

REGULATING CHIROPRACTIC IN THE  
PUBLIC INTEREST SINCE 1925

RÈGLEMENTATION DE LA CHIROPRACTIQUE DANS  
L'INTÉRÊT PUBLIC DEPUIS 1925



College of  
Chiropractors  
of Ontario

ANNUAL REPORT  
**2012**  
REPORT ANNUEL

*l'Ordre des  
Chiropraticiens  
de l'Ontario*

## COMMONLY USED ACRONYMS AT CCO

ACRONYM	FULL NAME
AGM	Annual General Meeting
AIT	Agreement on Internal Trade
CCO	College of Chiropractors of Ontario
CCEB	Canadian Chiropractic Examining Board
CE	Continuing Education
CFREAB	Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards
CMCC	Canadian Memorial Chiropractic College
COO	Chief Operating Officer
FHRCO	Federation of Health Regulatory Colleges of Ontario
<i>HARP</i>	<i>Healing Arts Radiation Protection Act, 1990</i>
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
ICRC	Inquiries, Complaints and Reports Committee
LOA	Leave of Absence
MOHLTC	Ministry of Health and Long-Term Care
OCA	Ontario Chiropractic Association
OFC	Office of the Fairness Commissioner
OHPIP	Ontario Health Plan for Influenza Pandemic
QA	Quality Assurance
<i>RHPA</i>	<i>Regulated Health Professions Act</i>
RKW	Record Keeping Workshop
SCERP	Specified Continuing Education Remedial Program
The Federation	Federation of Health Regulatory Colleges of Ontario



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# WHO

## does CCO regulate?

CCO regulates approximately 4,300 chiropractors in Ontario, with the majority in active practice. CCO has a statutory mandate to ensure chiropractic is regulated IN THE PUBLIC INTEREST under the *Regulated Health Professions Act, 1991 (RHPA)*, which is the umbrella legislation governing a number of health professions.

### Certificates of Registration as of December 31, 2012

Class of Certificate of Registration	Number
Active	4,096
Inactive	131
Retired	115
Total	4,342

# WHAT

## are chiropractors authorized to do in Ontario?

Health professionals in Ontario are authorized to perform certain controlled acts set out in profession-specific legislation. For chiropractors, the scope of practice and authorized acts are set out in the *Chiropractic Act, 1991* as follows:

### SCOPE OF PRACTICE

3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joint 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,
  2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
    - 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.
  3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

Members of CCO, like members of the College of Optometrists of Ontario, College of Physicians and Surgeons of Ontario, College of Psychologists of Ontario and the Royal College of Dental Surgeons of Ontario, are entitled to use the title "doctor" in accordance with the *RHPA*. CCO members are also authorized under the *Healing Arts Radiation Protection Act, 1990 (HARP)* to order x-rays and are authorized under the *RHPA* to perform acupuncture in accordance with CCO's standards of practice.

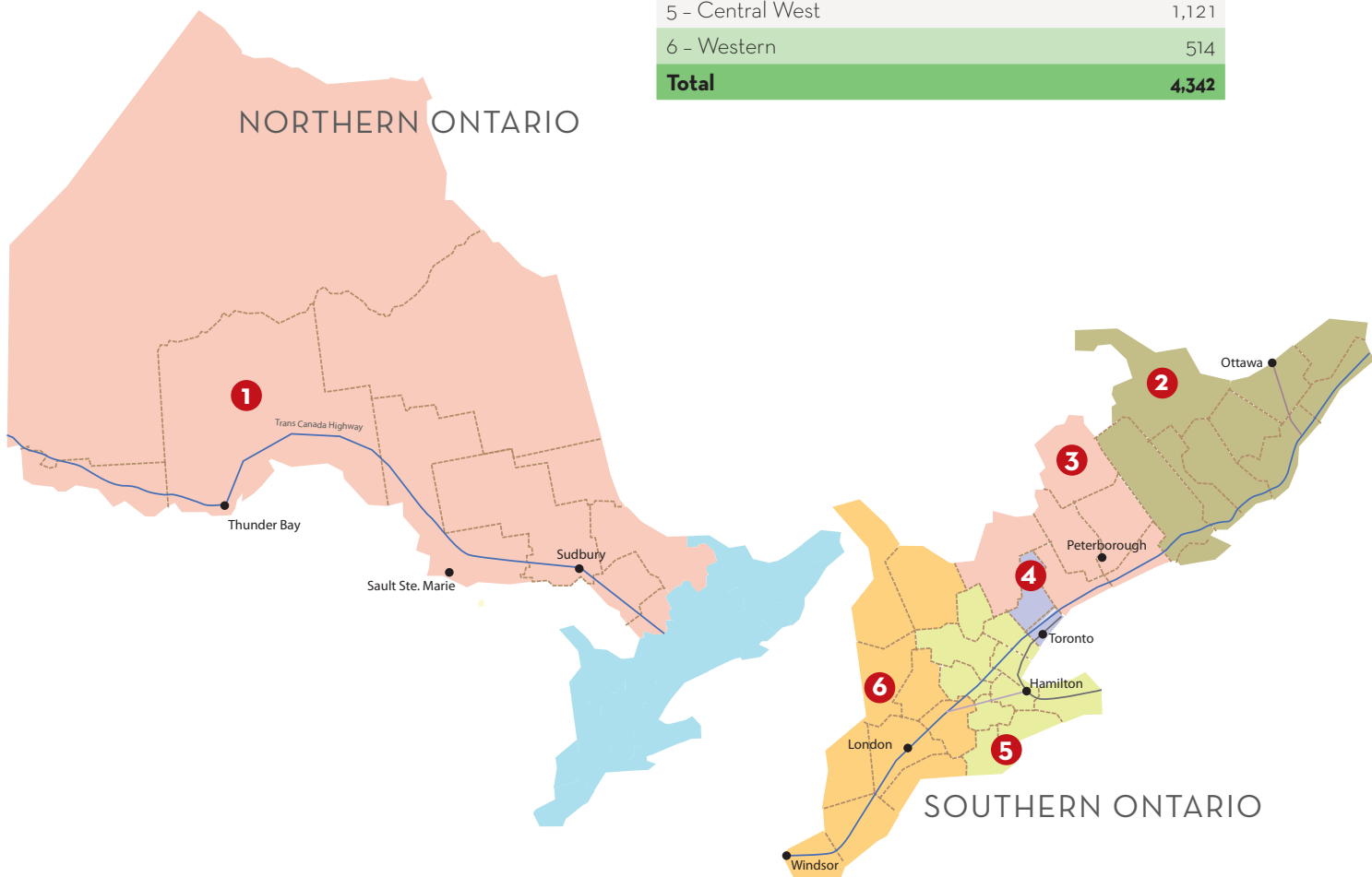
# WHERE

## do chiropractors practise?

Chiropractors practise in a variety of practice settings, including sole practice, multidisciplinary practices with other health care providers (such as physiotherapists, massage therapists, kinesiologists and others), educational institutions (including the Canadian Memorial Chiropractic College), health organizations (such as research clinics and some hospital settings) and other chiropractic organizations.

In addition, chiropractors are geographically spread across the province. There are approximately 1,500 chiropractors in the Greater Toronto Area and a concentration of chiropractors in other urban centers. However, there are chiropractors in smaller communities like Sioux Lookout and Lion's Head.

District	Number of members (active, inactive and retired) as of December 31, 2012
1 - Northern	217
2 - Eastern	417
3 - Central East	508
4 - Central	1,565
5 - Central West	1,121
6 - Western	514
<b>Total</b>	<b>4,342</b>



# WHEN

## do chiropractors in Ontario interact with CCO?

Chiropractors generally interact with CCO at the initial stage in their career – that is, when they first apply to receive a certificate of registration which permits them to practise chiropractic in Ontario. There are stringent requirements for registration, namely, graduation from an accredited chiropractic education program, successful completion of national clinical competency examinations, and successful completion of CCO's legislation and ethics examination as well as proof of good character.

Once they are registered, chiropractors interact with CCO during the annual renewal process. Chiropractors must maintain an active certificate of registration in order to continue to practise.

Following registration, chiropractors interact with CCO if there are any concerns raised about their conduct by a member of the public. CCO has a complaints and discipline process designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the *RHPA*.

In addition, chiropractors interact with CCO as part of the various requirements of CCO's quality assurance program, including the mandatory continuing education component, the professional portfolio requirements, and the peer and practice assessment program. The QA program is designed to ensure chiropractors, once registered, continue to be competent and ethical. CCO acknowledges and thanks the membership for their participation in all components of the QA program.

# HOW

## is CCO guided in its actions?

CCO is guided in everything it does not only by its statutory mandate under the *RHPA* and *Chiropractic Act*, but by its Mission and Strategic Objectives, which are regularly reviewed and confirmed by Council and operationalized by staff.



## MISSION

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

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

*Developed at the strategic planning session in September 2004.*

*Approved by Council on February 8, 2005.*

## STRATEGIC OBJECTIVES

- 1** Improve communication of the role, mandate and mechanism of CCO to key internal and external stakeholders.
- 2** Strive for unity in the public interest, while respecting the diversity within the profession.
- 3** Optimize chiropractic services in the public interest.
- 4** Continue to regulate in a fiscally responsible manner: Statutory mandate met and priorities set and appropriately resourced (human and financial).

*Developed at the strategic planning session: October 2010.*

A professional portrait of Dr. Peter Amlinger, a man with a beard and glasses, wearing a white shirt and a green patterned tie. He is sitting at a desk with his hands clasped in front of an open book. The background shows a wooden wall and a window with blinds.

*DR. PETER AMLINGER*

PRESIDENT  
CCO MEMBER SINCE 1985



## PRESIDENT'S MESSAGE

**There is no greatness where there is not simplicity, goodness and truth.**

*Leo Tolstoy, Russian writer and playwright (1828 - 1910)*

What do people expect when they come to our offices? In fact, what *should* they expect?

Chiropractic is simple in its precepts, complex in the neuroscience behind it, and profound and powerful when applied properly. When I was recently asked to characterize the common ground that exists between chiropractors, physicians and all other regulated health care professionals, I had a simple answer: people!

It has been said that "truth has no agenda". This is a powerful statement and, I believe, a truth. When I think about the common ground between all regulated health care professionals in Ontario, it is the people we serve.

Recognizing that truth has no agenda, I have a vision that encompasses a health care system in which each participating profession brings its truth to the patient and where all the relevant stakeholders are clear and transparent in communicating what unique healing tools each profession offers in the "toolbox" of health care choices available to Ontarians.

My vision is further predicated on the need for each participating profession to be crystal clear on its scope of practice and the people it serves. Each profession and its members must commit to mastering these gifts and communicate effectively, truthfully and transparently to all stakeholders - especially the people of Ontario who need this information so that they can make the best possible health care decisions for themselves and their families.

I challenge every CCO member to explore this concept and think about what makes chiropractic unique. Our scope of practice statement, as outlined in law, is a tangible starting point. The greatest gift we offer the people of Ontario - individually and as a profession - is the mastering, and detection and correction of vertebral subluxation, through the chiropractic adjustment. This is what all stakeholders should know about chiropractic and this is what the people of Ontario should expect when they enter a chiropractic office.

## MESSAGE DU PRÉSIDENT

**Il n'est nulle grandeur là où manquent simplicité, bonté et vérité.**

*Léon Tolstoï, écrivain et dramaturge Russe (1828 - 1910)*

Quelles sont les attentes des personnes qui se présentent dans nos cabinets ? En réalité, à quoi *devraient-elles* s'attendre ?

La chiropratique est simple dans ses préceptes, complexe dans la neuroscience sur laquelle elle s'appuie, et profonde et puissante quand elle est appliquée correctement. Lorsque l'on m'a récemment demandé de décrire les points communs qui relient les chiropraticiens aux médecins et autres professionnels de santé accrédités, ma réponse fut extrêmement simple : les personnes !

On dit que « la vérité ne se programme pas ». Il s'agit là d'un message saisissant et, je pense, d'une vérité. Lorsque je pense aux points communs que partagent tous les professionnels de santé accrédités de l'Ontario, je pense aux personnes que nous servons.

En admettant que la vérité ne puisse être planifiée, ma vision englobe un système de santé dans lequel chaque profession participante apporte sa vérité au patient et où les acteurs concernés communiquent avec clarté et transparence au sujet des outils de guérison uniques qu'offre chaque profession au sein de la « boîte à outils » des choix que propose l'Ontario en matière de santé.

Ma vision est fondée sur la nécessité de transparence de chaque profession participante en ce qui concerne son champ d'activité et les personnes qu'elles servent. Chaque profession et ses membres doivent s'engager dans la maîtrise de ces dons, et communiquer de manière efficace, honnête et transparente auprès des acteurs concernés, notamment les Ontariens pour qui ces informations sont primordiales dans leurs choix en matière de santé, pour eux et leurs familles.

Je mets au défi chaque membre de l'Ordre des Chiropraticiens de l'Ontario d'examiner de plus près ce concept et de penser à ce qui fait de la chiropratique une discipline unique. Le champ d'application, comme le stipule la loi, est un point de départ tangible. La maîtrise, la détection et la correction de la subluxation vertébrale via des ajustements chiropratiques sont le plus beau cadeau que nous puissions faire aux Ontariens, tant de manière individuelle que professionnelle. C'est là ce que toutes les personnes concernées devraient

## PRESIDENT'S MESSAGE

Further, I challenge our profession to reach out in enabling other health professions with whom we serve collaboratively to communicate the healing gifts they have to offer.

It is in the best interests of the people of Ontario for chiropractors to stay focused on the chiropractic scope of practice and to master all aspects of the assessment, diagnosis and correction of subluxations, primarily by adjustment. I believe that Ontarians must be fully informed about what, in fact, chiropractors are expected to do in this province. It has been said that in order to be known openly, one must reveal oneself.

Our public's perception of chiropractic is based upon what they have been taught about chiropractic, what they have experienced in chiropractic offices and what they have heard about chiropractic, both directly or indirectly. Some of this may have been the truth, without agenda, while other information may have been filtered through agendas. Filters can powerfully influence our perceptions. For example, I recently heard a patient coughing incessantly in another room. As I entered her room, I said, "What is that cough about?" She replied, "I know, I spilled coffee all over myself on the drive to the office." Her experience had created a filter that had altered her ability to accurately hear my question.

So let's be clear. The people of Ontario deserve to hear consistent, clear and accurate messaging about chiropractic and what it has to offer them for their health and well-being. All Ontarians deserve a consistent and positive clinical experience that is focused on their needs through the lens of the chiropractic scope of practice.

Ontarians also need to understand that chiropractic, while simple in its precepts, is complex in the neurophysiology behind these tenets and is a powerful contributor to healing when it is properly applied. Over half a century ago, BJ Palmer was asked if chiropractic would survive in the future. Without hesitating, he replied "yes" and explained that it would endure if it was kept simple in its explanation and remained focused in its application, without other things being added to it.

Not long ago, a layperson who has been involved with the chiropractic profession in Ontario for over 40 years, related to me with regret that no one today clearly understands what chiropractic is about. When asked what I thought was the reason for the erosion of chiropractic utilization, I "heard" my father's voice: "Peter, you can be the jack of all trades or the master of one." My father was a wise man.

## MESSAGE DU PRÉSIDENT

savoir au sujet de la chiropratique, et ce à quoi devraient s'attendre les Ontariens lorsqu'ils consultent un chiropraticien.

En outre, je mets au défi notre profession d'atteindre les personnes concernées en permettant aux autres professionnels de santé avec lesquels nous collaborons de communiquer au sujet des pouvoirs de guérison qu'ils proposent.

C'est dans le plus grand intérêt des Ontariens que les chiropraticiens doivent rester concentrés sur le champ d'application de la chiropratique et maîtriser tous les aspects de l'évaluation, du diagnostic et de la correction des subluxations, d'abord par ajustements. Je crois que les habitants de l'Ontario doivent disposer de toutes les informations concernant la réelle activité des chiropraticiens. Mais on dit que pour se faire connaître, on doit d'abord se révéler.

La vision qu'a le public de la chiropratique est fondée sur ce qu'il en a appris, de l'expérience qu'il en a faite, ou de ce qu'il en a entendu dire, de manière directe ou indirecte. Il peut s'agir parfois de la vérité, sans aucune arrière-pensée, ou d'idées reçues susceptibles de fortement influencer nos perceptions. Par exemple, j'ai récemment entendu une patiente souffrir de quintes de toux dans une pièce voisine. Je suis donc rentré dans la pièce, et je lui ai demandé : « Qu'est-ce que cette toux ? » La patiente m'a répondu : « Je sais, j'ai renversé mon café sur moi en venant au cabinet ». Son expérience a créé un filtre ayant modifié sa perception de ma question.

