that does not comply with standard of practice (*refer to S-016: Advertising*)
 - Exchange of product/services for proceeds/donations to a charity** that does not comply with the Standard of Practice (*refer to S-016: Advertising*)
 - Material that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional

Committee Members and Staff Support

L-R:

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

Dr. Dennis Mizel

Dr. Steven Lester, *Chair*

Ms Robyn Gravelle



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 breached a standard of practice.

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 period of time 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 and 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.

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

Acknowledgements

I would like to thank Dr. Dennis Mizel and Ms Robyn Gravelle for their willingness to serve on the Committee and Ms Jo-Ann Willson for her able guidance and support.

Extract from the *RHPA*

INTERPRETATION

1(1) In this Code,

“incapacitated” means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's certificate of registration be subject to terms, conditions or limitations, or that the member no longer be permitted to practise;

Committee Members and Staff Support

Back L-R:

Ms Tina Perryman,
Manager, Inquiries, Complaints & Reports

Mr. John Papadakis

Ms Christine McKeown,
Inquiries, Complaints & Reports Officer

Dr. Steve Gillis, *Non-Council member*

Front L-R:

Dr. Peter Amlinger

Dr. David Starmer, Chair

Ms Georgia Allan



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

As Chair of the Inquiries, Complaints and Reports Committee (ICRC), I have been impressed by the dedication of the chiropractors and public members who serve on this committee. They are hard-working and come well-prepared to each meeting.

In 2019, the Committee's agenda required 12 in-person meetings and two teleconference meetings. The pre-meeting preparation (which generally requires a considerable amount of reading) and the fulsome dialogue during our in-person meetings were productive, with everyone "stepping up to the plate" to complete the work before us.

It is particularly rewarding to reflect on how well the ICRC worked as a team. We were able to harness the clinical knowledge and experience of the chiropractors around

the table, and to integrate input from our public members to ensure that the public interest was being served. We continually focused on the protection of the public while weighing other relevant factors impacting our decision, which must be appropriate and consistent with CCO's mandate.

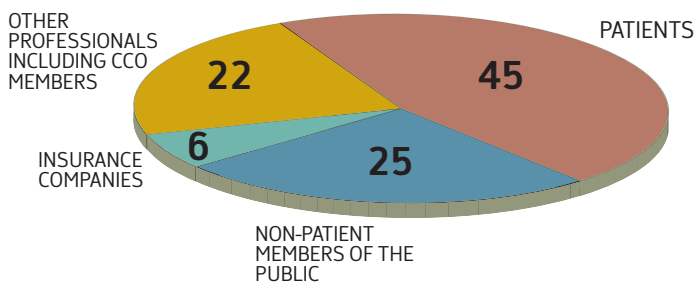
Acknowledgements

I would like to thank the members of the Committee for managing a significant workload in 2019: Dr. Peter Amlinger, Council member, Dr. Steve Gillis, non-Council member, and Ms Georgia Allan and Mr. John Papadakis, public members. I would also like to acknowledge the strong support of the CCO staff, in particular, Ms Tina Perryman and Ms Christine McKeown.

SUMMARY OF INQUIRIES, COMPLAINTS AND REPORTS IN 2019

Received **95** Complaints **3** Inquiries **1** Report

Origin of Inquiries/Complaints Received in 2019



Committee Activities in 2019

The ICRC ably fulfilled its mandate during 2019:

- Convened 12 face-to-face meetings and 2 teleconference meetings

Outcome of Complaints and Reports

No further action	40
Reminder	19
Advice	27
Oral caution	3
Referral to discipline	4
Specified Continuing Education or Remediation Program (SCERP)	4

Note: Not all outcomes of complaints relate to complaints or reports received in 2019. Also, some of the outcomes consisted of two dispositions (e.g., oral caution and SCERP).

Outcome of Inquiries

No further action	3
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Note: An inquiry is when the College received information which does not implement the formal complaints process.

Main Areas of Concerns Identified by the Complainant for a Complaint or Inquiry in 2019

Total: 98

Business disputes	1
Advertising	2
Independent chiropractic evaluation	2
Conflict of interest	2
Misinformation or lack of information	2
Abandonment of patient	2
Breach of confidentiality	3
Failure to provide information	3
Code of conduct	5
Conduct unbecoming	5
Insurance fraud	6
Sexual abuse - touching, communication, boundary	9
Scope of Practice	11
Billing	13
Patient harm/consent	13
Advertising/social media/scope of practice (one complainant)	19

Serving The Public Interest

The Inquiries, Complaints and Reports Committee (ICRC) responds to inquiries, complaints and reports in a timely manner and consistent with CCO's legislative mandate. In 2019, the ICRC continued the legacy of previous committees in responding to and appropriately disposing of all complaints before it. The ICRC also re-examined how its processes and decision-making were consistent with best practices and serving the public interest.

Consistently, the ICRC puts a high priority on meeting monthly to deal with an agenda of incoming inquiries, complaints and reports. It has a long-time track record of responding promptly to and addressing any concerns from the parties involved in the complaint. As well, there has been regular and diligent examination in implementing effective internal policies and processes that support CCO's commitment to upholding the public interest. Feedback sought from members of the public who have gone through the ICRC process has been consistently positive and complimentary, underscoring the ICRC's commitment to upholding its public interest mandate.

Important to Note...

- Members of the public can be confident about filing a complaint against a chiropractor. CCO's website is easily accessible. Systems and processes are in place to protect the patient's privacy and confidentiality.
- All incoming complaints – regardless of complexity, content, or format – are put before the ICRC for thorough vetting and determination of next steps. There is a fair and thorough process in place that puts the patient's needs at the forefront of any actions and/or decisions.
- Complainants are kept up-to-date about the activities and actions being taken by CCO.
- CCO's public register is transparent and an important source of current information for the public about chiropractors. A relevant feature for the public is information about the member's standing with CCO, any previous dispositions, findings resulting in loss of license, actions such as an oral caution or referral to discipline, etc.

- CCO has numerous tools at its disposal that it can recommend for remediation of member behaviour – examples include requiring the member to complete a Specified Continuing Education or Remedial Program (SCERP) and assigning a mentor to the member for a specified period of time.

What options does the ICRC have in disposing of a complaint? There are several options, as follows:

Take No Action

If there is insufficient information to substantiate the complaint, no action is taken by the ICRC.

The ICRC may also take no action if the issue is a minor one, the incident was an isolated one that appears unlikely to be repeated and/or the complaint may be substantiated but the action does not fall within the meaning of the professional misconduct.

The ICRC often takes some kind of action (short of a referral) on matters that do not fall within the meaning of the misconduct regulation because they are still linked to chiropractic. The risk to the public is considered low, and this disposition does not appear on the public register.

Issue a Reminder

The ICRC takes the opportunity to remind the member of the appropriate standard of practice of conduct related to the complaint. The risk to the public is considered low and this disposition does not appear on the public register.

Issue Advice

Advice is issued to a member when somewhat more serious deficiencies are identified. The member is expected to learn and change their future conduct, but the risk to the public is low enough that this disposition does not appear on the public register.

Oral Caution

An oral caution occurs in those situations where the complaint is inherently serious and there is information to support the allegation. The oral caution is a non-disciplinary disposition which emphasizes the need to improve or alter the chiropractor's practice or the chiropractor's conduct.

An oral caution is conducted in private with only the member and the members of the ICRC present. This allows the ICRC to express its views and concerns to the individual.

Examples of the types of complaints which might result in a member appearing for an oral caution are those complaints regarding breach of confidentiality, failure to report unsafe practice, falsifying records, abusive behaviour, etc. This is not a referral to the Discipline Committee for a hearing. The caution is a remedative and/or educational disposition only, and there has been no finding at a hearing. However, the potential risk to the public is considered sufficient to warrant the caution being shown on the public register.

Typically the oral caution includes the following:

- Identification of the issues that raised concern in the minds of the members of the ICRC.
- Discussion as to why these concerns are significant, including the harm that can result from such conduct.
- Explanations of how the member might better have approached the situation.
- Suggestions as to how the member could avoid these kinds of issues in the future.
- A statement of confidence that the member will learn from this experience or a warning that a repetition of this sort of conduct may result in the member facing more formal action.

Specified Continuing Education and Remediation Program (SCERP)

The ICRC has the authority to require a member to take a Specified Continuing Education and Remediation Program (SCERP) when there is one or more specific concern(s) and the ICRC is of the view that educational, mentoring or practice supervision might assist with improving areas of the member's practice. This is not a referral to the Discipline Committee for a hearing. It is a remedative and/or educational disposition only, and there has been no finding at a hearing. However, the risk to the public is considered sufficient to warrant the caution being shown on the public register.

Referral to Discipline

The referral of a matter to a Discipline Committee is warranted when the severest forms of professional misconduct have been alleged and the ICRC ascertains it has sufficient proof for a discipline panel to make the finding of professional misconduct and/or incompetence. The Committee may regard a situation as being more serious if this is a repeat of similar conduct on the part of the member, or if the patient suffered serious consequences as a result of the professional's actions. Allegations of conduct which demonstrate moral turpitude or a serious breach of ethics may be the subject of a referral to the Discipline Committee. The ICRC looks very carefully at any allegations put before it.

The types of cases that typically warrant a referral to discipline include significant examples of the following:

- Dishonesty
- Breach of trust
- Willful disregard of professional values
- Inability to practise professionally or competently.

Appeals to the Health Professions Appeal and Review Board (HPARB)

The Inquiries, Complaints and Reports Committee's role is to investigate and address complaints and reports in a manner consistent with the CCO's legislative mandate. After the ICRC has decided what action to take regarding a complaint, so long as the action is not a referral to the Discipline Committee or an incapacity proceeding, either the complainant or the chiropractor who was complained about can request the HPARB to review the ICRC's decision to determine whether the investigation was adequate and the decision was reasonable. The ICRC considers such referrals back as opportunities for learning and that may inform improvements going forward.

