

**Celebrating 20 years of self-regulation under the  
*Regulated Health Professions Act***

**Célébration des 20 ans de l'autorégulation sous la  
*Loi sur les professions de la santé réglementées***

ANNUAL REPORT

**2013**

REPORT ANNUEL



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

# COMMONLY USED ACRONYMS AT CCO

ACRONYM	FULL NAME
CCO	College of Chiropractors of Ontario
CE	Continuing Education
CFCREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
CFCRB	Canadian Federation of Chiropractic Regulatory Boards (now CFCREAB)
CMCC	Canadian Memorial Chiropractic College
FHRCO	Federation of Health Regulatory Colleges of Ontario
<i>HARP</i>	<i>Healing Arts Radiation Protection Act, 1990</i>
HCAI	Health Claims for Auto Insurance
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
ICE	Independent Chiropractic Evaluation
ICRC	Inquiries, Complaints and Reports Committee
ODP	Office Development Project
PCT	Professional Credential Tracker
PPA	Peer and Practice Assessment
<i>RHPA</i>	<i>Regulated Health Professions Act, 1991</i>
SCERP	Specified Continuing Education Remedial Program

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# Mission

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

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

*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.*

*Reviewed at the strategic planning sessions: September 2012, September 2013.*

# CHIROPRACTIC ACT, 1991

## 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.

# Strategic planning and Council meeting – September 2013



CCO Council and Staff



Left to Right:  
Mr. Gilbert Sharpe  
and Dr. James Laws



CCO members attended the Council meeting on September 20, 2013

# CCO Presidents and BDC Chairs



Dr. Peter Amlinger



Dr. Marshall Deltoff



Dr. Dennis Mizel



Dr. Gilles Lamarche



Dr. R. Andrew Potter



Dr. Keith Thomson



Dr. Allan Gotlib



Dr. Lloyd E. MacDougall  
In Memoriam



Dr. Leo K. Rosenberg



Dr. Bertram L. Brandon  
In Memoriam



Dr. Edward R. Burge



Dr. Robert M. Wingfield



Dr. Fred N. Barnes



Dr. Stephen E. West  
In Memoriam



Dr. Harold W. R.  
Beasley



Dr. Harry A. Yates  
In Memoriam

<b>NAME</b>	<b>POSITION</b>	<b>ORGANIZATION</b>	<b>TERM</b>	
Dr. Peter Amlinger	President	CCO	April 2013	April 2014
Dr. Peter Amlinger	President	CCO	April 2012	April 2013
Dr. Marshall Deltoff	President	CCO	April 2011	April 2012
Dr. Peter Amlinger	President	CCO	June 2009	April 2011
Dr. Dennis Mizel	President	CCO	June 2008	June 2009
Dr. Gilles Lamarche	President	CCO	April 2006	June 2008
Dr. R. Andrew Potter	President	CCO	April 2004	April 2006
Dr. Allan Gotlib	President	CCO	March 2002	April 2004
Dr. Keith Thomson	President	CCO	March 2001	March 2002
Dr. Allan Gotlib	President	CCO	March 1999	March 2001
Dr. Lloyd E. MacDougall	President	CCO	March 1997	March 1999
Dr. Leo K. Rosenberg	President	CCO	March 1995	March 1997
Dr. Bertram L. Brandon	President	CCO	March 1994	March 1995
Dr. Edward R. Burge	Chair	BDC	February 1988	March 1994
Dr. Robert M. Wingfield	Chair	BDC	February 1986	February 1988
Dr. Fred N. Barnes	Chair	BDC	February 1984	February 1986
Dr. Stephen E. West	Chair	BDC	September 1974	February 1984
Dr. Harold W.R. Beasley	Chair	BDC	September 1961	September 1974
Dr. Harry A. Yates	Chair	BDC	August 1952	September 1961

# Annual Highlights 1993 - 2013

CCO'S Statutory Mandate: to govern the practice of chiropractic in the public interest.

## **The RHPA is proclaimed,**

being the final step in a journey that began in 1982 when the Minister of Health for Ontario announced the Health Professions Legislation Review and directed the Review to recommend changes to Ontario's health regulatory system. The scope of practice for chiropractic includes communicating a diagnosis, and the right to use the "Doctor" title.

## **Marks the beginning of the development of CCO's quality assurance program**

in earnest, including the development of comprehensive standards of practice and guidelines. At the year's end, CCO registrants total 1,999.

## **CCO's welcomes all new public members,**

and until their appointment part way through the year, CCO is not properly constituted. CCO concludes one contested discipline hearing. For the first time, CCO examinations are offered twice in the year to facilitate more timely registration of applicants.

December 31  
**1993**

December 31  
**1994**

**1995**

**1996**

**1997**

## **Concludes CCO's first year of self-regulation under the RHPA**

including the first election of nine chiropractors to a 16-member governing Council and the appointment of seven public members. Thirty chiropractors stood for election to the nine available positions, and voter turnout was at a record 58 %. A public member becomes Vice-President.

## **CCO makes submissions on a number of provincial legislative initiatives**

including the *Red Tape Reduction Act*. CCO provides leadership to the CFCRB's task force on implementing the Agreement on Internal Trade for the chiropractic profession, facilitating national mobility for qualified registrants. The terms of all of CCO's public members conclude on December 31, 1996.



**CCO concludes the bulk of work necessary to finalize policies relating to the Chiropractic Review Committee**, and adopts new Discipline Committee rules to streamline the efficiency and effectiveness of the discipline process. HPRAC accelerates its efforts to review colleges' complaints and discipline processes relating to sexual abuse and evaluates colleges' quality assurance programs.

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**Council undergoes a strategic planning exercise that culminates in a new mission statement** designed to enhance public safety and protection, focusing on the need to assure the public of competent, ethical chiropractic care while recognizing the diversity of

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1998

1999

2000

2001

2002

**A key initiative is improving communication** including "road shows" across the province. Other initiatives to enhance public protection are the implementation of an alternative dispute program to streamline the complaints and discipline process and upgrading of entry to practice examinations to the national clinical skills examination offered by the Canadian Chiropractic Examining Board.