Soyons clairs. Les Ontariens méritent d'entendre des messages clairs, exacts et cohérents au sujet de la chiropratique et de ce qu'elle peut leur offrir en termes de santé et de bien-être. Ils méritent tous de vivre une expérience clinique, à la fois positive et cohérente, et qui cible leurs besoins à travers le prisme du champ d'application de la chiropratique.

Les Ontariens ont également besoin de comprendre que la chiropratique, bien que simple dans ses préceptes et complexe dans sa neurophysiologie qui fondent ses principes, contribue fortement à la guérison quand celle-ci est appliquée de manière appropriée. Il y a plus d'un demi-siècle, on demanda à BJ Palmer s'il pensait que la chiropratique survivrait dans le futur. C'est sans hésitation qu'il répondit « oui ». Il expliqua que la discipline perdurerait à condition qu'elle demeure simple dans ses explications et qu'elle reste centrée sur son application sans que d'autres choses n'y soient ajoutées.

## PRESIDENT'S MESSAGE

Know that helping people achieve and maintain healthy spine and nerve system function is a huge contribution to the health of this province. Drawing on our collective wisdom, I urge all chiropractors to:

- Keep your care focused on the people you serve.
- Keep your care focused on the chiropractic scope of practice.
- Be truthful and transparent in all your communications about chiropractic.



## MESSAGE DU PRÉSIDENT

Récemment, un non-initié pourtant impliqué dans la profession en Ontario pendant plus de 40 ans m'a raconté, avec regret, qu'aujourd'hui personne ne comprenait clairement en quoi consistait la chiropratique. Lorsqu'on m'a demandé mon avis, je pensais que ceci était dû à l'érosion de l'utilisation de la discipline. Mais j'ai « entendu » la voix de mon père : « Peter, tu peux être un touche-à-tout ou le maître d'une discipline ». Mon père était un homme sage.

Nous savons qu'aider les personnes à atteindre et maintenir un système nerveux et vertébral en bonne condition contribue énormément à la santé de cette province. Je fais appel à notre sagesse collective et j'invite tous les chiropraticiens à :

- Concentrer vos soins sur les personnes que vous servez.
- Concentrer vos soins au champ d'activité de la chiropratique.
- Être sincère et transparent dans l'ensemble de vos communications relatives à la chiropratique.



## CCO CHAIRS AND BDC PRESIDENTS

NAME	POSITION	ORGANIZATION	TERM
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

A professional portrait of Ms Jo-Ann Willson, Registrar and General Counsel. She is a middle-aged woman with dark hair pulled back, smiling warmly at the camera. She is wearing a grey blazer over a red button-down shirt. Her hands are clasped together on a dark desk in front of her. In the background, there is a computer monitor, a vase with pink and yellow flowers, and a pen holder. The setting appears to be an office with wood-paneled walls.

*MS JO-ANN WILLSON*

REGISTRAR AND GENERAL COUNSEL  
SINCE 1998

# REGISTRAR'S REPORT

When I reflect on 2012, three accomplishments stand out.

**First**, I hope you will be impressed by the efficiency, volume and quality of work generated by all of CCO's committees as reflected in the committee reports. CCO committees have exercised their mandates in a manner that protects the public interest and engages the membership in the self regulation of the chiropractic profession. Committees have been able to do so in part by relying on the extraordinary efforts and work done by the committees that have preceded them.

*One way to keep momentum going is to have constantly greater goals.*

- Michael Korda

**Second**, when reviewing the report, please remember the broader context in which CCO operates. That includes increasing scrutiny on the principles of self regulation and protection of the public. The Honourable Deb Matthews, Minister of Health and Long-Term Care, exercised her statutory power to approve the appointment of a supervisor for a college that in her view, had not sufficiently demonstrated an understanding of its public interest mandate. Around the world, governments and stakeholders are holding regulators accountable to the public and, in some jurisdictions, government has concluded that particular professions should lose the privilege of self regulation. In that broader context, CCO continues to exercise its mandate under the *RHPA*, ever mindful of the need to ensure both membership understanding and responsibility, and demonstrated public accountability.

*Anyone can hold the helm when the sea is calm.*

- Publilius Syrus

**Third**, in 2012, CCO was fortunate to have steady, responsible leadership at the helm, in particular by Dr. Peter Amlinger, CCO President. When you have been entrusted with the leadership position of an organization, it is tempting to say "yes" to every request from every stakeholder, Council member, and interested party. A real leader is able to say "no" and still maintain the trust and respect of those around him because he has acted with integrity and in a principled manner. During the year, Dr. Amlinger managed to build consensus on some difficult topics, and steered Council and staff through a spirited and healthy strategic planning session in September 2012.

*A real leader faces the music, even when he doesn't like the tune.*

- Anonymous

**Finally**, I again extend my thanks and never-ending gratitude to CCO staff members who work tirelessly to ensure committees are supported and have the knowledge and expertise they need to make informed policy decisions. Council has worked well together to regulate the profession through a public interest lens, and it is supported by a cross-trained, hard working staff. It's true that there is no "I" in team. However, there is an "I" in anxiety, and my anxiety is greatly reduced by the team that surrounds me and upon whom I rely to get the job done, on time, and on budget. The CCO is in good hands.



# 2012 YEAR IN REVIEW

March 29, 2012 – CCO Council Election Day



L-R: Ms Tina Perryman,  
Ms Dayna Goodfellow,  
Mr. Joel Friedman and  
Ms Maria Simas

April 14, 2012 – CFCREAB Annual General Meeting, Winnipeg, Manitoba



L - R, Dr. Jean Moss, President, CMCC, Dr. Renae Rogers, Consultant to  
CECREAB and Ms Judy Gilmore, Registrar, Chiropractors Association of  
Saskatchewan

## May 12, 2012 – An Opportunity to Connect Workshop



Questions from the participants



Discipline Panel Demonstration



Dr. Helen Peel, CCO Member since 1949

## June 12, 2012 – Record Keeping Workshop, Old Mill, Toronto, ON



Over 4,000 members have attended CCO's record keeping workshops since they began in 2005.

## June 2012 – Members of the Registration Committee at the Canadian Chiropractic Examining Board (CCEB) Examinations



L-R: Dr. James Laws, Ms Cristina De Caprio, Ms Judith McCutcheon, Dr. Gerard Arbour (CCEB Examiner), Ms Pat Frank (CEO, CCEB), Dr. Michael Kennedy (CCEB Examiner) and Dr. Robbie Berman



# 2012 YEAR IN REVIEW

June 21, 2012 – CCO's Annual General Meeting (reporting on activities to December 31, 2011)



The Honourable Minister Deb Matthews, Minister of Health and Long-Term Care



L-R: Minister Matthews, Ms Willson, Mr. Chris Paliare (Prosecutor for CCO)



Recipients of the 2011 Presidential Awards

L-R: Ms Cathi Mietkiewicz (Faskens), Dr. Lezlee Detzler (long-serving member of ICRC), Dr. Marshall Deltoff (presenting the awards) and Ms Andrea Szametz (Recording Secretary)



Council members (Dr. Marshall Deltoff, former CCO President, far right)

## September 29-30, 2012 – Strategic Planning Session

CCO Council and staff had the opportunity to review, discuss and reconfirm CCO's commitment on key topics, including:

- The leadership opportunity offered by the Agreement on Internal Trade
- An action plan for CCO's strategic objectives
- The need for technology improvements to better serve stakeholders
- A new home for CCO
- The role of the regulator in government relations.



CCO Council (and Ms Willson)



Mr. Gilbert Sharpe, Faskens

## December 7, 2012 - CMCC Panel Presentation



L-R: Dr. Steven Silk (CAC), Ms Jo-Ann Willson (CCO), Dr. Brian Gleberzon (CCO Council member and Associate Professor, Chair, Chiropractic Therapeutics, CMCC), Dr. Elinor White (CCA) and Dr. Bob Haig (OCA)

## December 6, 2012 – Chiropractic Organizations' Fraternal Luncheon



L-R: Dr. Allan Gotlib, CCA (and former CCO President), Dr. Bob Haig, Executive Director, OCA



# EXECUTIVE COMMITTEE



*Dr. Peter Amlinger* **CHAIR**

## COMMITTEE MEMBERS

Dr. Dennis Mizel,  
*Vice-President*

Mr. Robert MacKay,  
*Treasurer*

Dr. Cliff Hardick

Mme Lise Marin

Ms Judith McCutcheon

Dr. Gauri Shankar

## STAFF SUPPORT

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

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

## COMMITTEE ACTIVITIES IN 2012

Throughout 2012, the Executive Committee supported Council in advancing CCO's strategic objectives on several fronts: strengthening relationships with key external stakeholders and seeking opportunities for inter-professional collaboration; supporting and participating in initiatives with other health care regulators; and overseeing CCO's day-to-day operations in a fiscally responsible manner while ensuring that CCO's mandate in protecting the public interest is upheld at all times. In 2012, the Executive Committee:

- Convened five meetings
- Oversaw the planning and execution of the two-day strategic planning session for CCO Council and staff on September 29-30
- Continued to oversee the research and planning for CCO's future home with the guidance and specialized expertise of financial, legal, real estate and construction professionals
- Approved an amendment to Policy P-029: Chiropractic Specialties to create consistency with the specialties recognized by the Canadian Federation of Chiropractic Regulatory and Education Accrediting Boards (approved by Council in June)
- Noted Ms Jo-Ann Willson's continued participation on the Federation of Health Regulatory Colleges' Executive Committee (now as Immediate Past President)

## 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.



## A MESSAGE FROM THE CHAIR

This year was a busy year for the CCO and its Executive Committee. The Committee, under the direction of Council, ensured Council stayed focused on its mandate of regulating the chiropractic profession in the public interest and also relied on the CCO's strategic pillars to guide our Committee discussions and decision-making.

As you can see from the list of Committee activities, there continues to be a strong emphasis on communicating with the MOHLTC and other stakeholders about many issues concerning the regulation of the chiropractic profession.

The Committee continues to carefully complete its due diligence concerning the future home of the CCO. All possibilities are being considered and I can assure you that the decision that best suits the needs of the CCO, is fiscally responsible and ensures the future needs of the CCO are considered, will be made.

This Executive Committee and the entire Council is dedicated to identifying opportunities to lead the chiropractic profession in health care regulatory issues and to collaborate with all regulatory colleges within the province.

As Chair, I was blessed to have such a varied and highly skilled team of individuals serving on this Committee. I am deeply grateful to all of the Committee members for their commitment to thoroughly preparing for meetings and for their forthright and transparent debate of the issues that came before us. Each Committee member's contribution was invaluable and, due to their skill sets, preparation for and performance in meetings, we were able to function in an efficient, professional and productive manner. Thank you all for your time, talent and energy.

The staff team's support for the Committee enhanced our work immensely. Mr. Joel Friedman's ability to collect, organize and communicate data to the Committee is, quite frankly, awesome. His hard work and talent give us the information we need to move through issues fully informed and focused. Thank you, Joel.

Ms Jo-Ann Willson, our Registrar and General Counsel, couples her vast regulatory health law experience with her insight and common sense to help the Committee and Council navigate the waters, which at times can be choppy, as we sail our way through the many issues that come before us. Her dedication to CCO is greatly appreciated.

Finally, I would like to thank all Council members for the support they have given me over the past Council year. It is a pleasure to serve with a team that is completely focused on regulating chiropractic in the public interest. I speak for all Council members when I say that our desire is for the people of Ontario to receive high quality, professional and ethical chiropractic care.

# ADVERTISING COMMITTEE



*Dr. Cliff Hardick* **CHAIR**  
CCO MEMBER SINCE 1971

## COMMITTEE MEMBERS

Mr. Shakil Akhter

Dr. Lawrence McCarthy,  
*Non-Council Member*

Dr. Bryan Wolfe

## STAFF SUPPORT

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

## COMMITTEE ACTIVITIES IN 2012

The Advertising Committee continued to review and provide input to members who submitted their advertisements for review prior to publication or to respond to complainants about members' advertisements. With today's "24/7" world of instant connectivity, increasingly complex websites and widespread use of social media, the Advertising Committee reminds members that their advertising must comply with Standard of Practice S-016: Advertising and ensure the protection of the public interest. In 2012, the Committee:

- Convened four meetings
- By email, reviewed and responded to proposed advertisements submitted by members for review prior to publication
- Provided feedback to the appropriate stakeholders on advertisements submitted for review as a result of a complaint from the public or from another member because of potentially questionable content
- Recommended to Council minor wording amendments to Standard of Practice S-016: Advertising and Guideline G-016: Advertising (approved by Council in June)

## 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.

# FITNESS TO PRACTISE COMMITTEE

- Recommended to Council amendments to Policy P-004: Advertising Committee Protocol (approved by Council in June)

CCO members are encouraged to submit their proposed advertisements for approval prior to distribution. The Advertising Committee's goal is to provide a response to pre-submitted advertisements within 10 business days. For up-to-date information relating to advertising standards, policies and guidelines, go to the CCO website: [www.cco.on.ca](http://www.cco.on.ca).

## A MESSAGE FROM THE CHAIR

I am pleased to report that the Advertising Committee was productive in 2012, focusing its energy in two key areas. The first area was recommending amendments to standards of practice, guidelines and policies to better guide members in their advertising efforts and to ensure protection of the public. The second and more complex area was exploring the impact of "24/7" and rapidly evolving technology on members' practices.

Technology – and its impact on both members and the public – was a high priority on the Committee's agenda. A key goal was to develop appropriate and tangible guidance to members in ensuring that whatever advertising they do through websites, social media and online communications is in the public interest. The Committee looked outside chiropractic for best practices and ideas, including reviewing an HPARB decision, asking other jurisdictions and Ontario regulators what they are doing, obtaining legal advice and soliciting feedback from Council. Based on what it learned, the Committee's output included the first draft of a policy that addresses online communication, including websites, social media, online discounts and website links. The work continues!

At the close of my first year, I would like to thank the professional members of the Advertising Committee, Dr. Bryan Wolfe and Dr. Lawrence McCarthy, and the public member, Mr. Shakil Akhter, who willingly shared their collective wisdom and insight. I also would like to thank our staff resource, Mr. Joel Friedman, for his input and ideas during the Committee's deliberations, as well as his assistance to me when I first assumed the role of Chair.



*Dr. Dennis Mizel* **CHAIR**  
CCO MEMBER SINCE 1977

### COMMITTEE MEMBERS

Mr. Shakil Akhter  
Dr. Patricia Tavares

### STAFF SUPPORT

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

The Fitness to Practise Committee did not meet in 2012 but it continues to ensure that it is appropriately prepared for any referral.

### 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.

# INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE



*Dr. Gauri Shankar* **CHAIR**  
CCO MEMBER SINCE 1992

## COMMITTEE MEMBERS

Dr. Brian Gleberzon,  
*Council Member*

Dr. Erica Mattia,  
*Non-Council Member*

Mr. Martin Ward

## STAFF SUPPORT

Ms Christine McKeown,  
*Inquiries, Complaints and  
Reports Officer*

Ms Tina Perryman,  
*Manager, Inquiries,  
Complaints and Reports*

## DECISIONS REVIEWED BY THE HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)

HPARB is an independent adjudicative agency that, on request, reviews decisions made by the Inquiries, Complaints and Reports Committees of the self-regulating health professions colleges in Ontario. Requests for review can be made by either the complainant or the member. HPARB considers whether the investigation by the ICRC has been adequate and whether the decision is reasonable.

HPARB may do one or more of the following:

- Confirm all or part of the ICRC decision
- Make recommendations to the ICRC
- Require the ICRC to exercise any of its powers other than to request a Registrar's investigation.

In 2012, HPARB issued decisions on 10 reviews of decisions of the Inquiries, Complaints & Reports Committee (ICRC). After considering all information before it and hearing submissions from the parties, in seven cases, HPARB upheld the Committee decisions, deeming the investigations to be adequate and the decisions reasonable. In three of the cases, the complainants withdrew their appeals from HPARB.

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](http://www.cco.on.ca).

## A MESSAGE FROM THE CHAIR

The ICRC managed a busy agenda during 2012, notwithstanding its expanded responsibilities that came into effect in 2009 under the *RHPA*. The Committee continued to operate expeditiously in meeting its statutory mandate, and all decisions in matters before the Committee this year were unanimous.

In light of CCO's mandate in protecting the public and the ICRC workload, I was pleased

## 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.

to see an impressive decline in the number of complaints received by CCO in 2012 compared to 2011: a total of 80 complaints in 2012 compared to 125 in 2011. This is positive news on all fronts!