In 2019, HPARB reviewed five ICRC decisions. It confirmed four of the decisions and returned one decision to the ICRC for reconsideration.

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.

Terri Fass (Complainant) and Chris Kraemer, DC (Chiropractor)

HPARB Decision received December 16, 2019

The Complainant was treated by the Chiropractor from 2012 – 2014 for foot pain, among other things. She complained to the CCO that the Chiropractor was not qualified or experienced enough to treat her or other patients. According to the Complainant, the Chiropractor had engaged in substandard practice, including being dismissive, failing to diagnose, treat and document properly, breaching confidentiality and harassing her. The ICRC investigated the complaint. It noted the Chiropractor denied the Complainant's allegations and that there were two very different versions of events regarding their communications, among other things. The ICRC acknowledged that it was not a body that could make credibility findings and so could not resolve the differing versions of events. However, based on the Chiropractor's records and other information, the care

and treatment documented by the Chiropractor appeared to be reasonable, as was his decision to terminate the patient/chiropractor relationship when he felt he was not able to further assist the Complainant. The investigation did not support the allegation that the Chiropractor had breached confidentiality, shared personal information about the Complainant on social media, or intervened in the Complainant's other doctor/patient relationships. As a result, the ICRC decided to take no action regarding the complaint.

The HPARB panel considered the ICRC investigation to be adequate and its decision to be reasonable. HPARB confirmed the ICRC decision to take no action.

Louise Feletig (Complainant) and Jason Swain, DC (Chiropractor)

HPARB Decision received January 23, 2019

In 2013, the Complainant and her daughter were in a motor vehicle accident. In 2016, the Chiropractor conducted an independent chiropractic examination ("ICE") of the daughter at the request of the Complainant's automobile insurer. The Chiropractor concluded in his ICE report that there was no evidence the daughter suffered a musculoskeletal injury as the direct result of the accident. The Complainant considered the Chiropractor's report to be inaccurate and unprofessional and made a complaint to the CCO. The ICRC investigated the complaint and decided to take no action.

The majority of the HPARB panel who conducted the review confirmed the ICRC decision. It found that the ICRC investigation was adequate to determine whether the Chiropractor met CCO Standard of Practice S-018: Third Party Chiropractic Evaluations. The Chiropractor had indicated in his ICE report that it was beyond his scope of practice to diagnose the daughter's ear symptoms. The ICRC had determined that, based on the CCO Standard of Practice S-001: Chiropractic Scope of Practice, it was beyond the Chiropractor's scope of practice to be able to diagnose ear symptoms, so it was reasonable for the Chiropractor to indicate in the ICE report that, as he could not diagnose the ear symptoms, he could not suggest that chiropractic manipulation was warranted. HPARB

agreed with the ICRC that the Chiropractor was justified in not evaluating a condition outside of his expertise. It also agreed with the ICRC that there was no need to take any action regarding the daughter's complaints of soreness after the ICE, that the ICRC could not make credibility findings regarding who said what during the ICE, and that there was no evidence of bias or conflict of interest. **HPARB considered the ICRC decision to be reasonable and confirmed the decision.**

Julia Viscomi, DC (Complainant) and Matthew Posa, DC (Chiropractor)

HPARB Decision received September 11, 2019

In 2017, the Complainant complained to the CCO regarding the Chiropractor's social media postings, and in particular a posting of an x-ray of a child that was accompanied by commentary which suggested all children should be radiographed, regardless of symptomatology. According to the Complainant, the Chiropractor had also posted testimonials and other content that made false claims about chiropractic and spoke disparagingly of vaccination and medications. The ICRC investigated the complaint and decided to require the Chiropractor to successfully complete a specified continuing education or remediation program ("SCERP") in communication, advertising and social media, primarily on the basis that the x-ray posting was inaccurate and did not comply with existing legal, regulatory and professional obligations regarding social media.

The HPARB panel that conducted the review found the ICRC investigation was adequate. However, it determined that the ICRC had not fully considered whether the x-ray posting was dishonest and had not considered other items that the Complainant had identified in her complaint, including an anti-vaccination post, a post that indicated cystic acne was successfully treated with chiropractic, a post that medicine should only be used in emergencies and not regularly, content that indicated spinal misalignments lead to organ dysfunction, and a post that indicated chiropractic treatment saved a patient's life by restoring cervical lordosis. As the ICRC had not determined whether the postings were dishonest and whether postings other than the x-ray posting complied with the CCO Standard of Practice S-016: Advertising or other standards of practice, the HPARB panel did not consider the ICRC decision to

be reasonable. **HPARB returned the decision to the ICRC, with the direction to reconsider its decision.** The ICRC views referrals back to it as opportunities to review current processes as part of continuous quality improvement and to consider whether improvement(s) are warranted going forward.

Ryan Armstrong (Complainant) and Brian Nantais, DC (Chiropractor)

HPARB Decision received December 18, 2019

The Complainant complained to the CCO that the Chiropractor was practising outside his scope of practice and was misleading the public on matters of health because he maintained a practice website on which various claims and representations were made, including advertisements for workshops on cancer prevention and other health-related issues. The ICRC investigated the complaint and provided advice to the Chiropractor to adhere to CCO standards of practice and guidelines concerning advertising, scope of practice, and use of social media.

The HPARB panel that reviewed the ICRC decision found the investigation was adequate and the decision was reasonable. It confirmed the ICRC's decision.

Ryan Armstrong (Complainant) and Kresimir Jug, DC (Chiropractor)

HPARB Decision received December 18, 2019

The Complainant complained to the CCO that the Chiropractor was practising outside his scope of practice and was misleading the public on matters of health because of claims made on his practice website regarding the chiropractic treatment of 17 conditions that were outside the purview of chiropractic, his use of invalid diagnostic techniques, and his dissemination of misleading information regarding vaccinations.

The ICRC investigated the complaint. It noted that the Chiropractor had already voluntarily made a number of changes to his website that addressed the Complainant's concerns, and, as a result, the ICRC took no action regarding the complaint.

The HPARB panel considered the ICRC investigation was adequate and the decision was reasonable. It confirmed the ICRC decision to take no action.

Committee Members and Staff Support

Ms Karoline Bourdeau, Chair

Dr. Paul Groulx

Dr. Steven Lester

Mr. Robert MacKay

Dr. Gerard Arbour, *Non-Council*

Dr. Daniela Arciero, *Non-Council*

Dr. Liz Gabison, *Non-Council*

Dr. Colin Goudreau, *Non-Council*

Dr. Colleen Patrick, *Non-Council*

Dr. Brian Schut, *Non-Council*

Dr. G. Murray Townsend, *Non-Council*

Dr. Matt Tribe, *Non-Council*

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

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.



Ms Karoline Bourdeau, Chair, Discipline Committee

Acknowledgements



CCO HONOURS AND REMEMBERS FENTON

June 4, 2011 – October 13, 2019

**CCO Goodwill Ambassador and Service Dog Extraordinaire for CCO Public
Member Ms Karoline Bourdeau, Chair, Discipline Committee**

Summary of 2019 Discipline Committee Decisions

1. OVERVIEW

In 2019, panels of the Discipline Committee held hearings regarding six Notices of Hearing involving four members. In all cases, the hearings proceeded by way of Agreed Statements of Facts and/or Joint Submissions on Penalty. All discipline hearings are open to the public.

2. CASES INVOLVING JOINT SUBMISSIONS

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 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.

3. PUBLICATION OF DISCIPLINE DECISIONS

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.

**Name of Member: Niousha Golhassani
(#4264)**

Place of Practice: Toronto

Summary of Agreed Statement of Facts and Findings

- During the relevant period, the Member owned and practised chiropractic at the Doctors Assessment and Rehab Clinic (“Clinic”) in Toronto.
- In July 2014, State Farm Mutual Automobile Insurance Company (“State Farm”) complained to the CCO that it had investigated insurance claims made by the Clinic and had come to the conclusion that the Member may have billed for more services and treatments than were actually provided. For example, on 157 dates between January 11, 2011 and October 2, 2012, the Member had billed more than 24 hours of treatments provided/day. State Farm also alleged that the Member had billed for assistive devices, aqua therapy treatments, and attendant care assessments that were not provided, and had altered documents or failed to maintain records. The CCO’s Inquiries, Complaints and Reports Committee (“ICRC”) referred allegations of professional misconduct to the Discipline Committee (“NOH #1”) following an investigation.
- In the course of investigating the State Farm complaint, the CCO obtained additional information regarding other acts of professional misconduct, including documents that were created two or three years after the fact, pre-signed patient logs, and duplicate billings made to different insurers for the same services and goods. This additional information provided the basis for a Registrar’s investigation, following which the ICRC referred allegations to the Discipline Committee for a hearing (“NOH #2”).
- With respect to the allegations in NOH #1, the Member admitted that:
 - during the period December 31, 2010 – May 31, 2012, the Clinic billed the insurer for the Member providing 40 hours of treatments per day for 157 days, and 17.5 hours per day for 117 days;
 - many of the statutory forms sent to State Farm by the Clinic contained altered or backdated documents, or anomalies such as treatment dates that pre-dated the accidents in question;
 - the Clinic did not maintain daily appointment records or patient records as required by the CCO standards of practice;
 - as a result of the failure to maintain records, the claims at issue could not be corroborated with contemporaneous documentation;
 - false claims for goods and services had been submitted by the Clinic to State Farm in a number of instances, including claims:
 - arising from a staged motor vehicle accident;
 - for a patient who was not in Canada at the time when the goods and services being claimed were supposedly provided;
 - for aqua therapy that was never provided; and
 - for attendant care assessments, when such assessments were not made; and
 - The Member denied knowing that the Clinic had submitted claims to State Farm for treatments, goods and services that were not provided but admitted that, as the owner and operator of the Clinic, she was ultimately responsible for its billings and claims and that she failed to ensure that insurance claims were complete and accurate. She also admitted that, as inadequate documentation was completed at the Clinic, there was no documentation to support many of the insurance claims.
- Based on the facts admitted by the Member, the Discipline Committee found that the Member had:
 - 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 her assessment, treatment, documentation and billing;
 - failed to keep records as required by the regulations; and
 - engaged in conduct that members would reasonably regard as disgraceful, dishonourable and unprofessional.
- The allegations in NOH #2 primarily involved claims made to State Farm and other insurers that contained false or misleading information, and documents that had been created after the fact to falsely substantiate that goods or services had been provided when in fact they had not been.