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**CCO rolls out the peer assessment program by assessing all Council members first.** Applications for registration from out of province candidates increase, requiring a comprehensive review of the Registration Regulation. CCO monitors the public interest considerations in an inquest and reviews and responds to HPRAC reports on the topics of naturopathy, acupuncture, and the prevention of sexual abuse of patients.

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# Annual Highlights (continued)

## 1993 - 2013

**Marks the development and approval of a vision** to honour patients' right to quality care, strengthen organizational arrangements with a strong and effective staff and continue to earn and maintain public confidence in the chiropractic profession.

**CCO introduces a mandatory record keeping program for all members,** develops new standards of practice on acupuncture, advertising and pre-payment plans, and hosts a stakeholders' meeting with CFCRB and CCA representatives. A significant changeover on Council requires a steep learning curve for new Council members.

**CCO participates in shaping legislative changes** relating to both College processes and committee structures. Interprofessional collaboration becomes a key focus as new professions are added to the list of health professions under the *RHPA*. CCO participates in the important work of the Federation of Health Regulatory Colleges and in discussions and meetings with the Fairness Commissioner to facilitate the registration of foreign-trained applicants.

2003

2004

2005

2006

2007

2008

**CCO undertakes a series of initiatives aspiring to ensure the public's confidence** in chiropractic is unqualified, all celebrate quality of care as CCO's "raison d'être," there are strong and effective government arrangements and the College is looked to for its expertise in governing chiropractic in the public interest.

**There is increasing recognition of the importance of ensuring public confidence is earned and maintained,** and that Council recognizes and understands the distinction between advocacy and regulatory work. The loss of self-regulation of some professions outside Canada puts into focus the importance of safeguarding public trust.

**CCO develops and begins to implement a comprehensive government relations and strategic plan** focusing on CCO's role and public interest mandate, and engages in a number of strategies to enhance its relationships with government, members, chiropractic organizations, other regulated health professionals and the public.

**Health regulatory colleges are reminded of the importance of keeping public interest at the forefront** of all college

activities by the first ever appointment of a supervisor of a college by the Minister of Health and a comprehensive review by a senior judge of the complaints and discipline processes at a non-health regulatory college. CCO reaches out to the public by the development and refinement of a *Partnership of Care* document which is translated into many languages to help patients understand the important partnership they have with their chiropractor in restoring and maintaining health.

**CCO is able to look back and reflect on the challenges, opportunities and achievements after 20 years of self-regulation**

of the chiropractic profession under the *RHPA*. CCO recognizes and appreciates the work of all Council and staff and, in particular, the efforts of all of the Presidents who have worked tirelessly before, during and since proclamation of the *RHPA* to establish and maintain the privilege of governing chiropractic in the public interest.

**Council approves strategic objectives**

to build strong, long-term relationships with government and stakeholders and to facilitate patients having access to chiropractic care wherever health care is delivered.

2009

2010

2011

2012

2013

**CCO commits to improving communication of the role, mandate and mechanism of CCO**

to key internal and external stakeholders. Technology is enhanced to accommodate increasing the nature and type of information to be made publically available on CCO's website and public register.

**CCO facilitates "An Opportunity to Connect Workshop"**

which is well attended by members from across the province. CCO reconfirms its commitment on key topics including the need for further enhanced technology and the need for a new home for CCO operations. The Minister of Health and Long-Term Care is the guest speaker at the Annual General Meeting.



*DR. PETER AMLINGER*

PRESIDENT  
CCO MEMBER SINCE 1985

PRÉSIDENT,  
MEMBRE DE L'OCO DEPUIS 1985

# President's Message

## Inspiring Trust and Confidence in Those We Serve

I recall watching a somewhat cheesy movie about man eating sharks some years ago and learning a practical application of the theory of relativity. As the floating research station was filling with water and the sharks were on the loose, the cook struck up a conversation with the research centre's head scientist. The scientist, who had a very low opinion of the cook's knowledge of physics, changed his opinion instantaneously upon hearing his explanation of relativity.

The cook explained that when your hand is on the burner of a hot stove, a second feels like an hour. However, when you are in the presence of someone whose company you really enjoy, an hour seems like a second. My tenure at the CCO has gone by in a flash.

As I reflect upon what Council has accomplished over the past nine years, I am filled with gratitude for the fantastic team that includes the CCO Council and administrative staff. I am proud of our accomplishments and the leadership role we have assumed within the chiropractic profession, some examples of which are highlighted in this report. I am excited about the projects that Council will continue working on and that will continue to evolve in the near and distant future. I am also acutely aware of the work that needs to be done and the forces that could potentially influence that work. Serving the people of Ontario by being involved on the CCO has, without question, made me a much better chiropractor.

Becoming personally so familiar with our governing legislation – especially our scope of practice and the objects set forth to guide all regulatory colleges in their work – and by building relationships with many people from many different areas in the health care community, all of this has helped me in my role as CCO president and also given me a sense of how to best serve my patients and how the profession can enhance how it serves the people of Ontario.

We live in an environment of collaborative care and the people we serve are entitled to the best that each regulated health profession has to offer. A profession cannot, for example, expect respect from other health professions if they are intruding on other professions' scopes of practice.

# Message du président

## Inspirer la confiance chez les personnes que nous servons

Je me souviens avoir regardé un film un peu quêtaine à propos d'un homme qui mangeait des requins il y a quelques années et avoir appris une application pratique de la théorie de la relativité. Comme la station de recherche flottante se remplissait d'eau et que les requins nageaient en toute liberté, le cuisinier a engagé la conversation avec le scientifique en chef du centre de recherche. Le scientifique, qui avait une très mauvaise opinion des connaissances de la physique du cuisinier, a changé son opinion instantanément après avoir entendu son explication de la relativité.

Le cuisinier a expliqué que lorsque vous mettez la main sur le brûleur d'un poêle chaud, une seconde semble durer une heure. Toutefois, lorsque vous êtes en présence de quelqu'un dont vous appréciez vraiment la compagnie, une heure semble durer une seconde. La durée de mon mandat au sein de l'OCO a filé en un éclair.