CCO's complaints process is an important component of self-regulation and supports the public's confidence in receiving safe and ethical chiropractic care. I have observed that there is greater awareness among chiropractors as to what constitutes a complaint and, I believe, chiropractors are more vigilant in preventing actions and situations that may cause a complaint to be made against them.

The messaging to chiropractors has been very clear and consistent:

**Enhanced Communications with Members:** Articles and information in the CCO newsletter and on the CCO website continued to reinforce the need for members to comply with legislation, regulations, standards of practice and guidelines. CCO President, Dr. Peter Amlinger, has been vocal about the importance of respecting diversity in the profession and about the public's right to expect safe and ethical care when they visit a chiropractor's office.

**Important Quality Assurance Committee Initiatives:** CCO's Quality Assurance Committee continues to promote compliance

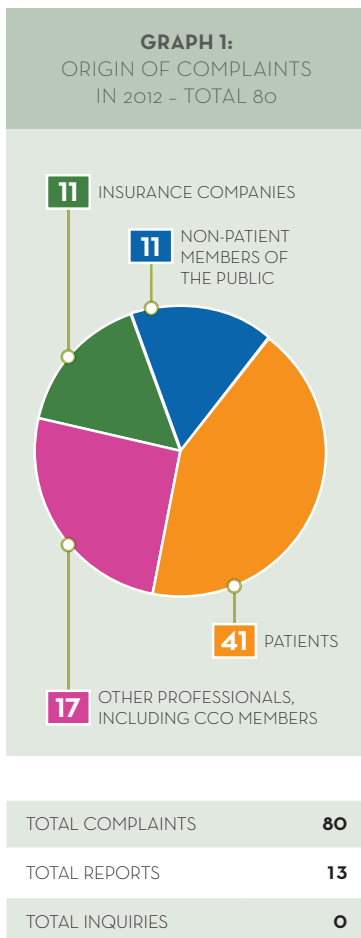
with CCO legislative and regulatory requirements and guiding members' actions in caring for their patients. Members must also participate in a Continuing Education (CE) program and a highly respected peer and practice assessment program.

As my first term as Chair concludes, I am grateful for the dedication and support from the Committee and staff. Dr. Brian Gleberzon has provided his knowledge and insight, and our new professional member, Dr. Erica Mattia, has shown her enthusiasm and willingness to learn. For his unwavering commitment to serving the public interest in Ontario and asking the pointed questions, I acknowledge our public member, Mr. Martin Ward. "Behind the scenes", CCO staff members, Ms Tina Perryman and Ms Christine McKeown, are an invaluable support.

## COMMITTEE ACTIVITIES IN 2012

ICRC ably fulfilled its mandate during 2012:

- Convened 13 meetings
- Completed 75 decisions



Note: not all dispositions relate to complaints received in 2012.

**TABLE 1:**  
MAIN AREAS OF CONCERN IDENTIFIED BY  
COMPLAINANTS IN 2012 - TOTAL 80

AREAS OF CONCERN	TOTAL
BILLING PRACTICES	17
FAILURE TO PROVIDE INFORMATION	11
ADVERTISING	9
BUSINESS DISPUTE	7
ICE	5
CONDUCT UNBECOMING	5
INSURANCE FRAUD	4
SCOPE OF PRACTICE	4
PATIENT HARM	3
SEXUAL ABUSE	3
EXCESSIVE TREATMENT	3
MISINFORMATION OR LACK OF INFORMATION RE: TREATMENT	3
ORTHOTICS	2
PRESSURE TACTICS	2
PRACTISING WHILE LICENSE IS UNDER SUSPENSION	2



# DISCIPLINE COMMITTEE



*Dr. Bryan Wolfe* **CHAIR**  
CCO MEMBER SINCE 1986

## COMMITTEE MEMBERS

Dr. Angela Barrow,  
*Non-Council Member*

Dr. Michaela Cadeau,  
*Non-Council Member*

Ms Cristina De Caprio

Mr. Robert MacKay

Dr. Patricia Tavares

## STAFF SUPPORT

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

## A MESSAGE FROM THE CHAIR

Once again this year the work of the Discipline Committee was made up of a fairly regular schedule of hearings, most being joint submissions. All matters that were convened in 2012 were completed and written decisions were released to the parties with a minimum of delay.

One of the goals of the Committee over the past year has been to build capacity around the chairing of panels and the number of potential professional members able to serve on discipline panels. In the past, assembling panels for hearings requiring consecutive days of testimony has proved challenging. Over the past year, the Committee worked to make the changes necessary to allow additional professional non-Council members to sit on panels. That work is expected to be completed early in 2013. In addition, our number of panel chairs has expanded and new Committee members will be attending the Federation of Health Regulatory Colleges' (FHRCO) basic and advanced training on chairing panels.

Finally this year, the Committee, with the assistance of Mr. Brian Gover and Mr. Aaron Dantowitz of Stockwoods LLP undertook a very extensive review and subsequent upgrading of the Discipline Committee Rules of Procedure, which were approved by Council in 1998. In this case, the idea has been to take advantage of amendments to the *Statutory Powers Procedure Act* with a mind to allowing more flexibility and efficiency in the way the Discipline Committee may control the procedural matters before it while balancing fairness to the parties involved in any hearings.

None of this work could be accomplished without the dedicated work of the Committee, our independent legal counsel and the staff at the CCO. My heartfelt "thank you" to all of you in ensuring that the mandates of the Committee and the CCO are met.

## COMMITTEE ACTIVITIES IN 2012

The role and function of the Discipline Committee are essential to CCO's mandate to regulate the practice of the chiropractic profession, to govern its members, and to serve

## COMMITTEE MANDATE

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

and protect the public interest.

In 2012, the Discipline Committee:

- Convened one meeting
- Recommended to Council the revocation of the current Discipline Committee Rules under the *Statutory Powers Procedure Act* (dated January 24, 1998) and the approval of Discipline Committee Rules under the *Statutory Powers Procedure Act* (dated November 30, 2012) (approved by Council in November)
- Recommended to Council minor amendments to Policy P-020: Adjournment of Discipline Hearings (approved by Council in November)
- Recommended to Council the revocation of Policy P-031: Compliance with Time Limitations and Orders Imposed by a Discipline Panel (approved by Council in November)
- Recommended to Council the approval of amendments to Policy P-046: Core Discipline Committee to be consistent with Bylaw 11: Committee Composition (approved by Council in November)

The Committee chair convened several discipline panels to hear a number of disciplinary matters before CCO. As all Council members are potentially members of a discipline panel, they are encouraged to participate in the discipline training workshops conducted by FHRCO. In 2012, FHRCO conducted discipline training sessions, which were attended by several CCO Council members. All discipline hearings are open to the public.

## JOINT SUBMISSIONS AND RESOLUTION AGREEMENTS

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

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

report or other publications at the discretion of CCO.

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

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

## DISCIPLINE DECISIONS IN 2012

CCO publishes summaries of discipline decisions for several reasons:

- CCO is required to do so under the *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 hearing is published if there has been a finding of professional misconduct or incompetence. Discipline decisions are posted on the CCO website. The decisions govern to the extent of any inconsistency with the decision summaries.

## SUMMARY OF 2012 DISCIPLINE COMMITTEE DECISIONS

### 1. OVERVIEW

In 2012, there were 13 matters that came before panels of the Discipline Committee. Ten cases proceeded on the basis of Agreed Statement of Facts and Joint Submissions on Penalty. One of those cases required the panel hearing the matter to make a determination on two aspects of a penalty that the parties could not agree upon. In one case, on agreement, the member resigned and the CCO withdrew the allegations. One panel held two penalty hearings, which were combined during the course of the proceeding.

### 2. CASES INVOLVING AGREED STATEMENTS OF FACTS

In each of the ten cases that proceeded by way of an Agreed

# SUMMARY OF 2012 DISCIPLINE COMMITTEE DECISIONS

Statement of Facts, a panel of the Discipline Committee made findings of professional misconduct based on the facts and admissions set out in the Agreed Statement of Facts. Similarly, the proposed penalty contained in each Joint Submission on Penalty submitted by the CCO and the member was accepted. The panels found the parties' proposed penalties were fair and equitable, and balanced the issues of public protection and remediation of the member and the member's practice. The joint submissions were considered reasonable and in the public interest. As well, the panels noted that the members had cooperated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and expense in resolving the allegations at a contested hearing.

## **NAME OF MEMBER: DR. PAUL BREZZI (#3973), CHATHAM**

### **Agreed Statement of Facts**

- Dr. Paul Brezzi ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 2001.
- During the relevant time, the Member practised chiropractic in his clinic in Chatham, Ontario.
- Since 2005, pursuant to Ontario Regulation 204/94, all members of the CCO are required to participate in the CCO's quality assurance program. This includes the requirement to be peer assessed if chosen at random by the Quality Assurance Committee.
- In April 2010, the Member was chosen at random by the Quality Assurance Committee to be peer assessed.
- The CCO contacted the Member on four occasions between April 26, 2010 and November 1, 2010, advising him that he was required to be peer assessed, and asking him to provide the materials needed for the peer assessment. He was also informed his failure to respond would result in a referral to the CCO's Inquiries, Complaints and Reports Committee ("ICRC"). The Member did not respond to the CCO's communications.
- On June 16, 2011, the Member was informed by the CCO that the Quality Assurance Committee had forwarded his name to the ICRC because he had not responded to the requirement to be peer assessed. The Member was advised that he was required to make a response to the

ICRC within thirty days, explaining why he had failed to be peer assessed. The Member was also advised that if he did not respond to the ICRC, there would be a referral of specified allegations of professional misconduct to the Discipline Committee. The Member did not respond to the CCO's communication.

### **Findings**

- The Member committed the following acts of professional misconduct:
  - he contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession because he:
    - did not undergo a peer assessment when he was selected at random by the CCO and required to do so, and
    - failed to respond to the ICRC's requirement that he provide an explanation for his failure to undergo a peer assessment; and
  - he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional because he:
    - did not undergo a peer assessment when he was selected at random by the CCO and required to do so, and
    - failed to respond to the ICRC's requirement that he provide an explanation for his failure to undergo a peer assessment.

### **Penalty**

The CCO and the Member jointly proposed the following penalty, which was accepted by the panel. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Ordering the Registrar to suspend the Member's Certificate of Registration for a period of four (4) months.
- Ordering the Registrar to suspend two (2) months of the suspension if the Member, at his own expense:
  - attended a CCO Record Keeping Workshop;
  - successfully completed the Legislation & Ethics Examination; and

- o attended, and provided written proof to the Registrar, that he attended the continuing education session on the role, mandate and mechanism of the CCO on May 12, 2012 entitled "An Opportunity to Connect".
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$2,000.00.

**NAME OF MEMBER:  
DR. SAN BUI (#3748), TORONTO**

**Agreed Statement of Facts**

- Dr. San Bui ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1999.
- At the relevant time, the Member practised chiropractic at the Pain Rehabilitation Clinic ("Clinic") in Toronto, Ontario.
- In December 2009, the CCO received a complaint from an insurance company regarding the Member's billing practices, and in particular, that in relation to 10 patients, he had billed the insurer for braces and orthotics when either the devices had not been paid for or provided to patients, or the devices provided were of far less value than what was charged to the insurer.
- The Member had charged the insurer \$1,500.00 per knee brace and \$700.00 per elbow brace, claiming that the braces were custom braces that had been provided by a particular medical equipment company. However, that medical equipment company had not provided the Member or the Clinic with custom braces for any of the patients or claims at issue.
- The Member admits that any braces received by the patients as set out below were off-the-shelf and not custom braces.

**Re: M.H.P.**

- M.H.P. first attended the Clinic in July 2008 and was assessed by the Member.
- On August 18, 2008, the Member sent a claim to the insurer for \$1,500.00. According to the Member's correspondence, which was included with the claim, the \$1,500.00 was for a knee brace. In some of the Member's correspondence, the brace was described as a left knee brace. In other correspondence, the brace was described as a right knee brace.
- The insurer paid \$1,200.00 by cheque for the brace. The cheque was turned over to the Clinic and cashed by the Clinic.
- M.H.P. never received a knee brace or any braces from the Clinic. In addition, when M.H.P. asked for a copy of his file from the Member, the Member refused to provide it,

on the basis that M.H.P. owed the Clinic money and could not get his file until all payments were made.

**Re: P.B.**

- In 2008, P.B. went to the Clinic following a fall. The Member assessed P.B. at the Clinic, and told her that she needed braces for both knees to "take the pressure off her knees and back." P.B. was not told the cost of the proposed braces.
- At no time did the Member mention orthotics to P.B., or assess her need for orthotics.
- P.B. was asked to, and did, sign a number of insurance claim forms, which were completed by the Clinic and sent to the insurer.
- After P.B. stopped going to the Clinic, she was called by the Clinic and advised that a number of claims had not been paid by the insurer. She went to the Clinic to review the claims and invoices.
- P.B. found, to her surprise, that invoices had been issued for one pair of knee braces (\$3,000.00) and custom orthotics (\$500.00). P.B. wrote across the invoices that she did not agree with them and that they should not be paid for by the insurer. As well, she had never received either braces or orthotics from the Member or the Clinic. Despite this, the Clinic again billed the insurer for the braces and orthotics. The insurer refused to pay for the devices.

**Re: A.L.C.**

- A.L.C. saw the Member at the Clinic in June 2008, at which time the Member issued a letter to the insurer indicating A.L.C. required a pair of elbow braces. The Clinic issued an invoice indicating A.L.C. had paid \$1,400.00 for the braces.
- The insurer requested to meet with A.L.C. after it received contradictory information from the Clinic about the \$1,400.00 claim and payment for elbow braces. A.L.C. agreed to meet with the insurer. However, just before the meeting, the insurer received a fax from the Clinic indicating A.L.C. was cancelling the meeting.
- The Member admits A.L.C. did not receive custom elbow braces and did not pay \$1,400.00 for any braces that he did receive.

**Re: K.K., S.N., and Y.N.**

- On June 16, 2008, the Member signed a recommendation indicating K.K. required a knee brace. This recommendation and an invoice indicating K.K. paid \$1,500.00 for a knee brace were sent to the insurer.
- On October 28, 2008, the Member signed a recommendation that K.K. required two elbow braces. This recommendation, an invoice indicating K.K. paid \$1,600.00 for the elbow braces, and two shipping slips from the medical equipment

company supplying the elbow braces were sent to the insurer. The shipping slips contained a product number for the elbow brace. According to the medical equipment company, the cost of the elbow support with that product number, which was an off-the-shelf product, was \$18.75.

- The Member admits K.K. did not receive custom elbow or knee braces and did not pay \$1,500.00 for a knee brace or \$1,600.00 for elbow braces.
- On August 5, 2008, the Member signed a recommendation indicating S.N. required a knee brace. This recommendation and an invoice indicating S.N. paid \$1,500.00 for a knee brace were sent to the insurer.
- The Member admits S.N. did not receive a custom knee brace and did not pay \$1,500.00 for a knee brace.
- On October 22, 2008, the Member signed a recommendation indicating Y.N. required two knee braces. This recommendation, an invoice indicating Y.N. paid \$3,000.00 for the knee braces, and two shipping slips from the medical equipment company supplying the knee braces were sent to the insurer. The shipping slips contained a product number for the knee braces. According to the medical equipment company, the cost of the off-the-shelf knee brace with that product number was \$138.95.
- The Member admits Y.N. did not receive custom knee braces and did not pay \$3,000.00 for knee braces.
- Had the Member testified, he would have said that he did not prepare or review the documents at issue regarding K.K., S.N. and Y.N. prior to signing them. However, he agrees that because he failed to properly supervise his office staff and take proper care regarding the preparation and signing of documents, he is ultimately responsible for the documents and the claims.

#### **Re: J.D.**

- The Clinic submitted a number of claims for patient J.D. indicating his home address was the Clinic's address.
- In April 2007, the Clinic submitted a claim for \$3,000.00 for knee braces.
- In June 2008, the Clinic submitted a claim for \$1,400.00 for elbow braces, indicating they had been paid for and received. J.D. never paid for or received any elbow braces.
- The Member admits J.D. never paid for or received custom knee braces.

#### **Re: O.K.**

- In 2008, York Medical Centre Health and Rehabilitation submitted a claim for \$3,000.00 for two knee braces for O.K. Included with the claim was a letter from the Member indicating O.K. required the braces.