- The Member admitted that:
 - False claims had been made by the Clinic for in-home assessments, travel, document review, and report preparation when no assessments had been made and reports were prepared based on documents that had previously been prepared for other patients;
 - Documents such as delivery slips were created on a Clinic computer after the fact to confirm to insurers that goods and services such as rocking chairs and mattresses had been provided to patients;
 - Patient Daily Attendance sheets at the Clinic had been pre-signed; and
 - The Clinic billed two different insurers for the same treatment.
- The Member denied knowing that the Clinic had submitted claims to State Farm for treatments, goods and services that were not provided, and had created false documents. However, she admitted that, as the owner and operator of the Clinic, she was ultimately responsible for its billings and claims and that she failed to ensure that insurance claims were complete and accurate. She also admitted that she was responsible for the Clinic's failure to properly maintain patient attendance logs.
- Based on the facts admitted by the Member, the Discipline Committee found that the Member had:
 - 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 her assessment, treatment, documentation and billing; and
 - engaged in conduct that members would reasonably regard as disgraceful, dishonourable and unprofessional.

Penalty Submissions

- 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; and
 - impose the following terms, conditions and limitations on her certificate of registration:
 - within six months of the start of the suspension, the Member must:
 - at her 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, guidelines and policies.
 - requiring the Member to be peer assessed at her own expense within six months after returning to practice.
- 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 other members of the profession, provided for effective remediation, and provided assurance to the public that the CCO was committed to public protection and would not tolerate such behaviour.

Cost Submissions

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO \$25,000.00 in costs pursuant to a payment plan as partial reimbursement to the CCO for the costs it had incurred in investigating the Member's conduct, holding the hearing, and for legal costs and expenses. The Panel made the requested order.

Name of Member: Shaun Lambrou (#5986)**Place of Practice: Toronto****Summary of Agreed Statement of Facts and Findings**

- During the relevant period, Dr. Lambrou (“Member”) practised chiropractic at Massage Matters (“Clinic”) in Toronto.
- On December 14, 2017, “Patient A.” received a chiropractic treatment from the Member for the first time. During the treatment, the Member asked Patient A. to remove her sweater, put cream on his hands, and did soft tissue work on the back of her neck and clavicles, leaning his body against her while he did the treatment. He also did soft tissue work on Patient A.’s back, putting his hands under her shirt. The treatments made Patient A. feel uncomfortable, but she didn’t say anything.
- On December 17, 2017, Patient A. returned for another treatment. This time, when the Member did soft tissue work on her neck and clavicles and leaned against her, she believed she felt his penis against her back. When Patient A. confronted the Member about rubbing his private parts against her back, the Member said he was sorry. Patient A. then ended the treatment and left early.
- Had he testified, the Member would have denied rubbing his penis against Patient A. and would have explained that when he apologized, he did so because there had been a misunderstanding. The Member documented in an addendum that Patient A. left the treatment early because she wasn’t feeling well.
- The Member admitted that he did not adequately explain the nature of the treatment he proposed to Patient A. and the reason for it, so he did not obtain informed consent. He also admitted he did not adequately communicate with Patient A. throughout the treatment, and failed to document why the treatment ended prematurely. Finally, the Member admitted his documentation in the addendum was misleading, inaccurate and incomplete.
- Based on the facts and admissions set out in an Agreed Statement of Facts, the Panel found the Member 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; and

- engaged in conduct that members would reasonably regard as disgraceful, dishonourable and unprofessional.

Penalty Submissions

- 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 four months, with one month of the suspension to be suspended if the Member completed certain remedial measures; and
 - impose the following terms, conditions and limitations on the Member’s Certificate of Registration:
 - the Member must:
 - successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop at his own expense;
 - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies; and
 - be peer assessed at his own expense within six months after returning to practice.
- 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 provided effective remediation tools to the Member, sent a strong message of deterrence to the Member and other members of the profession, and assured the public that the CCO was committed to public protection.

Cost Submissions

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO \$10,500.00 in costs as partial reimbursement to the CCO for the costs it had incurred in investigating the Member’s conduct, holding the hearing, and for legal costs and expenses. The Panel made the requested order.

Name of Member: David Lee (#4273)

Place of Practice: Toronto

Summary of Agreed Statement of Facts and Findings

- During the relevant period, Dr. Lee (“Member”) practised chiropractic at the Adelaide Club Health Clinic (“Clinic”) in Toronto.
- During the period March 30, 2015 – April 13, 2015, the Member provided chiropractic treatments to “Patient A.” consisting of active release therapy (“ART”) fascial distortion model (“FDM”), adjustments, breathing exercises, and stretching for neck and back pain related to an accident.
- During two of the treatments, the Member offered to treat tight muscles in the patient’s chest, which he indicated were related to her back pain. During these treatments, the Member massaged the patient’s chest area.
- Patient A. believed the chest massages were inappropriate and they made her uncomfortable. The Member denied touching Patient A. in an inappropriate or non-clinical manner, but admitted that he did not adequately explain the nature of the treatment he proposed to Patient A. and the reason for it, so did not obtain informed consent. He also admitted he did not appropriately document the treatment, or the reason for the treatment in the patient’s chart.
- Based on the facts and admissions set out in an Agreed Statement of Facts, the Panel found the Member 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; and
 - engaged in conduct that members would reasonably regard as unprofessional.

Penalty Submissions

- 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 three months, with one month of the suspension to be suspended if the Member completed certain remedial measures; and
 - impose the following terms, conditions and limitations on the Member’s certificate of registration:
 - the Member must:
 - successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop at his own expense;
 - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies; and
 - be peer assessed at his own expense within six months after returning to practice.
- 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 provided effective remediation tools to the Member, sent a strong message of deterrence to the Member and other members of the profession, and assured the public that the CCO was committed to public protection.

Cost Submissions

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO \$9,500.00 in costs as partial reimbursement to the CCO for the costs it had incurred in investigating the Member’s conduct, holding the hearing, and for legal costs and expenses. The Panel made the requested order.

Name of Member: Ahmad Rostayee (#5906)**Place of Practice: Milton****Summary of Agreed Statement of Facts and Findings**

- During the relevant period, Dr. Rostayee (“Member”) practised chiropractic at the Hands-On Healing Chiropractic & Wellness Centre (“Clinic”) in Milton.
- An insurance company and a registered massage therapist both complained to the CCO that the Member had falsely billed the insurance company for treatments he claimed had been provided by the registered massage therapist, although she had not provided the treatments. Both complaints had resulted in allegations of professional misconduct. As the underlying facts in both matters were the same, they were combined in one hearing on consent of the CCO and the Member.
- In December 2016, a receptionist at the Clinic noticed that there had been 6 billings in December 2016 to “Patient A.’s” insurance company for massage treatments. The receptionist knew the registered massage therapist had not provided the treatments and she alerted the registered massage therapist to the false billings.
- The receptionist and the registered massage therapist met with the Member, who admitted he was responsible for the false billings. According to the Member, it was Clinic policy for patients to pay for missed appointments. He said Patient A. had missed six appointments in 2016 and, rather than make him pay for the missed appointments, the Member billed them to Patient A.’s insurance company as massage therapy treatments under the registered massage therapist’s name. The Member received \$591.00 in payment from the insurance company.
- On January 19, 2017, the Member contacted the insurance company, advised it that the December 2016 massage therapy treatments had been billed in error and refunded the money the insurance company had paid for the treatments.
- Based on the facts and admissions set out in an Agreed Statement of Facts, the Panel found the Member 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;
 - falsified a record relating to his practice;

- signed or issued, in his professional capacity, a document he knew contained a false or misleading statement;
- submitted an account or charge for services that he knew were false or misleading; and
- engaged in conduct that members would reasonably regard as dishonourable, disgraceful and unprofessional.

Penalty Submissions

- 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 four months of the suspension to be suspended if the Member completed certain remedial measures; and
 - impose the following terms, conditions and limitations on the Member’s certificate of registration:
 - the Member must:
 - successfully complete the Legislation and Ethics Examination and attend the Record Keeping Workshop at his own expense;
 - review and agree in writing to comply with all CCO regulations, standards, guidelines and policies; and
 - be peer assessed at his own expense within six months after returning to practice.
- 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. The penalty would act as a deterrent to the Member and other members of the profession, would help remediate the Member, and would send a clear message that the profession would not tolerate such conduct.

Cost Submissions

- The CCO and the Member jointly requested that the Panel make an order requiring the Member to pay the CCO \$7,500.00 in costs as partial reimbursement to the CCO for the costs it had incurred in investigating the Member’s conduct, holding the hearing, and for legal costs and expenses. The Panel made the requested order.