En réfléchissant à ce que le Conseil a accompli au cours des neuf dernières années, je suis rempli de gratitude envers la fantastique équipe qui comprend le conseil et le personnel administratif de l'OCO. Je suis fier de nos réalisations et du rôle de leadership que nous avons assumé dans la profession chiropratique, dont certains exemples sont mis en évidence dans le présent rapport. Je suis enthousiasmé par les projets sur lesquels le Conseil continuera à travailler et qui continueront à évoluer dans un avenir proche et lointain. Je suis aussi très conscient du travail qui doit être fait et des forces qui pourraient influencer ce travail. Le fait d'être au service de la population de l'Ontario en m'impliquant dans l'OCO a, sans aucun doute, fait de moi un bien meilleur chiropraticien.

En devenant personnellement si familiarisé avec nos lois habilitantes, particulièrement la loi concernant notre champ de pratique et les objectifs qui ont été fixés pour guider tous les organismes de réglementation dans leur travail, et en établissant des relations avec de nombreuses personnes provenant de plusieurs domaines différents du secteur des soins de santé, tout cela m'a aidé dans mon rôle en tant que président de l'OCO et m'a aussi donné une idée de comment mieux servir mes patients et comment la profession peut améliorer la façon dont elle sert la population de l'Ontario.

Nous vivons dans un environnement de soins collaboratifs et les personnes que nous servons sont en droit d'obtenir le meilleur service que peut offrir chaque profession de la santé réglementée. Par exemple, une profession ne peut pas s'attendre à obtenir le respect des autres professions de la santé si elle empiète sur les

## President's Message

It isn't about who does the most; it is about who does what the best.

As I have said many times in my messages to you, our legislated scope of practice should focus us upon that which we should be working towards mastering in our clinics.

The spine, nervous system and joints are core to our scope of practice and, in my opinion, Ontarians should expect a comprehensive chiropractic spinal evaluation when they present to a chiropractic office, regardless of their presenting complaint, along with an evaluation of other joints as indicated by their clinical presentation. This should be followed up with an honest, patient-centred report of findings.

The public we serve deserves to appreciate that our scope of practice, though narrowly focused, is broad in its application and that when applied judiciously and masterfully is a low-risk, drug-free, non-invasive and valuable approach to help them and their family live happier, healthier and more productive lives.

They also should know that we, as a profession, are committed to expanding the knowledge base that quantifies and qualifies the effects and safety of chiropractic adjustment and the negative effects of an improperly functioning spine and nervous system.

It is interesting to note that from an historical perspective the developer of chiropractic, BJ Palmer wrote about ensuring that we are driving in our proper lane on the health care highway. He discusses the fact that whenever drivers "squeeze over towards the centre line" separating chiropractic, in our case, from other health providers' lanes, they face conflicts, troubles, smash-ups and may even expose their passengers to unnecessary risk and confusion. Our chiropractic profession owes it to the people we serve to communicate a clear and consistent message as to what chiropractic is and what it is not. In Ontario, it should be consistent with our scope of practice, and the clarity that this would create would assist people in deciding when they should consult a chiropractor and guide them as to what they should expect when being assessed and adjusted by a chiropractor. It follows that this consistency would inspire even higher levels of trust and confidence amongst those we interact with and serve.

At CCO, we consciously and judiciously evaluate all of our emerging standards of practices, policies, guidelines and activities against our scope of practice statement and the objects of the College. This sends a clear message to you, our members, about the behaviour expected of you, and to the people of Ontario about the level of care they should expect while receiving chiropractic care.

## Message du président

champs de pratique de ces autres professions.

Il ne s'agit pas de savoir qui en fait le plus; il s'agit de savoir qui fait quoi de la meilleure façon possible.

Comme je l'ai dit à plusieurs reprises dans mes messages vous étant destinés, notre champ de pratique prévu dans la loi devrait nous faire mettre l'accent sur les points que nous devrions travailler jusqu'à ce que nous les maîtrisions dans nos cliniques.

La colonne vertébrale, le système nerveux et les articulations sont au cœur de notre champ de pratique et, à mon avis, les Ontariens doivent s'attendre à recevoir une évaluation vertébrale chiropratique complète lorsqu'ils se présentent à un bureau de chiropratique, et ce, indépendamment des maux qu'ils présentent, ainsi qu'une évaluation des autres articulations indiquées par leur tableau clinique. Cela devrait être suivi d'un rapport honnête et centré sur le patient qui présente les résultats de cette évaluation.

Le public que nous servons mérite de comprendre que notre champ de pratique, bien qu'étroitement ciblé, est large dans son application et qu'il représente, lorsqu'il est appliqué de façon judicieuse et remarquable, une approche à faible risque, sans médicament, non invasive et précieuse pouvant les aider, eux et leur famille, à vivre une vie plus heureuse, plus saine et plus productive.

Ils devraient également savoir que nous, en tant que professionnels, nous engageons à élargir notre base de connaissance qui quantifie et qualifie les effets et la sécurité de la poussée dynamique ainsi que les effets négatifs d'une colonne vertébrale et d'un système nerveux ne fonctionnant pas correctement.

D'un point de vue historique, il est intéressant de noter ce qu'a écrit celui qui a été le pionnier de la chiropratique, BJ Palmer, à propos de notre façon de nous assurer que nous conduisons bien dans notre voie sur l'autoroute des soins de santé. Il traite des fois où les conducteurs « convergent vers la ligne médiane » qui sépare la voie de la chiropratique, dans notre cas, des voies d'autres intervenants en matière de santé, du fait qu'ils doivent affronter des conflits, des problèmes, des accidents et qu'ils peuvent même exposer leurs passagers à des risques et à une confusion inutiles. En tant que chiropraticiens professionnels, nous devons aux gens que nous servons de leur communiquer un message clair et cohérent sur la nature de la chiropratique et sur ce qu'elle n'est pas. En Ontario, cela devrait être cohérent avec notre champ de pratique, et la clarté que cela créerait pourrait aider les gens à décider du moment où ils doivent consulter un chiropraticien et à les guider afin de savoir à quoi ils doivent s'attendre lorsqu'ils sont évalués et traités par un chiropraticien. Il s'ensuit que cette cohérence inspirerait des niveaux encore plus élevés de confiance parmi ceux avec qui nous interagissons et que nous servons.

## President's Message

The trust, confidence and understanding that would result from practising with this consistency as a profession would ensure that the people we serve receive appropriate patient-centred care and superior results.