- The Member was an officer and director of York Medical Centre Health and Rehabilitation.
- The insurance claim form indicated O.K.'s home address was the Clinic's address.
- O.K. was a patient of the Member's at the Clinic and was not a patient at York Medical Centre Health and Rehabilitation.
- O.K. either received one brace or no braces from the Clinic.
- The Member admits that O.K. never paid for or received custom knee braces.

#### **Re: L.V.N. and T.V.**

- In 2008, the insurer received a claim for L.V.N. for \$1,400.00 for two elbow braces and a claim for T.V. for a knee brace for \$1,500.00. The invoices indicated the devices had been paid for, and the Member signed letters indicating the patients required the devices.
- According to the medical equipment company, the cost of an off-the-shelf elbow brace of the type described in the invoice was in the range of \$160.00.
- The Member admits that L.V.N. and T.V. did not receive or pay for custom elbow or knee braces.

#### **Findings**

- The Member committed acts of professional misconduct because he:
  - contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession;
  - provided diagnostic or therapeutic services that were not necessary;
  - failed to keep records as required by the regulations;
  - falsified a record or records relating to his practice;
  - signed or issued, in his professional capacity, a document or documents that he knew contained false or misleading statements;
  - submitted accounts or charges for services that he knew were false or misleading; and
  - engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

#### **Penalty**

The Member and the CCO jointly proposed the following penalty, which was accepted by the panel. The panel made an order:

- Requiring the Member to appear before the panel to



be reprimanded.

- Ordering the Registrar to suspend the Member's Certificate of Registration for a period of eleven (11) months.
- Ordering the Registrar to suspend three (3) months of the suspension if, by October 27, 2012, the Member, at his own expense:
  - attended a CCO Record Keeping Workshop;
  - successfully completed the Legislation & Ethics Examination; and
  - attended, and provided written proof to the Registrar that he attended, the continuing education session on the role, mandate and mechanism of the CCO on May 12, 2012 entitled "An Opportunity to Connect".
- Requiring the Member to be peer assessed within three (3) months of returning to practice after the suspension was lifted.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$12,500.00 by December 31, 2012.

#### NAME OF MEMBERS:

**DR. LISE CLOUTIER (#3019), OTTAWA**

**DR. MICHAEL REID (#2639), OTTAWA**

Note: Because the hearings of Dr. Cloutier and Dr. Reid involved the same or similar questions of fact and law, their hearings were combined on the consent of the parties.

#### Agreed Statement of Facts

- Dr. Michael Reid became a member of the College of Chiropractors of Ontario ("CCO") in 1992.
- Dr. Lise Cloutier became a member of the CCO in 1995.
- During the relevant time, Dr. Reid and Dr. Cloutier ("Members") owned and operated the Hampton Wellness Centre ("Centre") in Ottawa, Ontario and practised chiropractic at the Centre.
- Dr. Cloutier applied for retired status with the CCO in December 2010, after the CCO received the complaint which resulted in the referral of the specified allegations set out in the November 14, 2011 Notice of Hearing.

#### CCO Advertising Standard of Practice and Guideline

- At the relevant time:
  - CCO Standard of Practice S-016: Advertising permitted members of the CCO to make public presentations or displays so long as, among other things:
    - members adhered to CCO's regulations and standards of practice, including those regarding

consent and record keeping, and

- assessments performed by members complied with CCO Policy P-016: Public Display Protocol and were for educational purposes;
- CCO Guideline G-016: Advertising permitted members to advertise complimentary or discounted fees so long as, among other things, the advertisement expressly stated the timeframe to be honoured for any complimentary or discounted diagnostic or treatment service; and
- CCO Policy P-016: Public Display Protocol permitted members of the CCO to conduct public displays/health screenings if certain criteria were complied with, including:
  - public displays/health screenings could only be conducted at health fairs and trade shows,
  - the CCO was notified in writing at least three (3) business days in advance of the public display/health screening, including notification of the event date, time, location and names of participating members,
  - a member of the CCO had to be present at the public display/health screening at all times,
  - a member of the CCO had to obtain informed, written consent from any person participating in a screening assessment,
  - CCO standards of practice, including consent and record keeping, had to be adhered to during any assessments, and
  - if appropriate, that a participant obtain follow-up chiropractic care, the CCO member should recommend the participant visit a chiropractor of his/her choice.

#### Mall Screening

- On September 4, 2010, sales representatives from the Members' Centre attended at the Carlingwood Shopping Centre in Nepean to conduct a mall screening. The sales representatives were not members of the CCO.
- One of the sales representatives confirmed the sales representatives were conducting a screening and offered to check the spine of "E.P."
- E.P. did not provide written informed consent to the screening.
- The sales representative checked the alignment of E.P.'s back and used a surface EMG machine on E.P.'s upper neck.
- The sales representative told E.P. that the EMG results were "really bad" which could lead to headaches, allergies and other things.

- The sales representative then gave E.P. a gift certificate and a brochure for the Members' Centre, and encouraged her to book a full assessment at the Members' Centre.
- The sales representative indicated that if E.P. booked a full assessment, it would only cost \$67.00 although it usually cost \$250.00, and if she booked the assessment that day, the normal fee for the assessment would be donated to charity.
- The gift certificate indicated the holder was entitled to a consultation, examination, spinal imaging, and report of findings at the Members' Centre worth \$275.00 for \$67.00. There was no expiry date on the gift certificate.
- During the approximately two-and-a-half hour period that E.P. was at the mall, no CCO member was present at the Members' mall screening.

### Admissions

- The Members admit that they have been cautioned in the past by the CCO and that mall screenings are not permitted by CCO Standard of Practice S-016: Advertising and Policy P-016: Public Display Protocol. They have also been cautioned that:
  - a member of the CCO must be present for the duration of any public presentation/display;
  - CCO members at public presentations/displays must adhere to the CCO's standards of practice regarding consent and record keeping; and
  - if a screening participant requires follow-up chiropractic care, the member should recommend the participant visit a chiropractor of his/her choice.
- The Members admit that they were responsible for the mall screening that took place on September 4, 2010 at the Carlingwood Shopping Centre in Nepean.
- They also admit that the mall screening was conducted in a manner contrary to:
  - CCO Standard of Practice S-016: Advertising because:
    - the CCO's regulations and standards of practice, including those regarding consent and record keeping, were not adhered to, and
    - assessments performed did not comply with CCO Policy P-016: Public Display Protocol;
  - CCO Guideline G-016: Advertising, because:
    - they advertised discounted fees without expressly stating the timeframe to be honoured for any complimentary or discounted diagnostic or treatment service;
  - CCO Policy P-016: Public Display Protocol, because:
    - the health screening was not conducted at a health

fair or trade show,

- the CCO was not notified in writing at least three (3) business days in advance of the public display/health screening, including notification of the event date, time, location and names of participating members,
- a member of the CCO was not present at the health screening at all times,
- informed, written consent was not obtained from every person participating in a screening assessment,
- CCO standards of practice, including consent and record keeping, were not adhered to during an assessment, and
- participants were not recommended to visit a chiropractor of their choice.

### Findings

- The Members committed acts of professional misconduct because they:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
  - engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

### Penalty

The parties proposed the following penalty, which was accepted by the panel. The panel made an order:

- Requiring the Members to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Members' certificates of registration for a period of four (4) months.
- Ordering the Registrar to impose the following specified terms, conditions and limitations ("Conditions") on Dr. Cloutier's Certificate of Registration:
  - that Dr. Cloutier, prior to applying for a general (active) class of certificate of registration must:
    - provide evidence she has successfully completed the Legislation & Ethics Examination and attended the CCO Record Keeping Workshop at her own expense, and
    - review and agree in writing to comply with all CCO regulations, standards of practice, guidelines and policies including but not limited to: CCO Standard of Practice S-016: Advertising; CCO

Guideline G-016: Advertising; CCO Policy P-016: Public Display Protocol; CCO Standard of Practice S-002: Record Keeping; and CCO Standard of Practice S-013: Consent; and

- o be peer assessed at her own expense within three (3) months after she obtains a general (active) class of certificate of registration.
- Ordering the Registrar to impose the following specified terms, conditions and limitations (“Conditions”) on Dr. Reid’s Certificate of Registration:
  - o that within three (3) months of the date of the panel of the Discipline Committee decision in this matter, Dr. Reid must:
    - provide evidence he has successfully completed the Legislation and Ethics Examination and attended the CCO Record Keeping Workshop at his own expense, and
    - review and agree in writing to comply with all CCO regulations, standards of practice, guidelines and policies including but not limited to: CCO Standard of Practice S-016: Advertising; CCO Guideline G-016: Advertising; CCO Policy P-016: Public Display Protocol; CCO Standard of Practice S-002: Record Keeping; and CCO Standard of Practice S-013: Consent; and
  - o be peer assessed at his own expense within three (3) months after the suspension is lifted.
- One (1) month of the Members’ suspensions will be suspended if, within three (3) months of the date of the panel of the Discipline Committee decision in this matter, the Members have:
  - o attended a CCO Record Keeping Workshop;
  - o successfully completed the Legislative & Ethics Examination; and
  - o reviewed and agreed in writing to comply with all CCO regulations, standards of practice, guidelines and policies including but not limited to: CCO Standard of Practice S-016: Advertising; CCO Guideline G-016: Advertising; CCO Policy P-016: Public Display Protocol; CCO Standard of Practice S-002: Record Keeping; and CCO Standard of Practice S-013: Consent.
- Requiring the Members to pay a portion of CCO’s investigative and legal costs in the amount of \$9,500.00, payable by December 31, 2012. The Members will be jointly and severally liable for the costs.

## NAME OF MEMBER: DR. DANIEL FISHER (#4217), WINDSOR

### Agreed Statement of Facts

- Dr. Daniel Fisher (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in 2001.
- Prior to February 2009, the Member practised chiropractic at his clinic, the Fisher Chiropractic Clinic (“Clinic”) in Windsor, Ontario. The Member’s father practised medicine at the same address and they shared a secretary, R.J.
- In December 2009, after the insurance company complainant in this matter (“Insurer”) began its investigation into claims for orthotics provided by the Member, the Member resigned his certificate of registration with the CCO.
- In February 2009, the Member relocated to Savannah, Georgia, and began practising chiropractic.
- The Member left behind a gait scanner and a laptop computer at the Clinic when he relocated to Georgia. He had trained R.J. and a local firefighter, E.G., to operate the scanner.
- E.G. would take the gait scanner to various firehalls and other locations in Windsor and have patients walk across on the gait scanner. Patients could also go to the Clinic to walk across the gait scanner. The patients would have prescriptions from physicians for orthotics.
- The resultant scans and physicians’ prescriptions for orthotics would be emailed to the Member in Savannah. The Member would then order orthotics for the patients and complete an insurance claim form for each patient (“Claim Form”). The Claim Forms and physician prescriptions would be sent to insurance companies. The orthotics, when made, would be sent by the orthotics manufacturer to the Clinic for pick-up by the patients.
- The Member never saw any of the patients in person or had any contact with them in relation to orthotics.
- During the period January 2009 – November 2009, 151 Claim Forms for custom-made orthotics signed by the Member were sent to the Insurer. The claims were for \$450.00 for each pair of orthotics. In total, \$66,625.00 in claims were received by the Insurer and paid directly to the Member.
- The Member was the only health professional to sign each Claim Form. On each Claim Form, the Member:
  - o certified that the treatment of custom orthotics was performed by him and that all information on the Claim Form was accurate;
  - o identified himself as the provider, along with his accreditation as a chiropractor and his CCO registration number;

- o indicated he had prescribed/provided custom orthotics for each patient; and
- o indicated on each Claim Form that the orthotics were not needed as a result of a work-related injury, motor vehicle accident, or for sports purposes only.
- A diagnosis was provided on 74 of the Claim Forms. The diagnosis provided on each of those Claim Forms was one or more of foot pain, flat feet, pes planus, metatarsalgia, or plantar fasciitis.
- In 48 of the Claim Forms, the diagnosis provided by the Member differed from the diagnosis provided by the patient's physician on the prescription for orthotics or provided a diagnosis when the physician had not provided a diagnosis.
- The Member identified the diagnostic measures included in the determination of need for orthotics as biomechanical examination and stance and gait analysis.
- The Member did not:
  - o create any records or other documents for the patients receiving orthotics other than the Claim Forms;
  - o keep any records or documents relating to the provision of orthotics, including copies of the emailed scans or prescriptions he received by email from the Clinic; and
  - o obtain consent from any of the patients.
- In December 2009, the Member stopped his practice of submitting Claim Forms to the Insurer for orthotics, as set out above, when he became aware that the Insurer was investigating the claims.
- The Member admits that in his dispensing of orthotics to the patients referred to in the Claim Forms, he did not comply with:
  - o CCO Standard of Practice S-012: Orthotics, and in particular, he did not:
    - take a case history or perform an appropriate examination,
    - in many cases, provide a diagnosis,
    - obtain written, informed consent,
    - provide any follow-up, and
    - bill in compliance with CCO standards of practice;
  - o CCO Standard of Practice S-013: Consent, and in particular, he did not obtain informed consent from any of the patients;
  - o CCO Standard of Practice S-002: Record Keeping, and in particular, he did not create or retain records in accordance with that standard; and
  - o CCO Standard of Practice S-008: Communicating

a Diagnosis/Clinical Impression, and in particular, he did not communicate a diagnosis to any of the patients he diagnosed.

### Findings

- The Member committed acts of professional misconduct, because he:
  - o contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession, and in particular, CCO Standard of Practice S-002: Record Keeping; CCO Standard of Practice S-008: Communicating a Diagnosis/Clinical Impression; CCO Standard of Practice S-012: Orthotics; and CCO Standard of Practice S-013: Consent;
  - o failed to obtain consent;
  - o failed to keep records;
  - o signed or issued, in his professional capacity, documents he knew contained false and misleading statements; and
  - o engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

### Penalty

The parties proposed the following penalty, which was accepted by the panel. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Ordering the Registrar to suspend the Member's Certificate of Registration for a period of ten (10) months after the date that the Member obtains a certificate of registration with the CCO.
- Ordering the Registrar to impose specified terms, conditions and limitations ("Conditions") on the Member's Certificate of Registration, and in particular:
  - o that prior to practising in Ontario, the Member must:
    - provide evidence that he has successfully completed the Legislation & Ethics Examination and attended the CCO Record Keeping Workshop at his own expense, and
    - review and agree in writing to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of Regulation R-852/93: Professional Misconduct; CCO Guideline G-008: Business Practices; CCO Standard of Practice S-002: Record Keeping; CCO Standard of Practice S-008: Communicating a

Diagnosis/Clinical Impression; CCO Standard of Practice S-012: Orthotics; and CCO Standard of Practice S-013: Consent;

- be peer assessed at his own expense within six (6) months after he returns to practice in Ontario; and
- for a two-year period after the Member returns to practice in Ontario, the CCO may, at its discretion and the Member's expense, monitor the Member's practice up to four (4) times.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$12,500.00 prior to applying for registration with the CCO.
- Requiring that the results of the proceeding be recorded in the public portion of the Register, published in the Annual Report or other publications at the discretion of the CCO, and forwarded by the Registrar to the Georgia Board of Chiropractic Examiners.

**NAME OF MEMBER:  
DR. HYO KIM (#3541), TORONTO**

**Agreed Statement of Facts**

- Dr. Hyo Kim ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1998.
- During the relevant time, the Member practised chiropractic at C.A.R.E. Chiropractic Centre in Toronto. He also provided chiropractic treatment at ZenSpa in Toronto, Ontario.
- In January 2010, the CCO received a complaint from an insurer, alleging that the Member was one of a number of regulated health professionals who had provided fabricated receipts for insured health services to ZenSpa. The receipts, in turn, were provided to clients of ZenSpa, who had purchased various ZenSpa packages for manicures, pedicures, hair removal, etc. The clients then submitted the fabricated receipts to various insurers to recover the funds they had spent for the spa packages.
- Later in January 2010, the CCO received a complaint from a member of the public, who complained that the Member, among others, was issuing false invoices for insured health services to clients of ZenSpa.
- Both complaints resulted in specified allegations of professional misconduct being referred to the Discipline Committee. Given that the specified allegations of professional misconduct involve the same or similar questions of fact and law, the proceedings were combined, with the consent of the parties.
- In 2008, the Member entered into an arrangement with the owner of ZenSpa to provide, for a fee, false receipts for chiropractic treatments.
- ZenSpa would send to the Member ZenSpa client names and certain information required for insurance claims, including date of birth, address, telephone number, the amount of available insurance coverage for chiropractic, and the period for when the receipts should be dated. The Member would issue receipts indicating the ZenSpa clients had been provided with chiropractic care or orthotics at C.A.R.E. Chiropractic Centre. The ZenSpa clients could then provide the false receipts to their insurers to recover funds they spent for aesthetic services, including manicures, pedicures and facials, at ZenSpa.
- According to records obtained by the CCO, during the period December 2008 - March 2009, the Member was requested by ZenSpa to issue receipts indicating he had provided chiropractic treatment or orthotics to 87 ZenSpa customers at C.A.R.E. Chiropractic Centre when he had not provided the chiropractic treatment.
- The Member agrees he did not provide the 87 persons with chiropractic treatment or orthotics but instead, for a fee, issued receipts indicating he had done so.
- Four different insurance companies were contacted by the CCO, and they indicated, out of the 87 people, they had received 21 claims for chiropractic treatment which included invoices from the Member.
- No patient records exist for the 87 people.
- Between May 19 and July 9, 2009, an insurer contracted with five separate persons to attend at ZenSpa and purchase packages totalling \$4,400.00 for manicures, pedicures and facials.
- The five persons did so, and were provided by ZenSpa with \$5,626.00 of fabricated receipts, including receipts provided by the Member, totalling \$1,710.00 for chiropractic treatments.
- The Member never provided chiropractic treatments to any of the five individuals, but issued the receipts pursuant to an arrangement with ZenSpa in which he was paid a fee for the issuance of fabricated receipts.