Committee Members and Staff Support

L-R:

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

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

Dr. Nicole Thornicroft, *Non-Council Member*

Ms Karoline Bourdeau, *Chair*

Mr. John Papadakis

Dr. Steven Lester

Dr. Angela Barrow



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

It has been my pleasure to serve as Chair of the Patient Relations Committee in 2019. Our meetings were focused, productive, and reflected many thought-provoking deliberations always with the public interest at the forefront.

The Committee's workplan encompassed a review of the relevant standards of practice, guidelines, and policies, as well as approval of applications for funding for therapy and discussion about potential communications initiatives to enhance engagement with the public. We built on the legacy of previous Patient Relations Committees and were pleased to see that the *Partnership of Care* document continued to be a valuable tool for chiropractors in educating the public about chiropractic.

Of importance is the Committee's research, discussions, and approval of the production of a short informational video to educate the public about the benefits of chiropractic (anticipated release in 2020).

I would like to thank all who helped to make it a rewarding experience. Our chiropractor members – Dr. Angela Barrow, Dr. Steven Lester, and Dr. Nicole Thornicroft – and public members, Ms Sheryn Posen and Mr. John Papadakis, brought varied perspectives to our discussions. Mr. Joel Friedman and Ms Jo-Ann Willson helped to “pull it together”.

Committee Activities in 2019

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 2019, the Patient Relations Committee:

- Convened five face-to-face meetings
- Monitored the funding available for therapy for victims of sexual abuse
- Discussed various initiatives such as:
 - building on CCO's past strengths in leveraging communications initiatives (e.g., developing a complementary video to *Partnership of Care*)
 - developing strategies to encourage broader discussion about educating the public and heighten awareness about safe and ethical chiropractic care
- Updated the *Partnership of Care* in a one-page condensed format
- Recommended minor amendments to Guideline G-010: Mandatory and Permissive Reporting.

The Regulated Health Profession Act, 1991, mandates all colleges to have a patient relations program. The Patient Relations Committee is responsible for advising the Council about the program, which includes the following measures to help prevent and deal with sexual abuse of patients.

1. Education for chiropractors regarding sexual abuse and boundary issues.
2. Guidelines for the conduct of chiropractors with their patients.
3. Training for College staff.
4. Education and information for the public.
5. Funding for therapy and counselling for patients who have been sexually abused.

On May 30, 2017, the *Protection Patients Act* strengthened the sexual abuse and transparency provisions in the *Regulated Health Professions Act*. As a result, the Patient Relations Committee further enhanced its communications, activities and programs.

Committee Members and Staff Support

Back L-R:

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

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

Mr. Robert MacKay

Dr. Joel Weisberg, *Non-Council Member*

Dr. J. Bruce Walton, *Director of Professional Practice*

Front L-R:

Dr. Janet D'Arcy

Dr. Kristina Peterson, Chair

Ms Karoline Bourdeau



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.

Committee Activities in 2019

In 2019, the Quality Assurance (QA) Committee focused on transitioning and updating several quality assurance initiatives.

The January Peer Assessor Workshop was focused on gathering important, frontline feedback from the peer assessors and information on the content and process of both PPA 1.0 and PPA 2.0, as well as CCO's mandatory self-assessment process. Based on that feedback, the Committee decided to "dig deep" and review all these initiatives, making appropriate updates and changes to bring all these programs up-to-date.

Due to the time it took to review all the feedback, discuss, debate and incorporate updates, and make the changes

to these materials, no new peer and practice assessments were assigned in 2019. This further allowed for a transition period to "catch up" and conclude all outstanding peer and practice assessments from the previous cycle (2018). This important pause in the program not only allowed for thorough updating of materials but also allowed the Committee to start the next peer and practice assessment cycle right after the 2020 Peer Assessor Workshop. This would line up all future assessment cycles to transition through a calendar year in line with other CCO events in the fiscal calendar. This also fulfilled the request from peer assessors – who share their thoughts at the yearly peer assessor workshop – to start the assessment assignment cycle earlier in the calendar year.

In addition to updating the Peer and Practice Assessment

(PPA) materials and process, the Committee was also able to develop a new version of the self-assessment. The intention was to create a new version that would be used by members after completing two to three cycles of professional development on the standard CCO two-year continuing education (CE) cycle. Completion of the original self-assessment would guide CE in the first two cycles with the new self-assessment providing a reflection tool to help direct CE activities in subsequent CE cycles. With a revised self-assessment draft completed by the end of 2019, the Committee was ready to “test” the new self-assessment with the peer assessors at the workshop in early 2020.

Staff worked hard and are to be commended on providing updates to all the materials, gathering and collating all peer assessor and Committee member feedback along with the typical updating of any changes in standards of practice, policies and guidelines. By the end of our transition year, not only had CCO staff managed moving the office spaces twice, the QA Committee had new versions of PPA 1.0 and PPA 2.0, and a new version of the self-assessment ready for testing at the January 2020 Peer Assessor Workshop. Immediately after the Workshop, staff had the entire next cycle of assessment assignments ready for distribution to all peer assessors.

In 2019, the QA Committee:

- Convened six face-to-face meetings and one teleconference meeting
- Recommended to Council the following standards of practice for approval:
 - Amendments to Standard of Practice S-001: Chiropractic Scope of Practice
 - Amendments to Standard of Practice S-004: Reporting of Designated Diseases
 - Amendments to Standard of Practice S-017: Acupuncture
- Recommended to Council the following guideline to be distributed for feedback: Guideline G-008: Business Practices

CONTINUAL IMPROVEMENT AND BUILDING MEMBERS' COMPETENCIES

The QA Committee is committed to protecting the public by developing, implementing, promoting, and continually improving a wide range of initiatives to ensure chiropractors are ethical and competent when providing chiropractic

services. The Committee oversees the review and updating of standards of practice, policies, and guidelines upon which these initiatives are built to promote members' competencies.

The QA programs are informed by and accountable to the key mandate of protecting the public and are based on the following principles and ideals:

- Continuous improvement and life-long learning for members
- Expectations are transparent and suitable for novice, entry-to-practice chiropractors through to expert and master levels of experience
- Non-punitive educational programs designed to help members become active participants in self-regulation
- Standardization of all aspects of training and implementation while respecting the diversity of the profession and the public it serves
- Connecting and coordinating all programs so that trends can be addressed
- Ability to identify risks and proactively address them

Among the available programs and initiatives are: mandatory record keeping workshops, continuing education and professional portfolio requirements, self, peer and practice assessments, and integral participation in ongoing CCO Roadshow programs. Both the recordkeeping workshops and the Roadshows are valuable opportunities to directly communicate with members.

At the core of all the work is a strong focus on public protection using a variety of initiatives to ensure that members continually maintain this focus in caring for their patients.

RECORD KEEPING WORKSHOPS

CCO's Peer and Practice Assessment Program (PPA) was initially focused on reviewing members' clinical records. Recognizing a need to more fully and transparently communicate expectations related to the maintenance of patient health records as an integral part of ongoing quality patient care, Council took the proactive step to mandate that members of the profession attend a recordkeeping workshop (RKW) within their first year of registration with CCO.

Since implementing this continuing education opportunity

in 2005, CCO has received consistent positive feedback about its value and importance, and has seen a significant improvement in members' understanding of:

- The role and mandate of CCO
- Compliance with CCO's standards of practice, policies and guidelines
- Appreciation of the importance of good record keeping, and implementation of strategies to provide continuity of patient care.

In 2019, CCO hosted three record keeping workshops for members and new registrants. For ease of attendance, accessibility, and fiscal responsibility, the workshops coincided with a scheduled sitting of the Legislation and Ethics Examination.

Requiring attendance at this workshop early in their professional career helps to establish entry-to-practice expectations for clinical performance and underscores the importance of continuing professional development throughout a member's career. With many opportunities to share trends, anecdotes of real-world examples, and to gain clarity on CCO's expectations, these workshops continue to be excellent opportunities for professional interaction among members, including addressing questions and providing specific guidance on proactive steps to enhance the accountability of all members under self-regulation.

CONTINUING EDUCATION (CE), PROFESSIONAL PORTFOLIO (PP) AND SELF-ASSESSMENTS (SA)

CCO has always required members to participate in life-long continuing education and professional development. Since 2010, CCO requires members to participate in 20 hours of structured and 20 hours of unstructured continuing education every two years.

In 2019, the QA Committee provided further guidance to members on the importance of patient protection through the following initiatives:

- Communicating to members a greater focus on a patient-centred model by beginning development of Self-Assessment 2.0
- Peer assessors are trained to more fully engage

members in discussions of why and how to connect their self-assessment learning to their choice of CE

- Peer assessments include a more thorough review of a member's Professional Portfolio during their peer and practice assessment

The QA Committee continued its efforts in building the life-span learning framework and implementing appropriate initiatives to help members continually improve the care they provide to the public.

PEER AND PRACTICE ASSESSMENTS (PPA)

The Peer and Practice Assessment program continues to be one of the best ways CCO can communicate with members in improving their understanding of all standards of practice, policies, and guidelines as well as "connecting" their self-assessment to their care of patients.

The QA Committee regularly reviews both the content and processes of the PPA program and makes appropriate upgrades. There is a commitment to ongoing peer assessor training; opportunities to provide peer assessor performance feedback; gaining program front-line performance feedback from peer assessors; and regularly reviewing assessment results for opportunities to both improve the assessment process and to look for trends in members' performance that can be proactively addressed in program upgrades or the development of new initiatives.

In 2019, the QA Committee focused on transitioning and updating several QA initiatives, including the PPA's content and process. The Peer Assessor workshop in January enabled effective gathering of important, frontline feedback from the peer assessors, including further connecting aspects of CCO's responsibilities in proactively engaging all members in the process of self-regulation.