There will always be diversity in adjusting techniques and practice styles and that is a good thing for the people we serve. The common ground we all share is our scope of practice and the evaluation of spine and nerve function and its effect on function and health expression.

The past nine years have literally flown by and it has truly been an honour to serve at the CCO. As I step away from Council activities, I would like to reiterate that I am proud of both the CCO and our membership. Our membership has willingly and enthusiastically embraced such initiatives as the Peer and Practice Assessment Program, mandatory Continuing Education and attending events such as the Opportunity to Connect Workshop. Your willing acceptance of programs such as these is a sign of a mature and responsible profession, and I congratulate you.

I have been asked to articulate my biggest "take away" from my time at CCO. I have outlined some of the wisdom that has come to me during my office. More importantly, however, I will forever cherish the relationships that I have developed with Council members, CCO staff, colleagues, members of other health care professions and their regulatory colleges, and officials and representatives in the Ministry of Health and Long-Term Care and other government departments.

I humbly thank you all for allowing me to serve.

*"I think if the profession stayed focused on the core of our scope of practice, it would be in the best interests of the public of Ontario and the best interests of the profession."*



Dr. PETER AMLINGER

PRESIDENT

## Message du président

L'OCO évalue consciemment et judicieusement toutes les nouvelles normes de pratiques, politiques, lignes directrices et activités selon notre énoncé du champ de pratique et les missions de l'Ordre. Cela vous envoie un message clair à vous, nos membres, sur le comportement qu'on attend de vous, et à la population de l'Ontario sur le niveau de soins qu'elle doit s'attendre à recevoir en chiropratique.

La confiance et la compréhension qui résulterait de cette cohérence dans la pratique de la profession feraient en sorte que les personnes que nous servons reçoivent des soins appropriés centrés sur le patient et obtiennent des résultats supérieurs.

Il y aura toujours de la diversité au sein des techniques d'ajustement et des styles de pratique, et c'est une bonne chose pour les personnes que nous servons. Le point commun que nous partageons tous est notre champ de pratique ainsi que l'évaluation de la colonne vertébrale et de la fonction nerveuse, et son effet sur la fonction et l'expression de la santé.

Les neuf dernières années se sont littéralement envolées et ce fut réellement un honneur de siéger à l'OCO. Comme je m'apprête à quitter les activités du Conseil, je tiens à réaffirmer que je suis à la fois fier de l'OCO et de nos membres. Nos membres ont volontairement adopté de telles initiatives comme le Programme d'évaluation par les pairs et la pratique (« Peer and Practice Assessment Program »), la Formation continue obligatoire et la participation à des événements tels que les Ateliers offrant la chance de se réunir (« Opportunity to Connect Workshop »), et ce, avec enthousiasme. Votre acceptation volontaire de ces programmes est un signe que les professionnels sont matures et responsables, et je vous en félicite.

J'ai été invité à exprimer ce que je retire de plus important au cours de la durée de mon mandat à l'OCO. J'ai décrit une partie de la sagesse que j'ai acquise pendant mon mandat. Plus important encore, je vais toujours chérir les relations que j'ai développées avec les membres du Conseil, le personnel de l'OCO, les collègues, les membres d'autres professions de la santé et leurs organismes de réglementation, ainsi que les fonctionnaires et les représentants du ministère de la Santé et des Soins de longue durée ainsi que les autres ministères.

Je vous remercie humblement de m'avoir permis d'occuper le rôle de président.

*"Je crois qu'il serait dans l'intérêt fondamental de la population de l'Ontario et de la profession si cette dernière demeurerait concentrée sur l'essentiel de notre champ de pratique."*



Dr. PETER AMLINGER

PRÉSIDENT



*MS JO-ANN WILLSON*

REGISTRAR AND GENERAL COUNSEL  
SINCE 1998



# Registrar's Report

It has been inspiring for me to interview the Presidents of the CCO and the Chair of the former Board of Directors of Chiropractic in preparation for CCO's celebration of 20 years of self-regulation under the RHPA. There were so many stories I didn't know particularly relating to how and why the legislation governing chiropractic reads the way it does, and what efforts went into the scope of practice currently governing chiropractors in the province. I asked each President to share at least one fond memory, and without exception, they had many memories and insights.

No one becomes President of an organization like CCO without a skill set that includes knowing how to lead, build consensus, and get a job done. The profession and the public owe a debt of gratitude to the people who have had the foresight, courage and strategic vision to lead the organization while ensuring a continuing focus on protection of the public interest.





**Dr. Peter Amlinger**  
Chair

#### COMMITTEE MEMBERS

Dr. Dennis Mizel,  
*Vice-President*

Mr. Robert MacKay,  
*Treasurer*

Ms Cristina De Caprio (to November)

Dr. Cliff Hardick

Ms Judith McCutcheon

Dr. Gauri Shankar

#### STAFF SUPPORT

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

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

#### COMMITTEE MANDATE

- To exercise the powers of Council between meetings of Council with respect to any matter requiring immediate attention other than the power to make, amend or revoke a regulation or by-law.
- To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest.

### Committee Activities in 2013

Throughout 2013, 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 2013, the Executive Committee:

- Convened five meetings
- Oversaw the planning and execution of a strategic planning refresher for CCO Council and staff on September 21-22
- Continued to oversee the Office Development Project (ODP) and to conduct its due diligence in finding a future home for CCO in a fiscally responsible manner
- Recognized the significant efforts expended in preparing CCO's submission to the Ministry of Health and Long-Term Care on the *Healing Arts Radiation Protection Act (HARP)*, including Ms Jo-Ann Willson's role in facilitating and managing stakeholder input
- Supported CCO's participation (along with other health regulatory colleges) in the Professional Credential Tracker (PCT) initiative, a system that can track the usage of registration numbers in helping health care practitioners to see which facilities are using their professional credentials to bill insurers and report any suspicious activity to their health regulatory college
- Recommended to Council minor wording amendments to the following policy:
  - o Policy P-009: Dr. Harold Beasley Memorial Award (approved by Council in September)

“Over the years, I have observed the singular dedication of the chiropractors and public members who have served on the Executive Committee. I have seen how a strategic plan was developed and a code of conduct was created as a guide for our actions, and how CCO’s mandate was upheld in all deliberations and decisions. It strikes me how the 2001 CCO annual report’s theme captures the essence of the Committee’s accomplishments: “Working Together to Protect the Public”. We have always been resolute in protecting the public interest and ensuring trust and confidence in chiropractic.”