**Findings**

- 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 records relating to his practice;
  - signed or issued, in his professional capacity, documents he knew contained false and misleading statements;
  - submitted accounts or charges for services that he knew were false or misleading; and
  - engaged in conduct or performed an act, that, having



regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

### Penalty

The parties proposed the following penalty, which was accepted by the panel. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Ordering the Registrar to suspend the Member's Certificate of Registration for a period of twelve (12) months, so long as the Member pays the costs ordered by the panel. In the event the Member defaults on the payment of his costs, the suspension will remain in effect until the costs are fully paid.
- If a portion of the suspension is suspended, and the Member thereafter defaults on the payment of his costs, the Member's Certificate of Registration will be suspended until the costs are fully paid.
- Ordering the Registrar to impose specified terms, conditions and limitations ("Conditions") on the Member's Certificate of Registration, and in particular:
  - that the Member, within nine (9) months of the start of the suspension must:
    - provide evidence that he has successfully completed the Legislation & Ethics Examination and attended the CCO Record Keeping Workshop at his own expense and attended the May 12, 2012 continuing education session presented by the CCO entitled "An Opportunity to Connect", and
    - reviewed and agreed in writing to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of Regulation R-852/93: Professional Misconduct; CCO Guideline G-008: Business Practices; CCO Standard of Practice S-012: Orthotics; CCO Standard of Practice S-002: Record Keeping; and CCO Standard of Practice S-013: Consent; and
  - be peer assessed at his own expense within three (3) months after he returns to practice following the suspension.
- Ordering the Registrar to suspend three (3) months of the suspension if the Member signs an Undertaking in which he undertakes to fulfil the Conditions and pay his costs.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$12,500.00 as follows:
  - \$3,000 by December 31, 2012; and
  - \$500 per month thereafter until the costs have been paid.

### NAME OF MEMBER:

**DR. LEON KUSHNIR (#2896), TORONTO**

### Motion

- Prior to the hearing, the Member brought a motion seeking production of documents in the possession of a medical clinic and an insurer.
- A panel of the Discipline Committee ordered the medical clinic to produce records and, after reviewing them, ordered that the records be produced to the Member and the CCO. It reserved on a decision regarding the insurer.

### Agreed Statement of Facts

- Dr. Leon Kushnir ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1994.
- During the relevant time, the Member practised chiropractic at Assessment Direct Inc. ("Clinic") in Toronto, as an independent contractor.
- In December 2011, after specified allegations of professional misconduct had been referred to the Discipline Committee, the Member applied for an inactive certificate of registration with the CCO.
- On February 11, 2010, "Ms. L.R." was involved in an automobile accident. As a result of the accident, Ms. L.R. suffered a re-injury to her left shoulder, which affected the strength and mobility in her left shoulder.
- Ms L.R. was an independent contractor. She did not take any time off from work following the accident. She was able to perform activities of daily living following the accident, although the pain and reduced mobility in her left shoulder required her to adjust the manner in which she carried out such activities.
- On February 19, 2010, Ms L.R. began receiving rehabilitation treatment at the Rouge Valley Rehabilitation Centre ("Centre"). She received 10 treatments at the Centre between February 19, 2010 and March 24, 2010, consisting of physiotherapy, massage, exercise, and acupuncture.
- Unbeknownst to Ms L.R., the Centre referred her to the Clinic for an independent assessment of attendant care needs. The Centre's practice was to have all patients assessed for attendant care needs. The Member was assigned by the Clinic to perform the assessment. The Member was not aware that Ms. L.R. was unaware that she had been referred to him for the assessment in question.
- The Member met Ms. L.R. on February 23, 2010 and immediately afterwards prepared an Attendant Care Assessment Report (the "Report") and an Assessment of Attendant Care Needs ("Form 1") (collectively, "Attendant Care Assessment"), which he signed and provided to the

Clinic. On March 18, 2010, the Clinic sent the Attendant Care Assessment documents to Ms L.R.'s insurer.

- According to the Attendant Care Assessment, the Member indicated he had assessed Ms L.R. on February 23, 2010, taking a history and performing a number of range of motion tests and postural tolerance tests. The Member opined that Ms L.R. was not capable of performing her personal care independently, including dressing, undressing, preparing and feeding herself meals, cleaning, and coordinating and scheduling attendant care. The Member also recommended that an in-home assessment be performed and that Ms L.R. be provided with a number of assistive devices. Assessment Direct claimed \$915.35 for the Attendant Care Assessment.
- The Member does not have a signed consent form, or any other document evidencing Ms. L.R.'s consent to the February 23, 2010 assessment.
- The only documents the Member has regarding Ms L.R. are copies of the Attendant Care Assessment.
- On March 22, 2010, Ms L.R. advised her insurer that she had never requested or wanted attendant care and knew nothing about the Attendant Care Assessment. She indicated she never saw the Member and was never assessed by him. She subsequently indicated that she may have met the Member, but was unaware that the meeting was for the purpose of being assessed for the need for attendant care. She did not feel that this meeting was detailed enough for the Member to have assessed her in the manner suggested by the Attendant Care Assessment, and she did not feel that the assessment correctly set out her physical condition.
- As a result, the insurer refused to pay the \$915.35 claimed by Assessment Direct.

### Findings

- 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 in particular, CCO Standard of Practice S-002: Record Keeping and CCO Standard of Practice S-013: Consent;
  - failed to keep records; and
  - engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.

### Penalty

The parties proposed the following penalty, which the panel accepted. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Ordering the Registrar to suspend the Member's Certificate of Registration for a period of three (3) months, provided that the suspension will be remitted if the Member signs an undertaking to the Registrar that he will not apply for an active certificate of registration with the CCO within three (3) months of the date of the panel's decision.
- Ordering the Registrar to impose specified terms, conditions and limitations on the Member's Certificate of Registration, and in particular:
  - that the Member, prior to applying for an active member (general) membership must:
    - provide evidence he has successfully completed the Legislation & Ethics Examination and attended the CCO Record Keeping Workshop at his own expense, and
    - review and agree in writing to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of Regulation R-852/93: Professional Misconduct; CCO Guideline G-008: Business Practices; CCO Standard of Practice S-001: Chiropractic Scope of Practice; CCO Standard of Practice S-002: Record Keeping; CCO Standard of Practice S-013: Consent; and CCO Standard of Practice S-018: Third Party Independent Chiropractic Evaluations;
  - be peer assessed at his own expense within six (6) months after he returns to practice; and
  - for a two-year period after the Member returns to practice, the CCO may, at its discretion and the Member's expense, monitor the Member's practice up to four (4) times.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$7,500.00 payable by December 31, 2012.
- Requiring that the results of the proceeding be recorded in the public portion of the Register and published in the Annual Report or other publications at the discretion of the CCO. The Registrar will also forward the results of the proceeding to the Florida Board of Chiropractic Medicine.

**NAME OF MEMBER:  
DR. KENNETH OLDAKER (#1166), KAPUSKASING**

**Agreed Statement of Facts**

- Dr. Kenneth Oldaker (“Member”) has been a member of the College of Chiropractors of Ontario (“CCO”) since 1975. He practises chiropractic in Kapuskasing, Ontario.
- The Member has not been the subject of any prior complaints or discipline proceedings.
- During the relevant time period, the Member was experiencing significant personal difficulties.
- Since 2005, pursuant to Ontario Regulation 204/94, all members of the CCO are required to participate in the CCO’s quality assurance program. This includes the requirement to be peer assessed if chosen at random by the Quality Assurance Committee.
- In April 2010, the Member was chosen at random by the Quality Assurance Committee to be peer assessed.
- The CCO contacted the Member on three occasions between April 22, 2010 and October 5, 2010, advising him that he was required to be peer assessed, and asking him to provide the materials needed for the peer assessment. He was also informed his failure to respond would result in a referral to the CCO’s Inquiries, Complaints and Reports Committee (“ICRC”). The Member did not respond to the CCO’s communications.
- On June 16, 2011, the Member was informed by the CCO that the Quality Assurance Committee had forwarded his name to the ICRC because he had not responded to the requirement to be peer assessed. The Member was advised that he was required to make a response to the ICRC within thirty days, explaining why he had failed to be peer assessed. The Member was also advised that if he did not respond to the ICRC, there would be a referral of specified allegations of professional misconduct to the Discipline Committee. The Member did not respond to the CCO’s communication.

**Findings**

- The Member committed the following acts of professional misconduct:
  - he contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession because he:
    - did not undergo a peer assessment when he was selected at random by the CCO and required to do so, and
    - failed to respond to the ICRC’s requirement that he provide an explanation for his failure to undergo

a peer assessment; and

- he engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional because he:
  - did not undergo a peer assessment when he was selected at random by the CCO and required to do so, and
  - failed to respond to the ICRC’s requirement that he provide an explanation for his failure to undergo a peer assessment.

**Penalty**

The CCO and the Member jointly proposed the following penalty, which was accepted by the panel. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of four (4) months.
- Ordering the Registrar to suspend two (2) months of the suspension if the Member, at his own expense:
  - attended a CCO Record Keeping Workshop;
  - successfully completed the Legislation & Ethics Examination; and
  - attended, and provided written proof to the Registrar that he attended, the continuing education session on the role, mandate and mechanism of the CCO on May 12, 2012 entitled “An Opportunity to Connect”.
- Requiring the Member to pay a portion of CCO’s investigative and legal costs in the amount of \$2,000.00.

**NAME OF MEMBER:  
DR. JOHN PIKULA (#1407), BRANTFORD**

**Agreed Statement of Facts**

- Dr. John Dikula (“Member”) has been a member of the College of Chiropractors of Ontario (“CCO”) since 1978.
- During the relevant period, he was a self-employed chiropractor and had a chiropractic office in Brantford.
- “S.L.” began receiving chiropractic treatments from the Member on May 12, 2004 for neck pain. The Member continued to provide his patient, S.L., with chiropractic treatments for some period of time.
- During the period when the Member was providing chiropractic treatments to S.L., he also had a sexual relationship with her. The sexual relationship included sexual intercourse and other forms of physical sexual

relations described in Subsection 51(5)2 of the *Health Professions Procedural Code*.

- The Member admits that he had sexual intercourse and other forms of physical sexual relations with S.L. while he was in a doctor/patient relationship with her and that he therefore sexually abused S.L.

### Findings

- The Member committed acts of professional misconduct, and in particular, he sexually abused S.L. by having sexual intercourse or other forms of physical sexual relations with S.L. when she was his patient.

### Penalty

The CCO and the Member jointly proposed the following penalty, which was accepted by the panel. The panel made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to revoke the Member's certificate of registration.
- Requiring the Member to reimburse the CCO for funding provided to S.L. under the program required under section 85.7 of the *Health Professions Procedural Code*.
- Requiring the Member to pay a portion of the CCO's investigative and legal costs for these matters in the amount of \$12,500.00.

### NAME OF MEMBER: DR. TANJA BRAUN SMITH (#5091), KITCHENER

### Agreed Statement of Facts

- Dr. Tanja Braun Smith ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 2006.
- During the relevant period, she was a self-employed chiropractor and also practised at a chiropractic clinic in Kitchener.
- The Member married "Mr. R.S." in 2003.
- At the time, Mr. R.S. was receiving chiropractic treatment from a local chiropractor.
- In 2006, after the Member became a member of the CCO, she began providing chiropractic treatment to Mr. R.S. She had Mr. R.S.'s file transferred to her from the local chiropractor who had been treating him, opened and maintained a chiropractic record for him, and billed his insurer for his chiropractic treatments. The Member provided Mr. R.S. with regular chiropractic treatments

during the period 2006 to February 2008.

- During the period 2006 to February 2008, the Member and Mr. R. S. had a sexual relationship that included sexual intercourse and other forms of physical sexual relations while she was in a doctor/patient relationship with him.
- In February 2008, the Member's relationship with Mr. R.S. broke down and they separated. As a result, she ceased treating him.
- On August 11, 2008, in the City of Stratford, the Member was convicted of possessing a handgun without being the holder of a licence, contrary to section 91(1) of the Criminal Code of Canada.
- On December 21, 2009, in the City of Stratford, the Member was convicted of two counts of mischief for interfering with the lawful use, enjoyment or operation of Mr. R.S.'s property, contrary to section 430(1)(c) of the Criminal Code of Canada.
- The Member renewed her certificate of registration with the CCO on an annual basis. Each of the Member's registration renewal forms between 2009 - 2012 contained the following declaration, which was signed by the Member:

I declare the information as recorded on this registration form to be true and complete and undertake to advise the CCO immediately if there is any change in the information provided on this form. I understand it may be considered an act of professional misconduct to provide false information to the CCO.

- Every annual registration renewal form completed by the Member between 2009 - 2012 contained the following question, to which the Member answered "no":

"Have you been found guilty of any criminal offence?"

### Findings

- The Member committed acts of professional misconduct, and in particular, she:
  - sexually abused R.S. by having sexual intercourse or other forms of physical sexual relations with R.S. when he was her patient; and
  - engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional because she declared on her annual CCO registration renewal applications between 2009 - 2012 that she had not been found guilty of any criminal offences when that declaration was not true.

### Penalty

The CCO and the Member agreed that the panel should make an order requiring the Member to appear before

the panel to be reprimanded and directing the Registrar to revoke the Member's certificate of registration. The CCO and the Member disagreed on two issues: (i) whether the Member should be required to reimburse the CCO for funding for therapy and counseling provided to Mr. R.S. under the program required under section 85.7 of the *Health Professions Procedural Code*; and (ii) whether the Member should be required to pay a portion of the CCO's investigative and legal costs.

The parties made submissions to the panel of the Discipline Committee regarding the two issues. After hearing the submissions, the panel of the Discipline Committee made an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to revoke the Member's certificate of registration.
- Requiring the Member to reimburse the CCO for funding provided to R.S. under the program required under section 85.7 of the *Health Professions Procedural Code*.
- Requiring the Member to pay a portion of the CCO's investigative and legal costs for these matters in the amount of \$12,500.00.

### 3. WITHDRAWALS

#### NAME OF MEMBER: DR. STEVE CHENG (#1350), WATERLOO

The Inquiries, Complaints and Reports Committee had referred specified allegations of professional misconduct to the Discipline Committee regarding the Member's failure to be peer assessed and to communicate with the CCO. Prior to the Member's Discipline Committee hearing, the Member resigned his membership with the CCO and undertook not to apply for membership in the future. Given the Member's resignation and Undertaking, the CCO withdrew the specified allegations of professional misconduct with the approval of a panel of the Discipline Committee.

### 4. CONTESTED HEARINGS

#### NAME OF MEMBER: DR. SCOTT LYONS (#1717), TORONTO

##### Overview

Dr. Scott Lyons was the subject of two Discipline Committee hearings, which were held one after the other on December

6, 2011. The Member did not attend the hearings and was not represented by counsel. The panel of the Discipline Committee ("Panel") adjudicating the hearings was satisfied that the Member had been properly served with the Notices of Hearing and so the hearings proceeded in his absence.