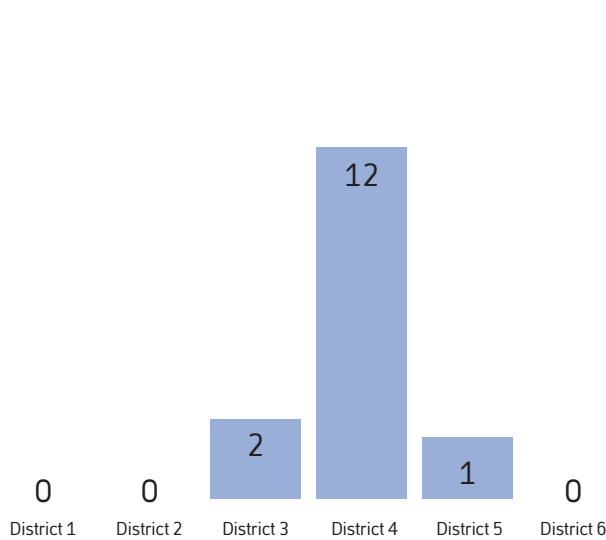
The QA Committee has established and evolved a process of remediation for members who are found needing further guidance to improve their performance and competency. This includes providing direct feedback from the peer assessor to the member at the time of the in-person assessment and a thorough disposition summary with feedback and direction for improvements. Follow-up, when necessary, can include further specific action steps for

improvement. These specific steps of remediation have helped to assist members in not only making changes but also in understanding why those changes are necessary and helpful in their commitment to public protection. This feedback process and development of remediation tools

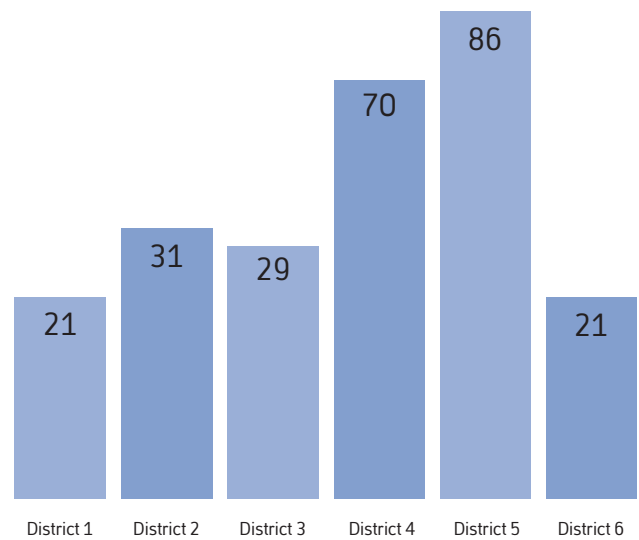
continues to evolve based on needs and trends.

The QA Committee strove to be fiscally responsible in dealing with its large portfolio.

2019 Peer & Practice Assessment 1.0

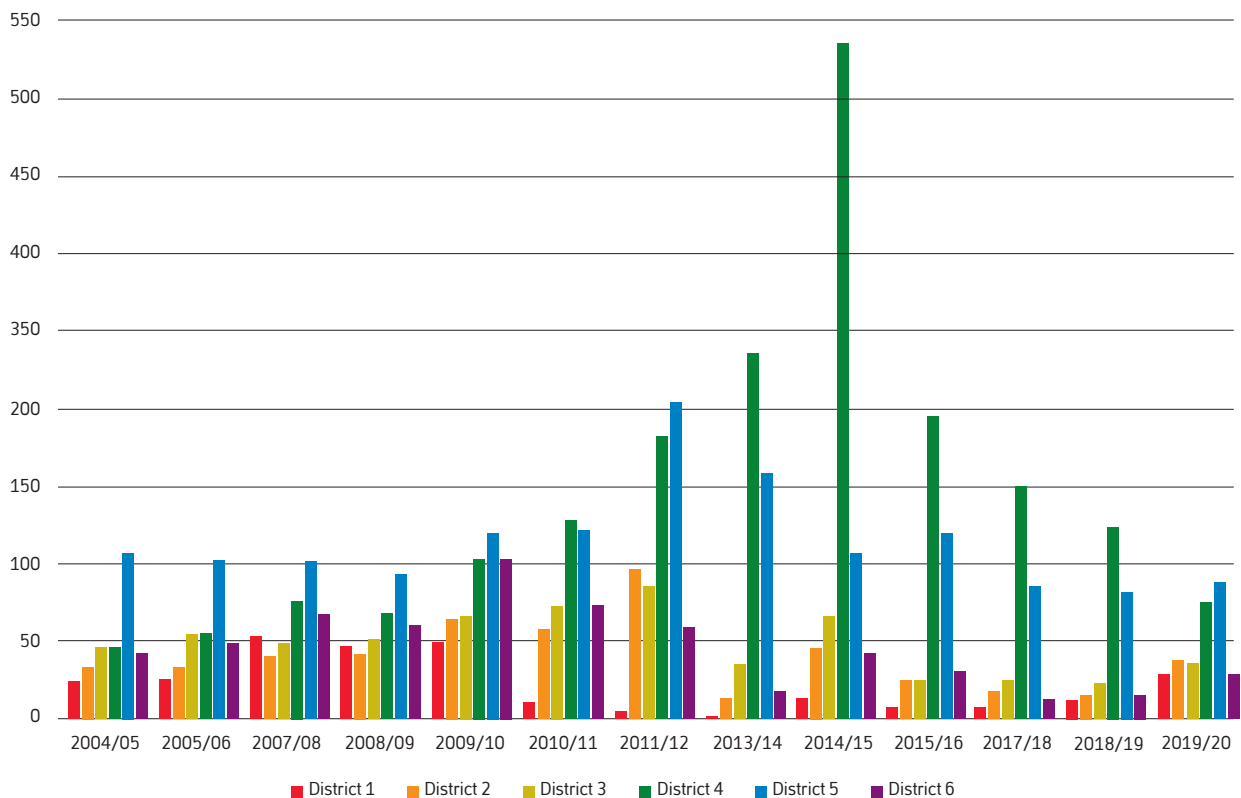


2019 Peer & Practice Assessment 2.0



Number of Members Peer Assessed

Peer & Practice Assessment 1.0 – Cumulative Review



Committee Members and Staff Support

Back L-R:

Dr. Paul Groulx

Dr. Clifford Hardick, Chair

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

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

Ms Sheryn Posen

Ms Georgia Allan

Ms Madeline Cheng, *Registration Coordinator*



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 2019, the Registration Committee held five meetings to review applications from chiropractors wanting to practise in Ontario. The Committee's goal was to ensure that CCO's licensing processes are transparent, fair objective, and comply with the requirements of Ontario's Office of the Fairness Commissioner (OFC).

The Committee's agenda included its annual review of the relevant standards of practice, policies, and guidelines to ensure that the necessary systems and processes are in place. Other activities centred on the annual updating of CCO's registration forms to ensure compliance with the relevant regulations and legislation, and continuing to uphold fairness in our registration practice.

Acknowledgements

I wish to recognize the efforts of the Committee members: Dr. Paul Groulx, Ms Georgia Allan, and Ms Sheryn Posen. We were ably supported by CCO staff: Ms Jo-Ann Willson, Mr. Joel Friedman, and Ms Madeline Cheng.

TRANSPARENT, FAIR & IMPARTIAL REGISTRATION PRACTICES

CCO's Registration Committee reviews applications for registration that are referred by the Registrar and General Counsel.

Registration requirements continue to evolve, including the introduction of new measures such as the requirement for applicants to submit a police check with their registration application and an enhanced public register which provides more information to the public.

The Registration Committee applies CCO's Registration Regulation and policies to applications in order to decide applications for registration. Decisions of the Registration Committee may be appealed to the Health Professions Appeal and Review Board. Chiropractors under certain or unique circumstances may be granted terms, conditions, or limitations on their registration that are satisfactory to both the member and the College.

While the vast majority of applicants are registered without requiring review by the Committee, the Committee reviews applications where there may be a question as to the eligibility of a member for registration and/or the member has been out of the General class of registration in Ontario for a period of time and is applying to become re-registered in the General class.

The Registration Committee has developed flowcharts to outline the various requirements for registration for different categories of applications.

- www.cco.on.ca/wp-content/uploads/2019/03/Previous-Member-Chart.pdf
- www.cco.on.ca/wp-content/uploads/2019/03/Initial-Applicant-Chart.pdf

The flowcharts, which reflect CCO registration regulation and policies, help ensure that the Registration Committee reaches consistent decisions that are transparent, objective, impartial and fair, and that applicants are aware of their requirements for registration prior to submitting their application.

CCO, like all Ontario regulatory colleges, is accountable to the Office of the Fairness Commissioner (OFC), which oversees regulatory colleges' registration practices to ensure they are transparent, objective, impartial, and fair.

Historically, CCO has reported on its registration practices to the OFC through various mechanisms including annual reports, audits, and self-assessments.

The OFC has identified several exemplary CCO practices. These include:

- Allowing flexibility for documentation of qualifications
- Developing strategies to ensure consistent decisions
- Providing comprehensive information on registration requirements

Committee Activities in 2019

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. 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 2019, the Registration Committee:

- Convened four teleconference meetings and one face-to-face meeting
- 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).