Dr. Peter Amlinger, Chair, Executive Committee

## A Message from the Chair

It is obvious from the preceding paragraphs that this committee had a busy and productive year in 2013. While working under the direction of Council, we focused on regulating the chiropractic profession in the public interest, and used CCO’s strategic pillars and governing legislation to guide our efforts.

CCO continued to develop as a leader in the regulatory and chiropractic world and reached out to engage and collaborate with all stakeholders. Indeed, the talents of the Executive Committee members and other Council members and staff are appreciated by a number of other organizations.

Our efforts to determine the most appropriate location and circumstance for CCO’s future home have moved forward in a prudent and careful manner. Council remains committed to finding the most suitable option, while diligently respecting our commitment to fiscal responsibility.

You will note from the list of committee activities that we have continued to develop and maintain our relationships with government and other relevant stakeholders. Our communication with these parties is consistently focused through the lens of our regulatory mandate.

The members of this year’s Executive Committee came well prepared and ready to work at all meetings and functions. It was a joy to have such a talented and committed group, where each member brought a unique skillset and perspective to our interactions and the results were crisp, focused, fun and productive meetings. I thank each of my members for their commitment to the regulation of chiropractic in Ontario.

I would like to thank Mr. Joel Friedman for all the research and organizational work he does for this committee. His ability to gather data and present it in a clear and concise manner greatly enhances the work of this committee. He also attends countless meetings on our behalf and we are grateful to have him as part of our team.

Ms Jo-Ann Willson’s vast institutional knowledge and leadership in the regulatory world are a tremendous asset to both this committee and to Council. Her ability to help us stay focused on CCO’s mandate while providing us with all the necessary and relevant data so that we can make informed decisions is most appreciated. It has been an honour and a privilege to work alongside Jo-Ann.

Finally, I would like to thank all Council members for entrusting me with the presidency of CCO. This diverse group of people who devote so much of their time and energy to the regulation of the chiropractic profession always comes to meetings prepared to debate the issues in a transparent and respectful manner. It is an honour to work with a group that is committed to seeking the best possible solution or decision for each issue that comes before us. Thank you to everyone for all that you do for the people of Ontario and for the chiropractic profession.

It has been an honour to lead this Council and this profession over the past year, an honour for which I am truly grateful.



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

#### COMMITTEE MEMBERS

Dr. Lawrence McCarthy,  
*Non-Council Member*

Ms Judith McCutcheon

Dr. Dennis Mizel

#### STAFF SUPPORT

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

#### 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.

## Committee Activities in 2013

The Advertising Committee continued to review and provide input to members who submitted their advertisements for review prior to publication. The Committee continues to remind members to ensure they comply with Standard of Practice S-016: Advertising and privacy laws when advertising through any media, including social media. In 2013, the committee:

- Convened two meetings
- Reviewed past Advertising Committee decisions
- By email, reviewed and responded to proposed advertisements submitted by members for review prior to publication
- Worked towards distributing amendments to the solicitation section of Standard of Practice S-016: Advertising

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

In 2013, the Advertising Committee continued to expend its efforts in guiding members in their advertising and to ensure protection of the public. A significant aspect of these efforts was to communicate to members that they must continue to be mindful of how their advertising is perceived by the public, regardless of the medium they have selected, and that at all times it must be appropriately "professional" and protect the public interest.

Another key goal was the continued development of appropriate guidance to members in ensuring that all of their advertising is in compliance with Standard of Practice S-016: Advertising. Rapidly evolving technology enables more choices in advertising, as witnessed by the growth in areas of social media such as Twitter, Facebook, websites and other mediums, but the basic principles in protecting the public interest continue to be paramount. Additionally, the lines between professional and personal communication channels should always be clearly distinct to the public.

As I finish my second term as Chair of the Advertising Committee, I would like to thank the Committee members for their sage and considered opinions: Dr. Dennis Mizel and Dr. Larry McCarthy, and public member, Ms Judith McCutcheon. Our staff support, Mr. Joel Friedman, provided invaluable input and support, for which I am grateful.

“Think back 20 years ago: advertising was done by paper and mail. Fast forward to today: advertising is done across multiple technologies and is available to many audiences in an instant. The Internet, social media and other forms of electronic communication have sizeably shifted how advertising can be done and blurred the lines between professional and personal boundaries – and yet members must comply with CCO’s Standard of Practice S-016: Advertising and Guideline G-016: Advertising. I would like to pay tribute to past and present Advertising Committee members who have embraced the complex challenges and continue to ably guide members to ensure the public is protected in our world of ‘24/7’ connectivity.” ”

Dr. Cliff Hardick, Chair, Advertising Committee

2013

## Fitness to Practise Committee

### A Message from the Chair

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

The Committee continued to ensure that it was appropriately prepared. In 2013, the Fitness to Practise Committee and the Discipline Committee convened a joint meeting to hear a presentation on the principles of administrative law and decision-making, the distinct roles of both committees, and the implications of ageism and the related challenges faced by health care regulatory colleges.



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

“Recently, I reviewed the Fitness to Practise Committee reports covering the past 20 years. Happily, they do not constitute interesting reading! Over that time, there has not been a single referral to the Committee. However, some discipline decisions have involved orders requiring members to obtain letters from physicians/psychologists/psychiatrists for mental and physical health issues, and the health issues were secondary to serious professional/incompetence issues. As we look forward, it is difficult to predict what the changing demographics of the profession may mean in terms of referrals to the Fitness to Practise Committee.” ”

Dr. Bryan Wolfe, Chair, Fitness to Practise Committee

#### COMMITTEE MEMBERS

Mr. Shakil Akhter  
Dr. Dennis Mizel

#### STAFF SUPPORT

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

#### 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.



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

#### COMMITTEE MEMBERS

Dr. Brian Gleberzon  
Dr. Erica Mattia,  
*Non-Council Member*  
Mr. Martin Ward  
Mr. Scott Sawler (alternate)

#### STAFF SUPPORT

Ms Christine McKeown,  
*Inquiries, Complaints and  
Reports Officer*  
Ms Tina Perryman,  
*Manager, Inquiries,  
Complaints and Reports*

#### COMMITTEE MANDATE

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

## 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 2013, HPARB issued decisions on five reviews of decisions of the Inquiries, Complaints & Reports Committee. After considering all information before it and hearing submissions from the parties, in five cases HPARB confirmed the Committee decisions, deeming the investigations to be adequate and the decisions reasonable.