#### Hearing #1

##### Allegations

The CCO alleged that Dr. Scott Lyons ("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;
- failed to maintain his practice premises in a safe and sanitary manner;
- failed to keep records as required;
- failed, without reasonable cause, to provide a report or certificate relating to an examination or treatment he provided, in a reasonable time after a patient requested such a report or certificate;
- contravened the *Chiropractic Act*, the *Regulated Health Professions Act* or the regulations under those Acts;
- contravened a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals Act*, and the contravention was relevant to his suitability to practise; and
- engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

##### Findings

The Panel heard evidence from three (3) witnesses and received fourteen (14) exhibits. Based on its assessment of the evidence, the Panel made the following findings of fact:

- patient N.S. was treated by the Member between 2005 and 2008;
- from February 2009 to October 2009, N.S. made extensive and extraordinary efforts to acquire his patient record from the Member. Despite those efforts, the Member never provided the record to N.S.;
- the Member did provide one document from the record, but that document was not provided in a timely way and was not the complete record;
- N.S.'s patient record was not found in the Member's office, despite a thorough search;
- from November 2009 to December 2011, the CCO made numerous requests to the Member via telephone,

e-mail, regular mail, and in person; and

- the Member failed to make any substantive reply to the CCO requests or to cooperate with the CCO or its investigator.

The Panel determined the Member had 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;
- failed to keep records as required;
- failed, without reasonable cause, to provide a report or certificate relating to an examination or treatment he provided, in a reasonable time after a patient requested such a report of certificate;
- contravened the *Chiropractic Act*, the *Regulated Health Professions Act* or the regulations under those Acts; and
- engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

## Hearing #2

### Allegations

The CCO alleged that the Member committed acts of professional misconduct because he:

- sexually abused a patient known as N.W.;
- contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
- abused N.W. verbally, physically, psychologically or emotionally;
- failed to maintain his practice premises in a safe and sanitary manner;
- failed to keep records as required;
- contravened the *Chiropractic Act*, the *Regulated Health Professions Act* or the regulations under those Acts;
- contravened a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals Act*, and the contravention was relevant to his suitability to practise;
- failed to comply with an order or breached an undertaking given to the Inquiries, Complaints and Reports Committee, Discipline Committee or Fitness to Practise Committee or to the Registrar; and

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

### Findings

The Panel heard evidence from four (4) witnesses and received five (5) exhibits. Based on its assessment of the evidence, the Panel made the following findings of fact:

- patient N.W. was treated by the Member from 2006 to 2008;
- the Member had a concurrent professional and personal relationship with N.W.;
- the Member failed to maintain appropriate professional boundaries with N.W. because he:
  - attended uninvited at N.W.'s residence at 1:30 in the morning;
  - received and made numerous telephone calls to N.W. of a personal nature in the evenings and on weekends; and
  - continued the personal relationship when asked not to do so by N.W.'s spouse.
- N.W.'s patient record was not found in the Member's office, despite a thorough search;
- from November 2009 to December 2011, the CCO made numerous requests to the Member via telephone, e-mail, regular mail, and in person; and
- the Member failed to make any substantive reply to the CCO requests or to cooperate with the CCO or its investigator.

The Panel determined the Member had 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;
- failed to keep records as required;
- contravened the *Chiropractic Act*, the *Regulated Health Professions Act* or the regulations under those Acts; and
- engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.



## Penalty Hearing

### Overview

The penalty hearings for Hearing #1 and Hearing #2 took place on June 5, 2012. The Member did not attend the penalty hearings in person but participated by telephone. The parties agreed during the course of the first hearing that the hearings could be combined. The Member initially indicated he intended to bring a motion to adjourn the penalty hearing, but later indicated he withdrew his motion and was prepared to proceed.

The Panel heard oral submissions on penalty and costs from the CCO. The Member was given the opportunity to make submissions on penalty and costs but declined to do so.

### Penalty

Based on the evidence, the submissions, and its findings of professional misconduct, the Panel considered that the Member had not taken responsibility for the behaviour that resulted in findings of professional misconduct. It also considered the Member to be ungovernable because he had demonstrated he was unable or unwilling to be regulated by the CCO. The Panel noted that the Member:

- had previously been disciplined by a panel of the Discipline Committee and had been cautioned by the Inquiries, Complaints and Reports Committee. Despite this, the Member's behaviour had become progressively worse;
- failed to respond to the CCO's numerous attempts to contact him between November 2009 and December 2011; and
- failed to cooperate with the CCO investigator and allow him access to his office or assist in accessing patient records.

The Panel considered that, given its mandate to protect the public interest and the Member's ungovernability, the appropriate penalty was to make an order requiring the Registrar to revoke the Member's certificate of registration.

The Panel then considered the issue of costs. The Panel took into account a number of factors in determining the appropriate cost order, including:

- its statutory jurisdiction to award costs to the CCO;
- the Member's failure to cooperate with the CCO throughout the course of the investigation and hearings, which resulted in the CCO having to incur extra costs, including its investigator having to secure and execute a search warrant;

- that the Member chose not to attend the December 6, 2011 hearings, which resulted in the CCO having to hold two separate hearings and to call evidence in both hearings; and
- that the profession should not have to bear all of the unnecessary financial burden of the hearings that resulted from the Member's failure to cooperate with the CCO.

The Panel made an Order:

- directing the Registrar to revoke the Member's certificate of registration; and
- requiring the Member to pay a portion of the CCO's investigative and legal costs for these matters in the amount of \$25,000.00 for each hearing for a total of \$50,000.00.

## EXTRACT FROM THE *RHPA* POWERS OF A DISCIPLINE PANEL

### Professional Misconduct

51. (1) A panel shall find that a member has committed an act of professional misconduct if,
- (a) the member has been found guilty of an offence that is relevant to the member's suitability to practise;
  - (b) the governing body of a health profession in a jurisdiction other than Ontario has found that the member committed an act of professional misconduct that would, in the opinion of the panel, be an act of professional misconduct as defined in the regulations;
  - (b.01) the member has failed to co-operate with the Quality Assurance Committee or any assessor appointed by that committee;
  - (b.1) the member has sexually abused a patient; or
  - (c) the member has committed an act of professional misconduct as defined in the regulations.

### Orders

- (2) If a panel finds a member has committed an act of professional misconduct, it may make an order doing any one or more of the following:
1. Directing the Registrar to revoke the member's certificate of registration.
  2. Directing the Registrar to suspend the member's certificate of registration for a specified period of time.
  3. Directing the Registrar to impose specific terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
  4. Requiring the member to appear before the panel to be reprimanded.
  5. Requiring the member to pay a fine of not more than \$35,000 to the Minister of Finance.
- 51 If the act of professional misconduct was the sexual abuse of a patient, requiring the member to reimburse the College for funding provided for that patient under the program required under section 85.7.

52 If the panel makes an order under paragraph 5.1, requiring the member to post security acceptable to the College to guarantee the payment of any amounts the member may be required to reimburse under the order under paragraph 5.1.

...

### Orders relating to sexual abuse

- (5) If a panel find a member has committed an act of professional misconduct by sexually abusing a patient, the panel shall do the following in addition to anything else the panel may do under subsection (2):
1. Reprimand the member.
  2. Revoke the member's certificate of registration if the sexual abuse consisted of, or included, any of the following,
    - i. sexual intercourse,
    - ii. genital to genital, genital to anal, oral to genital, or oral to anal contact,
    - iii. masturbation of the member by, or in the presence of, the patient,
    - iv. masturbation of the patient by the member,
    - v. encouragement of the patient by the member to masturbate in the presence of the member.

...

### Incompetence

52. (1) A panel shall find a member to be incompetent if the member's professional care of a patient displayed a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice should be restricted.

### Order

- (2) If a panel finds a member is incompetent, it may make an order doing any one or more of the following:
1. Directing the Registrar to revoke the member's certificate of registration.
  2. Directing the Registrar to suspend the member's certificate of registration.
  3. Directing the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified period of time or indefinite period of time.

# PATIENT RELATIONS COMMITTEE



*Ms Judith McCutcheon* **CHAIR**  
**PUBLIC MEMBER SINCE 2009**

## COMMITTEE MEMBERS

Mr. Shakil Akhter

Dr. Lisa Cadotte,

*Non-Council Member*

Dr. Brian Gleberzon

Dr. Douglas Pooley

## STAFF SUPPORT

Mr. Joel Friedman,

*Director, Policy & Research*

Ms Jo-Ann Willson,

*Registrar and General Counsel*

## COMMITTEE ACTIVITIES IN 2012

The Patient Relations Committee continued to uphold its regulatory mandate to protect the public interest.

In 2012, the Committee:

- Convened five meetings
- Recommended to Council that, in view of fiscal responsibility and societal trends towards electronic and paperless communications, all CCO members be required to have access to an email account (approved by Council in September)
- Noted CCO's response to HPRAC in response to its review of mandatory revocation provisions related to treatment of spouses
- Recommended to Council for approval the public education document (approved by Council in February)
- Reviewed options for being environmentally and fiscally responsible such as working towards "going paperless" and holding Committee meetings by videoconferencing
- Recommended to Council minor wording amendments to Standard of Practice S-014: Prevention of Sexual Abuse of a Patient (approved by Council in February)
- Recommended to Council minor wording amendments to Guideline G-005: Guidelines for the Members and Office Staff of a Chiropractic Office (approved by Council in November)

## 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

In 2012, the Patient Relations Committee continued work on initiatives reflecting its regulatory mandate. Committee activities supported the changing nature of professional practice, particularly with regards to our mandate to develop programs and guidelines to enhance the doctor/patient relationship, to provide guidance to the profession on matters relating to the office and to develop and implement measures for preventing and dealing with sexual abuse of patients.

The Committee also completed further work on revising Standard of Practice S-014: Prohibition Against a Sexual Relationship with a Patient designed to provide clarity on the termination of the patient relationship prior to commencing a personal relationship. The intent is to help identify and avoid situations that could lead to boundary crossing or violations, the most serious of which could result in allegations of sexual abuse.

Guideline G-005: Guidelines for Members Related to Office Staff was revised to provide members with guidance to supervise staff members in matters of gowning, confidentiality, respectful language and disclosure of fees.

The very popular *Partnership of Care/Parnerariat de soins de Sante* document was translated into Chinese, Punjabi, Spanish, Italian, Arabic, German, Tagalog, and Vietnamese. This document continues to be a valuable tool in enhancing the doctor/patient relationship.

Throughout most of the year, the Committee worked on a four-page public education document, "Quality Chiropractic Care for Ontarians" which was included in the February 2013 subscribers' edition of *Style at Home* magazine coupled with full-page advertisements in the January and February 2013 editions. These initiatives will continue throughout 2013.

This is my second year as Chair of Patient Relations and I want to express my gratitude to a very dedicated committee team of professional and public members and an extremely hard-working staff. Drs. Lisa Cadotte, Brian Gleberzon, and Douglas Pooley generously give of their time and expertise as Committee members representing the profession while Mr. Shakil Akhter is my fellow public member. I would also like to recognize Drs. Dennis Mizel and Cal Neeley who left the Committee in April 2012.



# QUALITY ASSURANCE COMMITTEE



*Dr. Robbie Berman* **CHAIR**  
**CCO MEMBER SINCE 1995**

## COMMITTEE MEMBERS

Ms Cristina De Caprio

Dr. Heather Jones,

*Non-Council Member*

Dr. James Laws

Mr. Martin Ward

## STAFF SUPPORT

Mr. Joel Friedman,

*Director, Policy & Research*

Dr. J. Bruce Walton,

*Director of Professional Practice*

Ms Jo-Ann Willson,

*Registrar and General Counsel*

## COMMITTEE ACTIVITIES IN 2012

In fulfilling its mandate in helping to continuously improve the quality of the health care provided to the public of Ontario by chiropractors, the Quality Assurance Committee ably managed a significant workload in 2012, including recommending numerous standards of practice, guidelines and policies to Council for approval. The Committee also oversaw the delivery of the well-attended and informative “An Opportunity to Connect” workshop for members in May. In 2012, the Committee:

- Convened eight face-to-face meetings and one teleconference meeting
- Hosted a well-attended and a well-received peer and practice assessment workshop on January 28, 2012 to update the peer assessors on changes in CCO’s standards of practice, policies and guidelines, review the overall peer and practice assessment process and consider future options in measuring competency beyond the patient health record, and participate in an informative “question and answer” session
- Oversaw the distribution of over 600 peer assessment packages to members, with a high rate of return
- Planned and executed a well-received Continuing Education (CE) workshop for members in May and entitled “An Opportunity to Connect”
- Responded to and clarified identified areas of concern forwarded from the Inquiries, Complaints and Reports Committee to the QA Committee
- Recommended the adoption of changes to the Core Competency document (approved by Council in February)
- Recommended to Council the following standards of practice, policies and guidelines:
  - Standard of Practice S-004: Reporting of Diseases for approval (approved by Council in September)
  - Standard of Practice S-007: Putting a Finger Beyond the Anal Verge for the Purpose of Manipulating the Tailbone (approved by Council in June)
  - Standard of Practice S-008: Communicating a Diagnosis or Clinical Impression for circulation and feedback to members and stakeholders (approved by Council in September)

## 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.



- o Standard of Practice S-011: Members of More than One Profession for circulation and feedback to members and stakeholders (approved by Council in November)
- o Standard of Practice S-019: Conflict of Interest in Commercial Ventures for approval (approved by Council in February)
- o Guideline G-004: Documentation of a Chiropractic Visit for distribution to members and stakeholders (approved by Council in September)

## A MESSAGE FROM THE CHAIR

The Quality Assurance Committee is always a very active committee due to its vast mandate of monitoring many standards of practice and overseeing programs to ensure quality chiropractic care to the public of Ontario; 2012 was no different. The Committee convened eight regular meetings, presented the peer assessors' training day, reached out to the profession in order to select a small group of new peer assessors, presented record keeping workshops and organized the "Opportunity to Connect" workshop in May 2012.

2012 was also the year the newly designed continuing education (CE) program completed its first cycle (June 30). The program was created in 2010 to comply with the government-mandated changes made in 2009 to the *RHPA* and which now required all regulated health professionals to participate in self-assessment and continuing education. Further, the changes required the regulatory body to monitor compliance in all such programs. Utilizing the "Continuing Education & Professional Development Log" (developed by the QA Committee), this information was collected for the first time at the end of 2012 when it accompanied the 2013 registration renewal forms. Based on feedback and the data collected, it was evident that the program was very well received by the profession and the great news is there was over 99% compliance! I applaud every member of the profession for making this program successful and for striving to be the very best they can be while serving the public of Ontario. A friendly reminder that this program is ongoing and the second cycle began on July 1, 2012 and runs until June 30, 2014 with much of the same requirements as the first cycle.

The "Opportunity to Connect" workshop in May 2012 was one item that was extremely important to the Committee and I believe very successful for many reasons. It was an opportunity to connect with fellow colleagues, ask your questions directly to CCO Council members, hear about CCO initiatives and understand why we do what we do. Not only could your attendance at the workshop be used towards your CE, you could provide feedback to CCO and realize that CCO Council members are your peers and very approachable. Again, I thank the profession and the Council and staff for making this day extremely successful.

Behind the scenes, the QA Committee is always working on updating standards of practice, guidelines and policies to ensure that these documents are readily comprehensible for all, accurately

reflect the relevant legislation, are current in today's practice environment and are practical for the practising chiropractor and the Ontario public alike.

It is with great pride that I say thank you to the 2012 Quality Assurance Committee. This Committee was a synergistic mix of long-serving Council members, varying years of experience and styles of practice, different age groups represented in both the public and professional members, and knowledgeable staff. This blend of talent seemed to work better than the sum of its parts would dictate and much was accomplished throughout the year, culminating in QA mailouts to the membership and stakeholders for feedback and ultimately implementation by a vote at Council. I sincerely thank Committee members Dr. James Laws, Mr. Martin Ward, Ms. Cristina De Caprio and Dr. Heather Jones for their thoroughness, insight, dedication and determination in reviewing all items brought before the Committee and their true "serving attitude" to ensure the public of Ontario and the chiropractic profession receive the very best from CCO.

As Chair, I extend my appreciation to past Chair, Dr. Peter Amlinger, for beginning the 2012 Committee on such a positive note and the Committee extends its gratitude to the dedicated CCO staff. Thank you to Policy & Research Director, Mr. Joel Friedman for working with us to capture the essence of the Committee's ideas, to Dr. Bruce Walton, Director of Professional Practice, for coordinating many of the QA presentations and programs and to Registrar and General Counsel, Ms. Jo-Ann Willson for her expertise and keeping us alerted to all the relevant issues surrounding our discussions, which helped us reach consensus before the Committee would render its final recommendations.