Registration Statistics Snapshot

Colleges of Graduation for New Members Registered in the Active Category in 2019

College of Graduation	Female	Male	Total
Canadian Memorial Chiropractic College	76	74	150
D'Youville College	1	4	5
Life Chiropractic College (various campuses)	1	7	8
Logan University	1	1	2
McQuarie University	1	0	1
National University of Health Sciences	1	1	2
New York Chiropractic College	14	3	17
Northwestern Health Sciences University	0	2	2
Palmer College of Chiropractic (various campuses)	5	2	7
L'Université du Québec à Trois-Rivières	0	1	1
Total	100	95	195

Classes of Certificate of Registration for CCO Members (as at December 31, 2019)

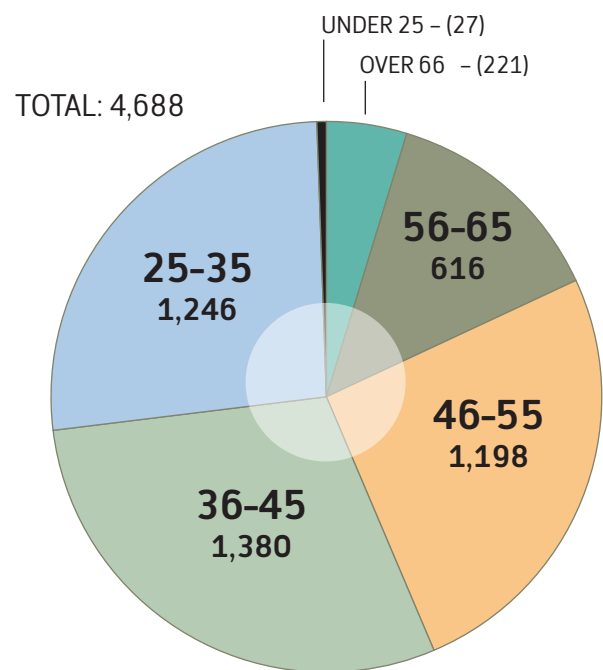
Total 5,069

General (Active)	4,630
General (Active) Non-Resident	58
Inactive	172
Inactive Non-Resident	69
Retired	130
Retired Non-Resident	10

**Countries of Chiropractic
College Education of Active
Members
(as at December 31, 2019)**

Australia	15	
England	15	
France	2	
New Zealand	8	
Canada:		
Ontario	3,433	
Quebec	12	
South Africa	1	
United States	1,189	

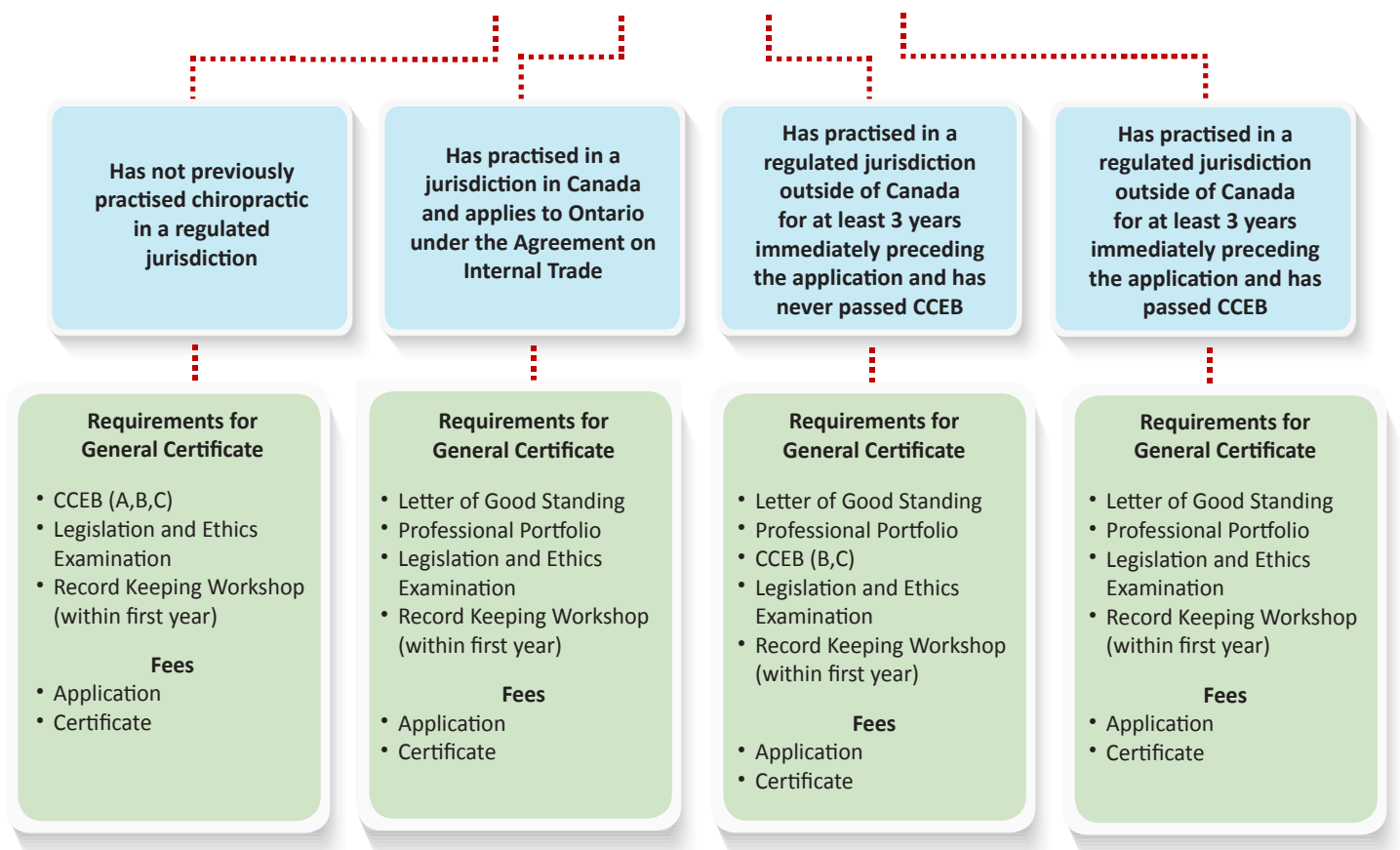
**Ages of Active Members
(as at December 31, 2019)**



Requirements for Returning to the General Class of Certificate of Registration

These charts serve as a guideline for members of the Registration Committee when making decisions relating to applicants returning to the General Class of Certificate of Registration. The Registration Committee will base its decision on the individual facts presented and may use its discretion consistent with CCO regulation and policy when deciding what an applicant must do to satisfy the committee of professional competency. If there are any inconsistencies between this chart and any CCO legislation, regulation, policy and guideline, the relevant legislation, regulation, policy or guideline will govern.

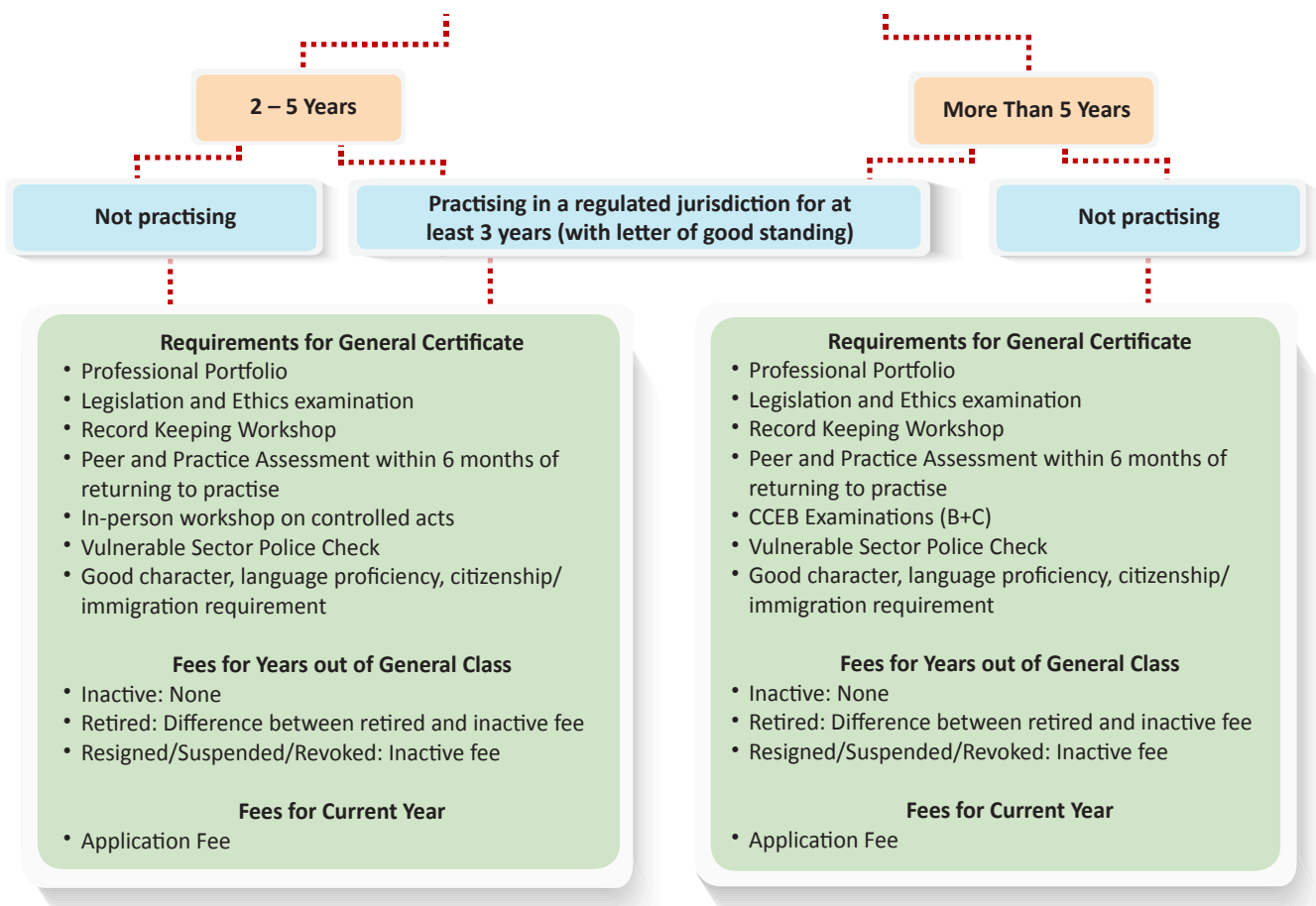
Initial Applicant (graduation from an accredited chiropractic college)



Sources

- Regulation R-137/11: Registration
- Policy P-053: Returning to the General Class of Certificate of Registration
- Registration Committee Precedents

**Applicant Previously Registered in the General Class of Registration with CCO
(Inactive, Retired, Resigned, Revoked)**



College of Chiropractors of Ontario Financial Statements for the year ended

December 31, 2019

(with 2018 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, 2019, 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, 2019, and its financial performance and its cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-For-Profit Organizations (ASNFPPO).