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 Inquiries, Complaints and Reports Committee (ICRC) takes its responsibilities very seriously in responding to concerns and investigating complaints about chiropractors. In 2013, the Committee rendered 58 decisions that, despite the outcome of its deliberations (e.g., reminder, no further action), upheld CCO's commitment to ensuring that Ontarians have access to safe chiropractic care.

The chiropractors and public members who serve on the ICRC bring many relevant talents to the table - most importantly, they have a high level of engagement, interest in supporting the principles of self-regulation and collective "real world" wisdom and experience. Over the years, their contribution has been integral to ensuring that all matters before the Committee are dealt with fairly and transparently. This - in and of itself - is a significant accomplishment.

As I complete my second term as Chair, I would like to express my personal appreciation to each of the Committee members: public member, Mr. Martin Ward, Dr. Brian Gleberzon and Dr. Erica Mattia. Their ability to review, process and make sense of significant amounts of information has resulted in the completion of a sizeable workload. I would also like to highlight the Committee's appreciation for the continued diligence and the tireless efforts of the CCO staff team of Ms Tina Perryman and Ms Christine McKeown.

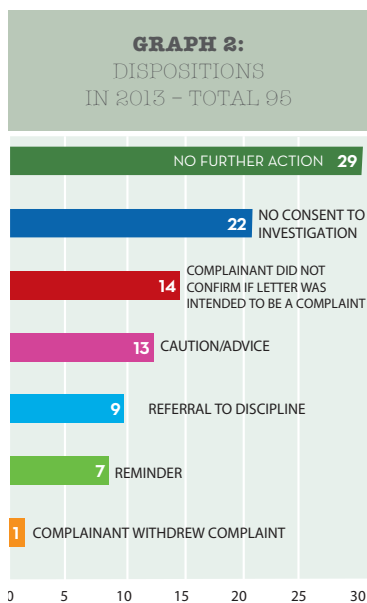
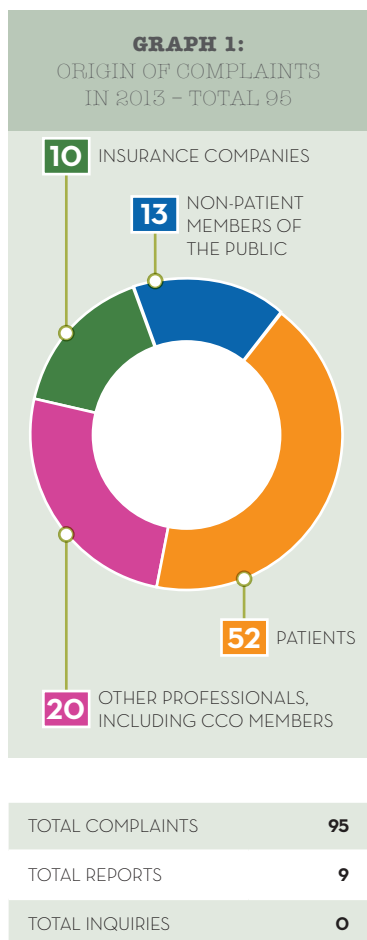
“Thinking about the significance of the RHPA’s 20-year history and what it means to our profession, I believe it is important to pay tribute to the work of all of the dedicated chiropractors and public members who have served on the Inquiries, Complaints and Reports Committee. Their dedication to upholding the public interest is, without doubt, impressive and certainly underscores CCO’s commitment to ensuring that all complaints are dealt with fairly and transparently. It’s a history we can all be proud of.”

Dr. Gauri Shankar, Chair, Inquiries, Complaints and Reports Committee

## Committee Activities in 2013

The ICRC ably fulfilled its mandate during 2013:

- Convened 13 meetings
- Received 95 complaints and 9 reports
- Completed 58 decisions



NOTE: Not all dispositions relate to complaints received in 2013 and some of the dispositions related to reports.

**TABLE 1:**  
MAIN AREAS OF CONCERN IDENTIFIED BY  
COMPLAINANTS IN 2013 – TOTAL 95

AREAS OF CONCERN	TOTAL
FAILURE TO PROVIDE INFORMATION	12
CONDUCT UNBECOMING	11
PATIENT HARM	11
ADVERTISING	10
BILLING PRACTICES	10
INSURANCE FRAUD	9
MISINFORMATION OR LACK OF INFORMATION RE: TREATMENT	7
ICE	6
SEXUAL ABUSE	5
ORTHOTICS	3
PRACTISING WHILE LICENSE IS UNDER SUSPENSION	3
BREACH OF CONFIDENTIALITY	2
FAILING TO MAINTAIN PREMISES IN A SAFE AND SANITARY MANNER	2
BUSINESS DISPUTE	1
EXCESSIVE TREATMENT	1
PRESSURE TACTICS	1
SCOPE OF PRACTICE	1



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

#### COMMITTEE MEMBERS

Dr. Liz Anderson-Peacock

Dr. Heather Jones,  
*Non-Council Member*

Mme Lise Marin

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 MANDATE

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

## Committee Activities in 2013

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 2013, including recommending numerous standards of practice, guidelines and policies to Council for approval. In 2013, the Committee:

- Convened nine face-to-face meetings
- Hosted a well-attended and well-received peer and practice assessment workshop on January 26, 2013 to update the peer and practice assessors on changes in CCO's standards of practice, policies and guidelines, review the overall peer and practice assessment process (including succession planning) and consider future options in measuring competency beyond the patient health record
- Oversaw the distribution of over 600 peer assessment packages to members, with a high rate of return and participation
- Recommended to Council the following amended standards of practice for circulation and feedback to members and stakeholders:
  - Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs (previously Technical and Interpretative Components for X-ray) (approved by Council in September)
  - Standard of Practice S-012: Orthotics (approved by Council in November)
- Recommended to Council the following amended standards of practice, guidelines and policies for approval:
  - Standard of Practice S-002: Record Keeping (approved by Council in September)
  - Standard of Practice S-008: Communicating a Diagnosis (approved by Council in April)
  - Standard of Practice S-011: Members of More Than One Health Profession and the revocation of Standard of Practice S-011: Dual Registrants (approved by Council in February)
  - Standard of Practice S-013: Consent (approved by Council in September)
  - Standard of Practice S-018: Third Party Independent Chiropractic Evaluations (approved by Council in September)
  - Guideline G-008: Business Practices, integrating Guideline G-008: Business Practices, Guideline G-007: Unit Billing and Policy P-036: Billing Practices (approved by Council in February)
  - Policy P-051: Procedures for Appointing, Re-appointing, Discharging and Thanking Peer Assessors (approved by Council in April)



“Twenty years ago, the first Quality Assurance Committee was charged with building a program from the ground up. That group of public and professional Council members had the vision to develop a model that focused on fostering continuous quality improvement by members with the goal of assuring the public of the highest quality of chiropractic care in Ontario. The principles of life-long learning, continuous self-evaluation and developing programs directed to improving professional behaviour formed the cornerstones of the subsequent development of the standards of practice, guidelines and policies mandated by statute for chiropractors. Over the intervening years, successive QA Committees have remained dedicated to building on these principles and exemplifying through their work the maturity of our profession and our commitment to excellence and public protection.”

Dr. Bryan Wolfe, Chair, Quality Assurance Committee

## A Message from the Chair

The Quality Assurance Committee's mandate of developing, establishing and maintaining programs to assure the public of the quality of health care they receive from the profession virtually ensures that each year is "jam packed". 2013 was no different, with the committee meeting nine times. As in other years, a significant portion of time was spent reviewing and revising standards of practice, policies and guidelines with the goal of providing increased clarity to chiropractors in applying them in practice and protecting the public we serve.

You will have received some approved amendments to a number of standards of practice to be reviewed and added to your *ChiroCare* binder, and proposed amendments for others that solicit your feedback. As always, this is an opportunity for involvement in the evolution of the profession in Ontario in that it creates valuable input from the real world of practice and means that our decisions are better informed and balanced.

Also in the very near future is our anticipated completion of the first round of peer and practice assessments (PPA 1.0) of all members, save for those who recently entered practice. As such, we have begun the process of developing the next version (PPA 2.0), which is expected to start in 2016 and will evolve beyond record keeping and knowledge of standards of practice into a focus on other core competencies of chiropractic practice. Accordingly, the core competency document that was started in 2004 has now evolved to reflect this new focus and will be used to guide the development of PPA 2.0.

2013 was also the midpoint of the second cycle of the continuing education program which runs until June of 2014. As the *RHPA* mandates all health professional to participate in ongoing self assessment and continuing education, the Committee continued to review chiropractic core competencies and Standard of Practice S-003: Professional Portfolio to reflect professional practice going forward.

As this was my first year as Chair of the Quality Assurance Committee, I want to take this opportunity to recognize the members of the Committee and our staff support. My sincere thanks to Dr. Liz Anderson- Peacock, Dr. Heather Jones, Mr. Martin Ward and Mme Lise Marin for their good humour, dedication to the task at hand, and unfailing ability to work together as a very dynamic committee. To Dr. J. Bruce Walton, Director of Professional Practice, Mr. Joel Friedman, Director, Policy and Research and Ms Jo-Ann Willson, Registrar and General Counsel, a heartfelt "thank you" for all the behind-the-scenes work over the past 12 months.

## Interesting Facts

- In 1993, CCO had 1,830 members and received 69 complaints (3.8% of complaints relative to the membership)
- In 2001, CCO started the peer assessment program
- In 2005, CCO introduced a mandatory record keeping program
- In 2013, CCO had 4,517 members and received 95 complaints (2.1% of complaints relative to the membership)



*Dr. Patricia Tavares* **CHAIR**  
**CCO MEMBER SINCE 1995**

#### COMMITTEE MEMBERS

Mr. Shakil Akhter

Dr. Lisa Cadotte,

*Non-Council Member*

Dr. Douglas Pooley,

*Non-Council Member*

Mme Lise Marin

#### STAFF SUPPORT

Mr. Joel Friedman,

*Director, Policy & Research*

Ms Jo-Ann Willson,

*Registrar and General Counsel*

#### 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*.

### Committee Activities in 2013

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

In 2013, the Committee:

- Convened three face-to-face meetings and two teleconference meetings
- Reviewed the funding mechanism for therapy for victims of sexual abuse, including research to determine the practices of other health regulatory colleges
- Provided input on specific issues for consideration by the Registration Committee in its review and re-writing of the CCO Legislation and Ethics Examination
- Examined numerous public education plans and options for communicating with the public, including updates to the CCO's English website and translating more content, etc. into French
- Recommended to Council the following amended standard of practice for circulation and feedback to members and stakeholders:
  - Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient (approved by Council in April)
- Recommended to Council the following amended standard of practice and guideline for approval:
  - Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient (approved by Council in September)
  - Guideline G-001: Prevention of Sexual Abuse of Patients (approved by Council in April)

“As I reflect on the Patient Relations Committee’s accomplishments over the past 20 years, I can’t help but be impressed by many accomplishments. The current Committee revised the standard of practice on the prohibition of sexual relationships with patients. Looking further back, collaboration with the Canadian Chiropractic Protective Association in 1996 resulted in a video on sexual harassment and abuse. In 2005, the Committee introduced the well-received *Partnership of Care*, emphasizing the vital doctor/patient roles in pursuit of the patient’s well-being, and translating it in multiple languages to serve Ontario’s diverse communities. In 2012, a public education document (*Quality Chiropractic Care for Ontarians*) was created to explain the role of CCO in protecting the public interest. ”

Dr. Patricia Tavares, Chair, Patient Relations Committee

## A Message from the Chair

In 2013, the Patient Relations Committee continued its review of Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient. Amendments approved by Council included eliminating the recommended one-year waiting period following the termination of a professional relationship before the commencement of any sexual relationship with a former patient, and reminding members that before determining the appropriateness of a sexual relationship with a former patient, a number of factors must be considered. The standard of practice maintains that, in some circumstances, it may never be appropriate to have a sexual relationship with a former patient if there is a continued power imbalance or if the former patient is physically or emotionally vulnerable.