After the maximum of nine years on Council, I must say goodbye to CCO and to my fellow colleagues who allowed me serve our great profession. As outgoing QA Chair, I want to thank the 2012 Council for putting their trust in me as chair of this Committee during my final year on Council. It was a successful and fulfilling year and I thank all of Council for working together to ensure important projects were handled most appropriately in a timely fashion. I also want to thank you, the CCO membership, for voicing your opinions and providing the constructive feedback needed to ensure CCO develops the very best standards and programs. It has been a true honour to serve the chiropractic profession as the elected member of District 3. Witnessing what happens at CCO from above-down, inside-out, I will honestly and humbly say it is a true privilege to witness the love and dedication so many chiropractors exude when delivering chiropractic to the public of Ontario. I hope I have earned your trust and gained your respect as I served and delivered to the best of my abilities all that I have stated and created during my time at CCO. Getting and staying involved in chiropractic is important and I look forward to working together with many of you in the future.

Respectfully submitted,

Dr. Robbie Berman, Chair  
Quality Assurance Committee



## CCO'S PEER AND PRACTICE ASSESSMENT PROGRAM

### **Background Information & Legislative Context**

CCO's QA Committee developed the Peer & Practice Assessment Program to enhance members' learning opportunities and ensure their compliance with the regulations, standards of practice, policies and guidelines.

On becoming registered with CCO, members have the right to call themselves chiropractors and to practise chiropractic within the scope of practice identified in the *Chiropractic Act*. In assuming the right to practise, members also assume the responsibilities associated with this right, including the responsibility to maintain competence.

The public must feel confident that chiropractors, who demonstrated entry-level competencies when they registered with CCO, continue to be competent for as long as they are in practice. The public should reasonably expect some level of consistency of experience, such as a thorough history, pertinent examination, diagnosis/clinical impression, plan of care, and outcome evaluations.

### **Participation is Mandatory**

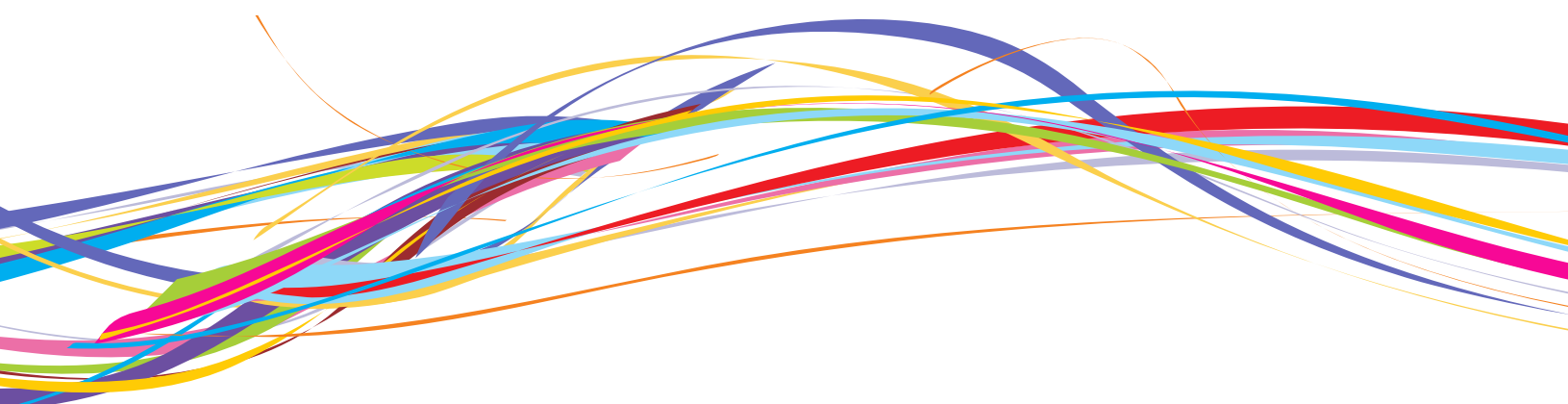
Members who hold a General Certificate of Registration are required to participate in this program.

The assessment will entail a review of 10 current patient files and the member's knowledge of CCO regulations, standards of practice, policies and guidelines.

### **Member Selection**

CCO selects members to participate in the program and matches the selected member with an assessor in his/her electoral district. A colleague trained to identify areas of improvement and encourage members to strive for continuous quality improvement will conduct the assessment, designed to be educational, not punitive.

CCO appreciates and acknowledges the participation of over 2,600 members who have successfully completed, as of December 31, 2012, the peer assessment program since its inception in 2001.



# January 28, 2012 Peer Assessor Training Day



**L-R, Standing:** Dr. Bob Szczurko, Dr. James Laws, Dr. Tony Russo, Dr. Richard Stover, Dr. Richard Bornstein, Dr. Bill Charlton, Dr. Sal Viscomi, Dr. Reg Gates, Dr. Steven Silk, Dr. Ruth Hitchcock, Dr. Frazer Smith, Dr. Hilary Petrus, Mr. Joel Friedman, Dr. Keith Thomson, Dr. Kevin Dinsmore, Dr. Dennis Mizel, Dr. David Zurawel, Dr. Mike Staffen, Dr. Gerard Arbour, Dr. Liz Gabison, Dr. Peter Amlinger, Ms Jo-Ann Willson, Dr. Peter Picard, Mr. Robert MacKay, Dr. Heather Jones, Dr. Gary Awenus, Dr. Carolyn Wood, Mme Lise Marin, Dr. Bruce Walton  
**L-R Sitting:** Dr. Heather Robson-McInnis, Dr. Dennis Yurkiw, Dr. Kristina Peterson, Dr. Arnie Glatter



L-R: Dr. Dennis Mizel, Dr. Mike Staffen and Dr. Sal Viscomi



L-R: Dr. Richard Stover and Dr. Reg Gates



L-R: Dr. Joel Weisberg, Dr. Keith Thomson and Dr. Gerard Arbour

# REGISTRATION COMMITTEE



*Dr. James Laws* **CHAIR**  
**CCO MEMBER SINCE 1979**

## COMMITTEE MEMBERS

Dr. Robbie Berman

Ms Cristina De Caprio

Ms Judith McCutcheon

## STAFF SUPPORT

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

Ms Maria Simas,  
*Registration Coordinator*

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

## COMMITTEE ACTIVITIES IN 2012

The Registration Committee executed its role in ensuring that each candidate seeking registration in Ontario is treated with the right blend of fairness, transparency, compassion and flexibility within CCO's legislative framework. Continuing the work of previous committees, the year was characterized by the Committee's efforts in updating registration forms to ensure compliance with relevant regulations and legislation. In the public interest and in ensuring that all potential registrants are treated fairly and transparently, the Committee continued to oversee the College's registration practices. In 2012, the Committee:

- Convened nine meetings
- Approved registration applications from chiropractors practising in other jurisdictions and who wished to be licensed in Ontario, or requested a change in their registration status
- Oversaw three examination sittings in February, June and October, as well as offering a special sitting to accommodate several candidates
- Explored temporary or courtesy licenses for chiropractors coming to Ontario on a short-term basis
- Recommended to Council wording amendments to be consistent with legislation and policy for Policy P-045: CCO's Legislation & Ethics Examination (approved by Council in June)
- Attended an off-site psychometric seminar and observed/evaluated an examination sitting offered by the Canadian Chiropractic Examining Board (CCEB) to gather information for a comprehensive review of the CCO Legislation & Ethics Examination
- Noted the Office of the Fairness Commissioner's favourable report on CCO's registration practices
- Contributed content to and involved in the successful offering of the "Opportunity to Connect" workshop for members held in May 2012
- Recommended to Council for approval the Continuing Education and Professional Development Log (as part of the registration renewal package) (approved by Council in September)

## 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

Congratulations to all CCO members and registrants. Thank you for your service to the public of Ontario in providing high quality, ethical, effective and efficient chiropractic care. There are now approximately 4,500 members of CCO in all categories and approximately 4,200 in the General or Active category providing care for the citizens of Ontario. Our role on the Registration Committee is to ensure that there are high standards of entry to practise in Ontario that protect and serve the public and the public interest. We also have a duty to protect the reputation of our members, the CCO and the chiropractic profession in Ontario. At the same time, we have a duty to be fair, open and transparent in providing a registration process that treats all candidates equally. The Registration Committee continues to review all applications for registration referred by the Registrar and General Counsel, review and update policies, procedures and forms associated with registration, administer the Legislation & Ethics Examination and liaison with government and the Office of the Fairness Commissioner on registration-related matters.

In 2012, we met new challenges with respect to labour mobility, reciprocity between all provinces in Canada as guaranteed by the Agreement on Internal Trade (AIT) and assessment of substantial equivalency for foreign professional education and accreditation. We continue to monitor the progress of inquirers and applicants for CCO registration. We monitor the progress of members who have terms and conditions on their registration and those in a Registration Committee-required mentorship program. This must be done in a reasonable and timely manner.

In 2012, the Committee continued its work in creating a comprehensive flowchart to help members to understand the pathways to obtaining the general (Active) class of registration or re-entering the general (Active) class from the Inactive or Retired classes. The flowchart is now complete but subject to change as circumstances change. This year, we had to make provision for applicants under the AIT labour mobility criteria. The chart will be useful internally for all future Registration Committees and pertinent information will be available to be posted on the CCO website.

In 2012, the Committee continued its work in reviewing the Legislation & Ethics Examination. The review of the examination and the examination process is part of the ongoing work of the Committee. The content of the examination must reflect the current legislation and ethical values in the province of Ontario. Whenever the government of Ontario changes legislation, that affects us as members of the CCO and whenever we at CCO Council adopt new standards, guidelines or policies that affect our members, we must incorporate these changes in

the Legislation & Ethics Examination and the Record Keeping Workshop (RKW). We also have a duty to review the examination as a whole and evaluate the individual questions for validity, relevance, importance, safety, frequency and overall defensibility.

In 2012, the Committee examined the question of Leaves of Absence (LOA) for members of CCO that did not coincide with the calendar year. There is an article in the June 2013 newsletter that covers this topic. It is always the decision of the individual member to change registration classes. We are here to help. If you have questions or need the appropriate forms, contact our Registration Co-ordinator.

The Registration Committee has achieved great progress in revising our documents and procedures. We will continue to work in a way that supports the strategic plan for CCO and effective communication with our members and candidates for membership.

I want to thank the members of the Committee: Dr. Robbie Berman, Ms Judith McCutcheon and Ms Cristina De Caprio for their dedication to the work of the Committee and their diligence and sensitivity in evaluating applicants for membership in the CCO. It is our duty to govern the chiropractic profession in the public interest. It is our goal to protect the public by being judicious in the membership application process. It is also our duty to be transparent, fair and just to all candidates for membership in the CCO.

I want to thank our Registration Coordinator, Ms Maria Simas, who has day-to-day contact with our members and applicants. She has a long memory of the corporate history of the CCO and is invaluable to this Committee. In addition, I want to thank our Director of Policy and Research, Mr. Joel Friedman, and our Registrar and General Counsel, Ms Jo-Ann Willson, for their roles in support of the work of the Committee. There are many policy, procedure and political issues where their action and advice is exactly what the Committee needs.

I also want to thank all members of CCO Council for their support of the work of the Registration Committee and collaboration on issues that affect all of us. It was an honour to serve as the Chair of the Registration Committee for the term 2012 - 2013. Thank you.



# REGISTRATION STATISTICS 2012

**TABLE 1:**

COLLEGES OF GRADUATION FOR MEMBERS REGISTERED IN THE ACTIVE CATEGORY IN 2012

COLLEGE	MALE	FEMALE	TOTAL
D'YOUVILLE	6	0	6
CANADIAN MEMORIAL CHIROPRACTIC COLLEGE	58	79	137
LIFE	1	0	1
LOGAN	1	1	2
MACQUARIE UNIVERSITY	1	1	2
MURDOCH UNIVERSITY	1	0	1
NATIONAL UNIVERSITY OF HEALTH SCIENCES	4	1	5
NEW YORK CHIROPRACTIC COLLEGE	15	5	20
PALMER	2	2	4
PARKER	1	1	2
SOUTHERN CALIFORNIA UNIVERSITY HEALTH SCIENCES	1	0	1
L'UNIVERSITÉ DU QUÉBEC À TROIS-RIVIÈRES	0	2	2
UNIVERSITY OF GLAMORGAN	1	0	1

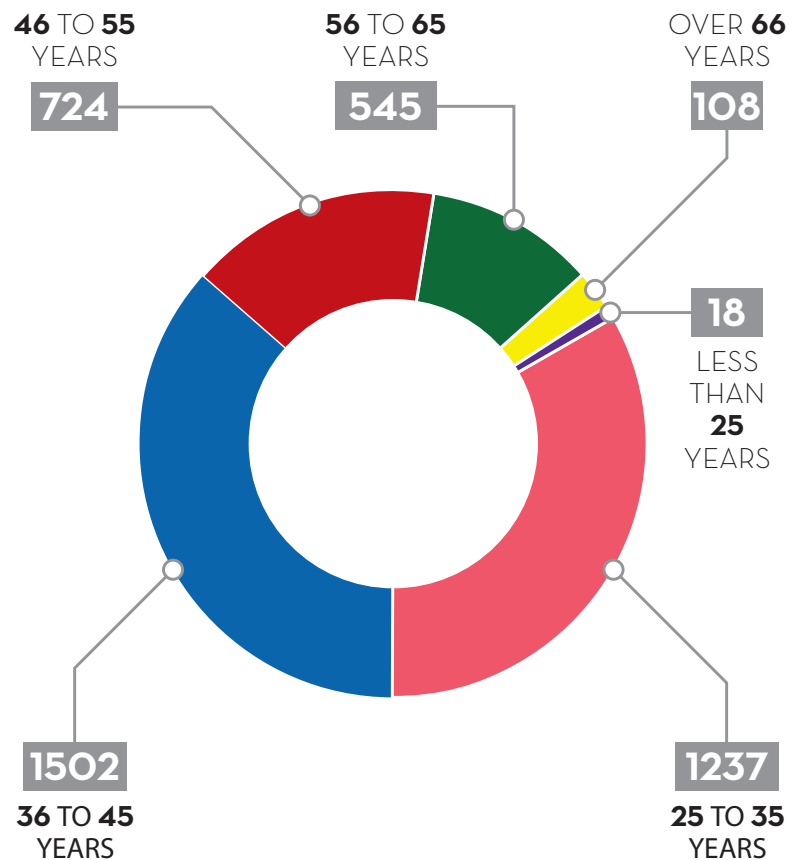
**TABLE 2:**

CLASSES OF CERTIFICATE FOR CCO MEMBERS (AS AT DECEMBER 31, 2012)  
TOTAL: 4,443

CLASS OF CERTIFICATE	TOTAL
ACTIVE	4,096
ACTIVE NON-RESIDENT	38
INACTIVE	131
INACTIVE NON-RESIDENT	63
RETIRED	115
<b>TOTAL</b>	<b>4,443</b>

**GRAPH 1:**

AGES OF ACTIVE MEMBERS (AS AT DECEMBER 31, 2012) TOTAL: 4,134



FINANCIAL STATEMENTS  
AS OF  
DECEMBER 31, 2012



# INDEPENDENT AUDITOR'S REPORT

## TO THE MEMBERS OF THE COLLEGE OF CHIROPRACTORS OF ONTARIO

We have audited the accompanying financial statements of the College of Chiropractors of Ontario, which comprise the statement of financial position as at December 31, 2012, and the statements of change in net assets, operations and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the Canadian accounting standards for not-for-profit organizations, 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.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Chiropractors of Ontario, as at December 31, 2012, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### Comparative Information

Without modifying our opinion, we draw attention to Note 3 to the financial statements which describes that the College of Chiropractors of Ontario adopted the Canadian accounting standards for not-for-profit organizations on January 1, 2012 with a transition date of January 1, 2011. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at December 31, 2011 and January 1, 2011, and the statements of change in net assets, operations and cash flows for the period ended December 31, 2011 and related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.