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 ASNFPPO, 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 15, 2020


Statement of Financial Position

December 31, 2019

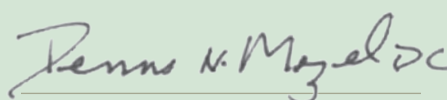
(with 2018 comparisons)

	2019	2018
ASSETS		
Current		
Cash and cash equivalents	\$ 3,392,050	\$ 3,519,366
Short-term investments, at amortized cost (Note 2)	2,026,794	—
Prepaid expenses and sundry assets	27,814	73,340
Security deposit	—	5,000,000
	<u>5,446,658</u>	<u>8,592,706</u>
Capital assets (Note 3)	14,996,372	3,378,975
TOTAL ASSETS	<u>\$ 20,443,030</u>	<u>\$ 11,971,681</u>
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 600,992	\$ 300,459
Government remittances payable	9,506	9,114
Deferred revenue	3,076,320	3,296,771
Deferred lease inducement - current portion	—	569
Mortgage payable - current portion (Note 6)	176,769	—
	<u>3,863,587</u>	<u>3,606,913</u>
Mortgage payable - non-current portion (Note 6)	5,075,628	—
TOTAL LIABILITIES	<u>8,939,215</u>	<u>3,606,913</u>
NET ASSETS (per Statement 2)		
Internally restricted for Office Development Project (Note 5)	4,288,637	3,571,809
Unrestricted	7,215,178	4,792,959
TOTAL NET ASSETS	<u>11,503,815</u>	<u>8,364,768</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$20,443,030</u>	<u>\$11,971,681</u>

Approved on behalf of the College:



DR. CLIFFORD HARDICK,
TREASURER



DR. DENNIS MIZEL,
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, 2019

	Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	\$ 3,571,809	\$ 4,792,959	\$ 8,364,768
Excess of income over expenditures (per Statement 3)	—	3,139,047	3,139,047
Interfund transfer to (from) (Note 5)	716,828	(716,828)	—
BALANCE: December 31, 2019	\$ 4,288,637	\$ 7,215,178	\$ 11,503,815

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)	723,765	(723,765)	—
BALANCE: December 31, 2018	\$ 3,571,809	\$ 4,792,959	\$ 8,364,768

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

STATEMENT 2

Statement of Operations

for the Year Ended December 31, 2019

(with 2018 comparisons)

	2019	2018
INCOME		
Renewal fees	\$ 4,714,862	\$ 4,592,774
Registration fees	74,060	66,950
Examination fees	40,720	39,440
Incorporation fees	213,600	201,550
Recovery of discipline costs	42,300	97,137
Interest and sundry	90,697	120,096
Gain on sale of land	3,411,625	—
TOTAL INCOME	8,587,864	5,117,947
EXPENDITURES		
Salaries and benefits (Note 4)	1,481,559	1,315,490
Rent and utilities	490,855	479,230
Office and general	593,351	532,124
Printing and postage	37,079	49,224
Insurance	16,319	12,521
Meetings, fees and expenses (Schedule 1) (Note 9)	244,637	256,229
Audit	31,290	29,663
Seminars and conferences	40,196	36,774
CFCREAB dues	139,482	126,228
Consulting fees	451,107	419,887
Consulting fees - peer assessors	54,640	230,034
Consulting fees - complaints	119,231	116,348
Legal fees - complaints	102,535	49,155
Legal fees - discipline	224,197	501,690
Legal fees - executive	34,298	10,568
Legal fees - general	150,035	89,466
Common element expenses	102,726	—
Property tax	137,101	—
Mortgage and loan interest	223,091	—
Moving costs	42,493	—
Equipment lease	17,992	23,494
Loss on disposal of capital assets	10,005	—
TOTAL EXPENDITURES	4,744,219	4,278,125
Excess of income over expenditures before amortization	3,843,645	839,822
Amortization	704,598	122,994
EXCESS OF INCOME OVER EXPENDITURES	\$ 3,139,047	\$ 716,828

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

STATEMENT 3

Statement of Cash Flows

for the Year Ended December 31, 2019

(with 2018 comparisons)

	2019	2018
OPERATING ACTIVITIES		
Excess of income over expenditures (per Statement 3)	\$ 3,139,047	\$ 716,828
Amortization – capital assets	704,598	122,994
(Gain) on sale of land	(3,411,625)	–
Loss on disposal of assets	10,005	–
Decrease (Increase) in prepaid expenses and sundry assets	45,526	(48,652)
Decrease (Increase) in security deposit	5,000,000	(4,000,000)
Increase in accounts payable and accrued liabilities	300,533	41,205
Increase in government remittances payable	392	5,117
(Decrease) Increase in deferred revenue	(220,451)	476,766
(Decrease) in deferred lease inducement	(569)	(6,804)
	5,567,456	(2,692,546)
INVESTING ACTIVITIES		
(Purchase) of capital assets	(15,426,592)	(186,906)
(Increase) Decrease in short-term investments	(2,026,794)	4,911,956
Proceeds from disposal of land	6,506,217	–
	(10,947,169)	4,725,050
FINANCING ACTIVITIES		
Increase in mortgage payable	5,252,397	–
	(127,316)	2,032,504
CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR		
CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	3,519,366	1,486,862
CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	\$ 3,392,050	\$ 3,519,366
Cash and cash equivalents consist of the following:		
Cash	\$ 3,392,050	\$ 3,519,366

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, 2019

(with 2018 comparisons)

		FEES	EXPENSES	TOTAL 2019	TOTAL 2018
Dr. Peter Amlinger ^{1,2,8}	\$	19,050	\$ 2,761	\$ 21,811	14,881
Dr. Elizabeth Anderson-Peacock		7,650	3,714	11,364	34,251
Dr. Brian Budgell ⁸		9,300	—	9,300	9,900
Dr. Reginald Gates		—	—	—	3,338
Dr. Clifford Hardick ^{1,7}		14,150	6,792	20,942	17,649
Dr. Dennis Mizel ^{1,4}		29,525	12,167	41,692	14,952
Dr. Kristina Peterson ⁶		14,400	11,528	25,928	32,030
Dr. Gauri Shankar		8,700	9,138	17,838	85,733
Dr. David Starmer ²		46,150	2,423	48,573	27,538
Dr. Patricia Tavares		—	—	—	2,096
Dr. Janet D'Arcy ^{1,6}		10,500	506	11,006	—
Dr. Steven Lester ^{3,4,5}		10,200	1,666	11,866	—
Dr. Paul Groulx ^{3,7}		11,700	8,801	20,501	—
Dr. Brian Schut		3,600	216	3,816	13,861
Ms. Jo-Ann Willson		—	—	—	—
	\$	184,925	\$ 59,712	\$ 244,637	\$ 256,229

Note: Committee membership changed in April

Numbers refer to committee/project membership (April - December 2019)

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, 2019

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
Building	4% 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, 2019, 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 Short-term Investments

	Interest Rate	2019	2018
Toronto Dominion Bank, GIC	1.50%	\$ 2,026,794	\$ —

Short-term investments consist of Guaranteed Investment Certificates (GICs) and are measured at amortized cost. GICs maturing within 12 months from year-end date are classified as current.

3 Capital Assets

	Cost	Accumulated Amortization	2019 Net	2018 Net
Furniture and Office Equipment	\$ 873,875	\$ 425,636	\$ 448,239	\$ 13,432
Computer and Software	909,364	701,348	208,016	279,149
Building	12,477,518	499,101	11,978,417	—
Land	2,361,700	—	2,361,700	3,086,394
	\$ 16,662,457	\$ 1,626,085	\$ 14,996,372	\$ 3,378,975

4 Salaries and Benefits

This expense includes payments for current service pension plans.

5 Internally Restricted for Office Development Project (ODP)

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 (ODP). 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 was 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.

6 Mortgage Payable

The College entered into an amending mortgage agreement, which amends the terms and conditions of the credit facilities provided to the College pursuant to the Agreement accepted on October 19, 2018, with the Toronto Dominion Bank on October 23, 2019 to finance the purchase and built outs of the new head office at 59 Hayden Street, 8th Floor, Toronto. The principal amount is \$6,000,000, payable in 25 years. Monthly blended payment on the 8th day of each month is \$30,755.07, including interest calculated at a monthly rate of 3.721% (annual equivalent rate 3.75%), rate term matures on June 8, 2023. Maximum annual penalty free lump-sum payment allowed is 10% of the principal amount.

The required minimum annual payment for the next four years in aggregate is \$1,291,713, and for each of the four succeeding years is as follows:

	Principal	Interest	Total
2020	\$ 176,626	\$ 192,435	\$ 369,061
2021	\$ 183,305	\$ 185,756	\$ 369,061
2022	\$ 190,243	\$ 178,818	\$ 369,061
2023	\$ 98,040	\$ 86,490	\$ 184,530

The mortgage is secured by the property located at 59 Hayden Street, 8th Floor, Toronto.