Respectfully submitted,



TATOR, ROSE & LEONG,  
Chartered Accountants  
Licensed Public Accountants

TORONTO, CANADA  
June 20, 2013

Statement of Financial Position  
 DECEMBER 31, 2012  
 (WITH 2011 COMPARISONS)

<b>ASSETS</b>	<b>2012</b>	<b>2011 (Note 3)</b>	<b>As at Jan 1, 2011 (Note 3)</b>
Current			
Cash and cash equivalents	\$ 700,157	\$ 398,089	\$ 610,215
Short-term investments, at amortized cost (Note 4)	2,134,352	2,081,809	1,541,573
Prepaid expenses and sundry assets	15,646	29,243	37,227
	2,850,155	2,509,141	2,189,015
Capital Assets (Note 5)	2,702,779	2,705,997	2,715,165
<b>TOTAL ASSETS</b>	<b>\$ 5,552,934</b>	<b>\$ 5,215,138</b>	<b>\$ 4,904,180</b>
<b>LIABILITIES</b>			
Current			
Accounts payable and accrued liabilities	\$ 317,364	\$ 323,974	\$ 151,443
Government remittances payable	9,615	13,725	13,085
Deferred revenue	540,688	622,760	663,450
<b>TOTAL LIABILITIES</b>	<b>867,667</b>	<b>960,459</b>	<b>827,978</b>
<b>NET ASSETS</b> (per Statement 2)	<b>4,685,267</b>	<b>4,254,679</b>	<b>4,076,202</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 5,552,934</b>	<b>\$ 5,215,138</b>	<b>\$ 4,904,180</b>

Approved on behalf of College:



MR. ROBERT MACKAY,  
TREASURER



DR. PETER AMLINGER  
PRESIDENT

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

STATEMENT 1

Statement of Operations  
FOR THE YEAR ENDED DECEMBER 31, 2012  
(WITH 2011 COMPARISONS)

<b>INCOME</b>	<b>2012</b>	<b>2011 Note 3</b>
Renewal fees	\$ 4,069,058	\$ 3,634,664
Registration fees	59,000	60,075
Examination fees	40,078	36,900
Incorporation fees	133,250	109,300
Record keeping seminars	4,050	2,450
Recovery of discipline costs	88,063	108,800
Interest and sundry	106,376	81,481
<b>TOTAL INCOME</b>	<b>4,499,875</b>	<b>4,033,670</b>
<b>EXPENDITURES</b>		
Salaries and benefits (Note 6)	1,066,257	948,705
Pension - past service (Note 7)	9,600	9,600
Rent and utilities (Note 8)	488,215	470,519
Office and general	407,774	397,782
Printing and postage	157,697	210,244
Insurance	13,244	14,211
Meetings, fees and expenses (Schedule 1)	263,721	291,941
Audit	29,046	28,618
Seminars and conferences	40,191	59,477
CFCREAB dues	90,000	90,000
Consulting fees	212,123	154,725
Consulting fees - peer assessors	214,888	74,906
Consulting fees - complaints	97,374	124,064
Legal fees - complaints	42,778	2,974
Legal fees - executive	-	713
Legal fees - discipline	477,778	521,440
Legal fees - general	357,273	323,833
Equipment lease	32,701	33,440
Media advertising	6,480	9,578
<b>TOTAL EXPENDITURES</b>	<b>4,007,140</b>	<b>3,766,770</b>
Excess of income over expenditures before amortization	492,735	266,900
Amortization	62,147	88,423
<b>EXCESS OF INCOME OVER EXPENDITURES</b>	<b>\$ 430,588</b>	<b>\$ 178,477</b>

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

STATEMENT 3



## Statement of Changes in Net Assets

### FOR THE YEAR ENDED DECEMBER 31, 2012

#### (WITH 2011 COMPARISONS)

<b>UNRESTRICTED FUND</b>	<b>2012</b>	<b>2011</b>
BALANCE: January 1,	\$ 4,254,679	\$ 4,076,202
Add: Excess of income over expenditures (per Statement 3)	430,588	178,477
BALANCE: December 31,	<b>\$ 4,685,267</b>	<b>\$ 4,254,679</b>

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

STATEMENT 2

## Statement of Cash Flows

### FOR THE YEAR ENDED DECEMBER 31, 2012 (WITH 2011 COMPARISONS)

<b>OPERATING ACTIVITIES</b>	<b>2012</b>	<b>2011</b>
Excess of income over expenditures (expenditures over income) (per Statement 3)	\$ 430,588	\$ 178,477
Amortization – capital assets	62,147	88,423
Decrease in prepaid expenses and sundry assets	13,597	7,984
(Decrease) Increase in accounts payable and accrued liabilities	(6,610)	172,531
(Decrease) Increase in government remittances payable	(4,110)	640
(Decrease) increase in deferred revenue	(82,072)	(40,690)
	413,540	407,365
<b>INVESTING ACTIVITIES</b>		
(Purchase) of capital assets (Net)	(58,929)	(79,255)
(Increase) in short-term investments (Net)	(52,543)	(540,236)
	(111,472)	(619,491)
<b>CHANGE IN CASH AND EQUIVALENTS DURING THE YEAR</b>	<b>302,068</b>	<b>(212,126)</b>
<b>CASH AND EQUIVALENTS AT BEGINNING OF THE YEAR</b>	398,089	610,215
<b>CASH AND EQUIVALENTS AT THE END OF THE YEAR</b>	<b>\$ 700,157</b>	<b>\$ 398,089</b>
Cash and cash equivalents consist of the following:		
Cash	\$ 547,157	\$ 198,020
Term deposits	153,000	200,069
	<b>\$ 700,157</b>	<b>\$ 398,089</b>

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

STATEMENT 4

Schedule of Meetings Fees and Expenses  
FOR THE YEAR ENDED DECEMBER 31, 2012  
(WITH 2011 COMPARISONS)

		<b>FEES</b>		<b>EXPENSES</b>	<b>TOTAL 2012</b>	<b>TOTAL 2011</b>
Dr. Peter Amlinger <sup>1</sup>	\$	28,650	\$	7,880	\$ 36,530	\$ 59,714
Dr. Robbie Berman <sup>6,7</sup>		23,150		3,765	26,915	20,728
Dr. Marshall Deltoff		16,900		366	17,266	42,446
Dr. Brian Gleberzon <sup>2,5</sup>		22,950		362	23,312	25,578
Dr. Clifford Hardick <sup>1,8</sup>		16,575		8,084	24,659	20,045
Dr. James Laws <sup>6,7</sup>		17,675		2,335	20,010	26,413
Dr. Dennis Mizel <sup>1,4</sup>		16,050		7,065	23,115	23,098
Dr. Douglas Pooley		—		—	—	6,488
Dr. Gauri Shankar <sup>1,2</sup>		27,850		26,733	54,583	36,793
Dr. Pat Tavares <sup>3,4</sup>		7,350		252	7,602	—
Ms. Jo-Ann Willson		—		214	214	1,246
Dr. Bryan Wolfe <sup>3,8</sup>		18,750		10,765	29,515	29,392
	\$	195,900	\$	67,821	\$ 263,721	\$ 291,941

**Note:** Committee membership changed in June

Numbers refer to committee/project membership (April - December 2012)

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, 2012

### 1 PURPOSE AND STRUCTURE OF THE ORGANIZATION

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

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

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

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

### 2 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
Leasehold Improvements	Straight line over 5 years

(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, 2012, 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.

**3. IMPACT OF THE CHANGE IN THE BASIS OF ACCOUNTING**

The College has elected to apply Canadian accounting standards for not-for-profit organizations.

These financial statements are the first financial statements for which the College has applied Canadian accounting standards for not-for-profit organizations, hereafter referred to as ASNFPO.

The financial statements for the year ended December 31, 2012 were prepared in accordance with the accounting principles and provisions set out in Section 1501, First-time Adoption by Not-for-Profit Organizations, for first-time adopters of this basis of accounting.

Under the requirements of Canadian accounting standards for not-for-profit organizations, when that accounting basis is initially applied retrospective adjustments may be required to financial information reported by the College in previous years. In changing to this new basis of accounting, there was no impact on the previously reported financial position as at January 1, 2011 and December 31, 2011 or to previously reported net assets or excess of income over expenditures for the year ended December 31, 2011. As a result, a reconciliation of previously reported excess of income over expenditures to excess of income over expenditures as reported using ASNFPO was not prepared.

There were no elective exemptions used in the transition to ASNFPO.

**4 SHORT-TERM INVESTMENTS**

	Interest rate	2012	2011	As at Jan 1, 2011
The Bank of Nova Scotia, GIC	0.90%	\$ 2,099,049	\$ —	\$ —
The Bank of Nova Scotia, GIC	0.90%	35,303	—	—
The Bank of Nova Scotia, GIC	1.45%	—	517,112	—
The Bank of Nova Scotia, GIC	1.50%	—	1,564,697	1,541,573
		\$ 2,134,352	\$ 2,081,809	\$ 1,541,573

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.

**5 CAPITAL ASSETS**

	Cost	Accumulated Amortization	2012 Net	2011 Net	As at Jan 1, 2011 Net
Furniture & Office Equipment	\$ 309,755	\$ 286,989	\$ 22,766	\$ 26,197	\$ 32,745
Computer & Software	794,769	665,996	128,773	180,221	234,530
Leasehold Improvements	54,281	54,281	—	1,267	5,904
Land	2,551,240	—	2,551,240	2,498,312	2,441,986
	\$ 3,710,045	\$ 1,007,266	\$ 2,702,779	\$ 2,705,997	\$ 2,715,165

**6 SALARIES AND BENEFITS**

This expense includes payments for current service pension plans.

**7 PENSION PLAN - PAST SERVICE**

On February 1, 1981 the former Board of Directors of Chiropractic agreed to pay Dr. J.W. Ellison a monthly pension during his lifetime. The premium is \$800 monthly and the plan is not a defined benefit pension plan.

**8 LEASE COMMITMENTS**

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

2013	\$ 179,331
2014	14,944

**9 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**

Marketed 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 2012.

**10 COMPARATIVE FIGURES**

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



# EXTRACT FROM 2012-2013 HIGHLIGHTS FEDERATION OF HEALTH REGULATORY COLLEGES OF ONTARIO



*Ms Linda Gough* **PRESIDENT**

## **EXECUTIVE COMMITTEE**

Linda Gough, *President*

Jo Ann Willson, *Past President*

Brian O'Riordan, *Vice President*

Kathy Wilkie, *Treasurer*

Brenda Kritzer, *Member*

David McDonald, *Member*

Marshall Moleschi, *Member*

## COMMITTEE ACTIVITIES IN 2012

### About the Federation

The Federation of Health Regulatory Colleges of Ontario (The Federation) provides strategic leadership to health profession regulation within the changing health care system. The Federation:

- Identifies priority initiatives for research and action
- Shares sector-specific issues and information
- Shares promising practices
- Provides government with an expert resource and single contact for relevant issues
- Delivers education to support College functions.

### Federation Statement of Purpose

The Federation of Health Regulatory Colleges of Ontario (FHRCO) is an incorporated, not-for-profit organization comprised of 26 members, including 23 Colleges (regulating 26 professions) plus three transitional councils. The Federation has a strategic focus on regulatory matters and it promotes effective communication and cooperation among its members. It is supported by an Executive Coordinator and an administrative team as well as expertise from its members. The Federation's purpose is twofold; it serves to:

- Promote effective communication and cooperation on matters and opportunities relating to regulation, administration, education and health care in a manner that enhances the work of the Colleges collectively and individually in regulating health professions in the public interest, and
- Influence decision makers on policy and legislative matters related to the creation and maintenance of an effective health professions regulatory system in Ontario.

### Activities that support the Federation's Statement of Purpose include:

- Collective work on many government priorities and regulatory issues
- Communication on the role of the regulator to the public and stakeholders
- Ongoing support for existing Colleges
- Development of tools and materials to support the health care system in regulatory areas
- Mentoring of new Colleges
- Stakeholder collaboration and project participation
- Education sessions for College Councillors and Staff

## PRESIDENT'S REPORT

From May 9, 2012 to April 24, 2013, my first year as Federation President, there has been no shortage of issues or activities. I am humbled by the dedication and commitment of the Board of Directors and many hardworking volunteers who, working together, contribute to the success of the Federation. Highlights of the past year include the following:

### **Ministry of Health and Long-Term Care (MOHLTC)**

The Federation's role with the Ministry continues to be a priority for the Board of Directors. Open dialogue with the Ministry through interactions with Assistant Deputy Minister Suzanne McGurn, who attended a number of Federation Board and Executive Committee meetings, and other key representatives is essential and a major focus for the President.

### **Office of the Fairness Commissioner (OFC)**

Another priority item for the Federation, the Board of Directors is in dialogue with the Fairness Commissioner. In 2012, that included the receipt of the KPMG Review Report of the OFC, "Office of the Fairness Commissioner: Advice on Organizational Enhancement for the Office of the Fairness Commissioner Project" and related correspondence to the Minister of Health and Long-Term Care as well as the Minister of Citizenship and Immigration. The Federation continues to offer to provide its regulatory expertise to the OFC, recognizing the common commitment to the principles of transparency, objectivity, impartiality, and fairness.

### **Health Professions Regulatory Advisory Council (HPRAC)**

HPRAC has also been identified as a key stakeholder of the Federation. HPRAC Chair Thomas Corcoran and Executive Coordinator Laura Niles attended the October 10, 2012 Board of Directors meeting. Regular communications are ongoing on issues of mutual concern.

### **Auto Insurance Anti-Fraud Task Force Regulatory Practices Working Group**

Jo-Ann Willson and Brian O'Riordan continued to participate in activities related to the Auto Insurance Anti-Fraud Task Force. The final report of the Task Force was released in the Fall of 2012. Representative Brian O'Riordan also provided regular updates on the Health Claims on Auto Insurance Professional Credential Tracker Project.

### **Ontario Health Plan for Influenza Pandemic (OHPIP)/ Emergency Management Branch Health Stakeholder Updates**

Executive Coordinator Beth Ann Kenny represents the Federation on the OHPIP Steering Committee and also keeps the Board apprised of activities related to the Emergency Management Branch of MOHLTC, including Drug Shortage Issue teleconferences and, most recently, updates on the Influenza A (H7N9) Virus in China.

### **Media Interviews**

The Federation was asked for comment on issues raised by the *Toronto Star* related to regulatory colleges' use of "cautions" in their Inquiries, Complaints and Reports Committees. This provided an opportunity to continue to educate the public about the role of Ontario's health regulatory colleges.

### **Ongoing Provision of Support and Advice for RHPA Colleges - the Federation's Members**

The Federation continues to provide strategic leadership to health profession regulators within the changing health care system through a variety of regular activities. This includes support for new Registrars and new Colleges, the identification of priority initiatives for research and action, the sharing of sector-specific issues and information as well as promising practices, tools, and resources, and the delivery of education to support College functions. The Federation has committed to enhancing its delivery of educational and training opportunities to members of the Federation Board as well as members of College staff, Council, and Committees. Funds have been dedicated to this initiative for the 2013 fiscal year.

### **The President, on behalf of the Board of Directors...**

- Brought greetings from the Federation to the "Regulating the Aging Professional" Conference
- Attended the launch of the IPC eTool at the Ontario Hospital Association's November 2012 HealthAchieve
- Shared the appreciation of the Federation with the IPC Project Team Members during an appreciation event in March 2013

### **Presenters to Federation Board of Directors/Executive Committee during 2012-2013 year:**

- Suzanne McGurn, Assistant Deputy Minister, Ministry of Health and Long-Term Care
- Marilyn Wang, Director, Health Professions Regulatory Policy and Programs Branch, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care (left that position November 2012)
- John Amodeo, Director, Health System Labour Relations and Regulatory Policy Branch, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care
- Mr. Thomas Corcoran, Chair, Health Professions Regulatory Advisory Council
- Laura Niles, Executive Coordinator, Health Professions Regulatory Advisory Council
- Lori Coleman, COO/Registrar, Health Boards Secretariat

## CCO COUNCIL



**BACK ROW** (L-R) Mr. Shakil Akhter, Dr. Brian Gleberzon, Dr. Bryan Wolfe, Mr. Scott Sawler, Dr. Gauri Shankar, Dr. Cliff Hardick, Mr. Robert MacKay, Dr. Patricia Tavares, Mr. Martin Ward, Dr. James Laws

**FRONT ROW** (L-R) Ms Cristina De Caprio, Ms Judith McCutcheon, Dr. Dennis Mizel, Ms Jo-Ann Willson, Dr. Peter Amlinger (President), Mme Lise Marin, Dr. Robbie Berman



## CCO STAFF



**L-R:** Ms Maria Simas (Registration Coordinator), Mr. Joel Friedman (Director, Policy & Research), Ms Sarah Ostrom (Receptionist), Ms Tina Perryman (Manager, Inquiries, Complaints and Reports), Ms Dayna Goodfellow (Administrative Assistant), Dr. J. Bruce Walton (Director of Professional Practice), Ms Jo-Ann Willson (Registrar and General Counsel), Ms Rose Bustria (Administrative Assistant), Ms Anda Vopni (Financial Officer), Ms Christine McKeown (Inquiries, Complaints and Reports Officer)

College of Chiropractors of Ontario



*l'Ordre des Chiropraticiens de l'Ontario*