The mortgage financial covenant required the College to meet the Debt Service Coverage Ratio of not less than 1.15:1 calculated annually. For 2019 the ratio was 1.18:1.

The portion payable within 12 months from year-end date is classified as current.

7 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 2019.

8 Bank Loans

The College entered into an amending credit facilities agreement, which amends the terms and conditions of the credit facilities provided to the College pursuant to the Agreement accepted on October 19, 2018, with the Toronto Dominion Bank on October 23, 2019 to finance the purchase and built outs of the new head office at 59 Hayden Street, 8th Floor, Toronto which included the following:

\$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, 2019.

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 - Mortgage Payment

On January 3, 2020, the College made the annual penalty free lump-sum payment of \$600,000 to the Toronto Dominion Bank relating to the mortgage payable for 59 Hayden Street, 8th Floor, Toronto.

11 Subsequent Event - COVID-19

Subsequent to the year end, the global pandemic of the virus known as COVID-19 led the Canadian federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses.

Due to the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the financial effect on the College. No adjustments have been made in the financial statements as a result of these events.

Extracts from Highlights of the Last Year at the Health Profession Regulators of Ontario (HPRO)



Members:

College of Audiologists and Speech-Language Pathologists of Ontario
College of Chiropodists 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

Health Profession Regulators of Ontario is an incorporated, not-for-profit organization comprised of Colleges of the 26 regulated health professions in the province. HPRO was known as the Federation of Health Regulatory Colleges of Ontario (FHRCO) until the name was officially changed on January 15, 2020. While the membership remains the same, the statement of purpose has changed to more accurately reflect the organization's new objects:

Statement of Purpose:

Advancing excellence in public safety through collaboration of Ontario's health profession regulators

Fulfilled through the following:

- Collaborating to develop common principles, guidelines, and tools to advance the regulation of health professions in the public interest
- Providing education and tools for training Councils, Committees, and Staff
- Sharing resources, approaches, and expertise, providing support for members and mentoring for new Registrars
- Providing a central point of contact for key stakeholders, e.g., Ministry of Health
- Engaging the public, informing them about the role of the regulator in the public interest

Focusing on Priorities and Planning

Board members participated in a second facilitated discussion in April 2019 related to the organization's purpose and priorities, function and form. At the Board's July 7th meeting, the Board agreed to a new purpose statement for the organization as well as structural changes for the Board and newly named Management Committee, previously known as the Executive Committee. The new name for the organization was also confirmed.

HPRO's Two Key Priorities

Two priority areas were identified for HPRO: **College governance** and the **Ministry of Health's (MOH's) College Performance Measurement Framework (CPMF)** project. HPRO continues to monitor MOH's work on CPMF.

Related to governance, a "Universal Principles for Good Governance" document and a "Competency and Eligibility Chart" for Council Members were developed.

BOARD OF DIRECTORS — MARCH 3, 2020 @ COLLEGE OF CHIROPRACTORS OF ONTARIO



(Back row, from left) Fazal Khan (College of Opticians of Ontario), Corinne Flitton (CMTO), Brian O’Riordan (CASLPO), Kelly Dobbins (CMO), Basil Ziv (CHO), Irwin Fefergrad (RCDSO), Rod Hamilton (College of Physiotherapists of Ontario), Lisa Taylor (CDHO), Rick Morris (College of Psychologists of Ontario), Brenda Kritzer (CKO), Melisse Willems (College of Dietitians of Ontario), Ann Zeng (CTCMPAO), Maureen Boon (College of Optometrists of Ontario)

(Front row, from left) Linda Gough (CMRITO), Elinor Larney (COTO), Kevin Taylor (CRTO), Judy Rigby (CDTO), Jo-Ann Willson (CCO)

(Not pictured) Deborah Adams (CRPO), Anne Coghlan (CNO), Nancy Lum-Wilson (OCP), Andrew Parr (CONO), Glenn Pettifer (College of Denturists of Ontario), Felicia Smith (COCOO), Kathy Wilkie (CMLTO), Nancy Whitmore (CPSO)

Meetings with Key Stakeholders During the Year:

- Legal Counsel Richard Steinecke re. the British Columbia Government’s report by Harry Cayton, “An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018”.
- Acting Manager Thomas Custers and Policy Analyst Andrej Sikic of the MOHLTC Health Strategic Policy and Planning Division, Health Workforce Regulatory Oversight Branch, Regulatory Oversight and Performance Unit re. the College Performance Measurement Framework (CPMF)
- Accessibility Advocate David Lepofsky re. College and registrant awareness of accessibility issues
- Acting Manager Thomas Custers. Senior Policy Analyst Tara Breckenridge, and Senior Policy Analyst Douglas Ross of the MOHLTC’s Regulatory Oversight and Performance Unit re. the College Performance Measurement Framework (CPMF)
- Consultant Deanna Williams re. proactive public appointments

following her recent work as an independent investigator for a health regulatory College

- College of Nurses of Ontario’s Director of Strategy Kevin McCarthy re. “Rare but Real: One Regulator’s Journey to Learn More about Health care Serial Killers” with HPRO Board Member Anne Coghlan
- BC Health Regulators Co-Chair Cynthia Johansen (by videoconference) re. British Columbia Government’s report by Harry Cayton.

Additional Highlights

- Continued promotion of the public-facing website: ontariohealthregulators.ca, including a booth at the Zoomer show, Google ads, a Facebook page, and Zoomer e-magazine articles
- Annual Communicator’ Day Conference
- Investigations and Hearings Network Symposia
- Discipline Orientation Workshops
- Consent and Capacity material development

CCO 2019 Snapshots



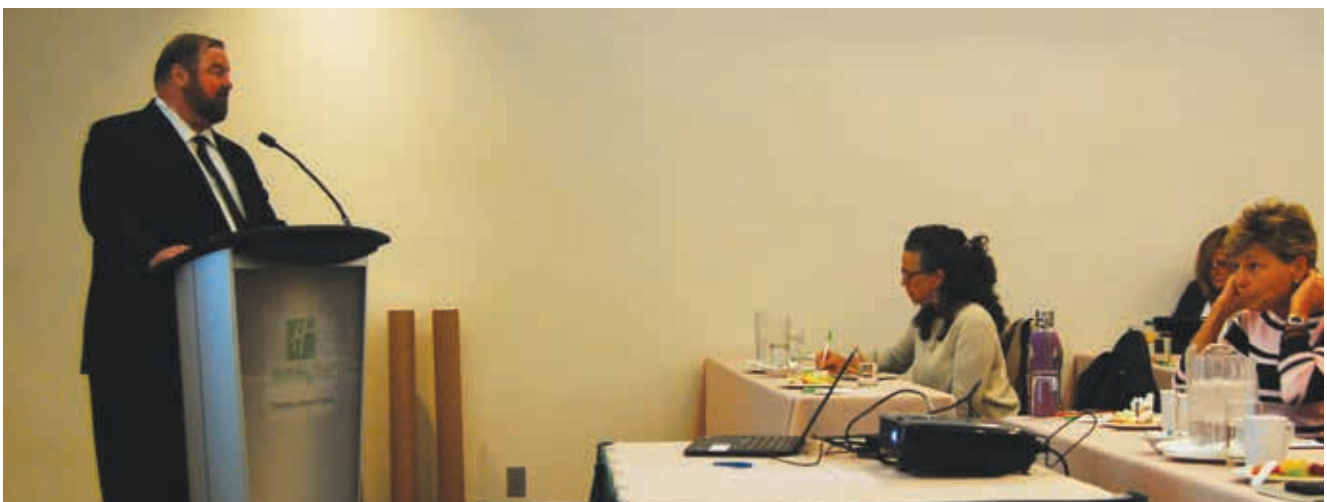
January 9, 2019

Patient Relations Committee Meeting



November 16, 2019

Federation of Canadian Chiropractic meeting with the Canadian Chiropractic Protective Association, Calgary, Alberta



June 11, 2019

The late Dr. James Laws, York Peel Road Show



October 17, 2019
Ottawa Road Show



January 26, 2019
Peer Assessment Workshop



CCO Staff

L-R: Dr. J. Bruce Walton, Director of Professional Practice; Ms Anda Vopni, Financial Officer; Ms Sarah Oostrom, Receptionist; Mr. Joel Friedman, Director, Policy & Research; Ms Tina Perryman, Manager, Inquiries, Complaints and Reports; Ms Jo-Ann Willson, Registrar & General Counsel; Ms Christine McKeown, Inquiries, Complaints & Reports Officer; Ms Anouk Enkhbaatar, Administrative Assistant; Mr. Darwin Visperas, Administrative Assistant; Ms Rose Bustria, Administrative Assistant; Ms Madeline Cheng, Registration Coordinator.



CCO Staff – Reality photo through two moves in 2019



Dr. Bruce Walton, Director of Professional Practice, doing “any other duties as assigned.”



CCO Council

Back L-R: Ms Sheryn Posen, Dr. Paul Groulx; Dr. Janet D'Arcy; Dr. Steven Lester; Dr. Peter Amlinger; Mr. John Papadakis; Ms Robyn Gravelle; Dr. David Starmer; Dr. Brian Budgell; Dr. Kristina Peterson.

Front L-R: Dr. Clifford Hardick, Treasurer; Mr. Robert MacKay, Vice President; Dr. Dennis Mizel, President; Ms Karoline Bourdeau; Ms Jo-Ann Willson, Registrar & General Counsel; Ms Georgia Allan.



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