Of importance is the passing of Bill 70, *An Act to Amend the Regulated Health Professions Act, 1991*. It allows an exemption

for registrants from the sexual abuse provisions of the *RHPA* in the case of spousal patients. Now it is up to individual health regulatory colleges to make changes in their regulations that would allow for such an exemption. The Patient Relations Committee will continue to carefully assess the implications.

The Committee exercised its due diligence in reviewing guidelines and policies over the past year, including amendments to Guideline G-005: Guidelines for Members Concerning Office Staff, and developing a new guideline on mandatory and permissive reporting.

As a first-time chair of this Committee, I would like to thank all those who helped to make it a rewarding experience. Dr. Douglas Pooley, Dr. Lisa Cadotte, Mme Lise Marin, and Mr. Shakil Akhter are the members of this committee. Mr. Joel Friedman and Ms Jo-Ann Willson provide capable staff support and help to “pull it all together”.



Chiropractic Organizations Presenting to CMCC Students - April 4, 2013

Left - Right: Dr. Steven Silk, Ms Jo-Ann Willson, Dr. Brian Gleberzon, Dr. Eleanor White, Dr. Bob Haig



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

#### COMMITTEE MEMBERS

Ms Cristina De Caprio (to November)  
Dr. Brian Gleberzon  
Dr. Gauri Shankar

#### STAFF SUPPORT

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

#### COMMITTEE MANDATE

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

## Committee Activities in 2013

The Registration Committee executed its role in ensuring that each candidate seeking registration in Ontario is treated with the right blend of fairness, transparency, compassion and flexibility within CCO's legislative framework. Continuing the work of previous committees, the Committee's efforts included updating all registration forms to ensure compliance with relevant regulations and legislation, overseeing CCO's registration practices in the public interest and ensuring that all potential registrants are treated fairly and transparently. In 2013, the Committee:

- Convened five face-to-face and five teleconference meetings
- Approved registration applications from chiropractors practising in other jurisdictions and wishing to be licensed in Ontario, or members requesting a change in their registration status
- Oversaw three Legislation and Ethics Examination sittings in February, June and October
- Continued its work in revising the Legislation and Ethics Examination to ensure it is valid, relevant, reflects the current legislation and is psychometrically sound
- Recommended to Council the following amended policies for approval:
  - Policy P-045: CCO's Legislation and Ethics Examination (approved by Council in February)
  - Policy P-053: Returning to the General Class of Certificate of Registration (approved by Council in September).

## A Message from the Chair

Throughout 2013, chiropractors from around the world continued to apply for registration in Ontario. The Registration Committee considers each application and determines the activities an applicant must complete before being registered.

This year, the Committee simplified the process for registrants who wish to take a short leave of absence from active practice for the purposes of maternity, parental, or other leaves. In advance of the leave, members should contact Registration Co-ordinator, Maria Simas, who will assist them in the process and determine the applicable fee to be paid during the leave. Members may enter the Inactive class of registration for the time of the leave in order to save costs in fees for the time they are inactive. Members are reminded that they cannot practise chiropractic or bill any third-party payors for chiropractic services while inactive.

“As I reflect over the past 20 years, I am impressed by the increasing numbers of chiropractors from around the world who have applied to CCO to practise in Ontario. During the last two decades, the Registration Committee has adapted to these changing conditions and ensured that Ontarians have access to qualified chiropractic care.”

Ms Judith McCutcheon, Chair, Registration Committee

The Committee also endeavoured to respond to applicants in a timely manner while being mindful of the need for fiscal accountability. To that end, the Committee conducted most of its meetings by teleconference and distributed material electronically, enabling the Committee to respond quickly to any concerns. Face-to-face meetings, held more infrequently, are used for collaborative decision-making and initiating new projects.

The process of evaluating the current Legislation and Ethics Examination to make it more representative of the dilemmas in the practice environment began in 2013 and the initial pilot will be in June 2014. The Committee will analyze the results

and make further changes to create a comprehensive and defensible examination.

I would like to thank the members of the committee, Dr. Brian Gleberzon and Dr. Gauri Shankar for their invaluable assistance as well as former members Dr. Robbie Berman, Ms Cristina DeCaprio, and Dr. James Laws. The support of Ms Jo-Ann Willson and Mr. Joel Friedman is invaluable, and the Committee owes a great debt of gratitude to the CCO's Registration Co-ordinator, Maria Simas, whose commitment to a fair and respectful registration process is unparalleled.

## Registration Statistics 2013

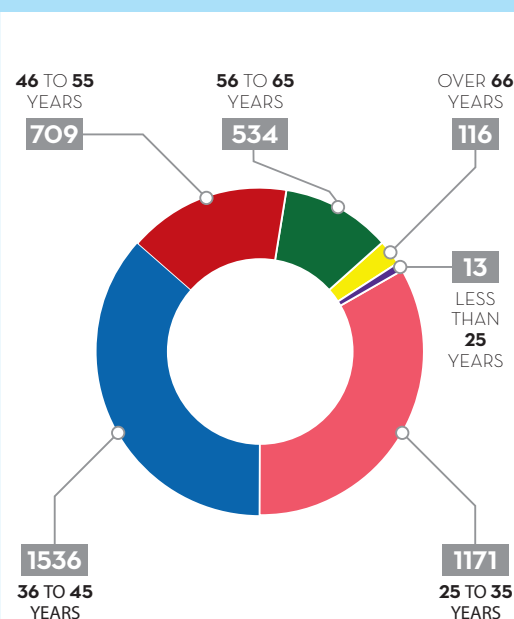
**TABLE 1:**  
COLLEGES OF GRADUATION FOR MEMBERS REGISTERED IN THE ACTIVE CATEGORY IN 2013

COLLEGE	MALE	FEMALE	TOTAL
CANADIAN MEMORIAL CHIROPRACTIC COLLEGE	62	63	125
CLEVELAND CHIROPRACTIC COLLEGE	0	1	1
D'YOUVILLE	2	0	2
LIFE	2	1	3
LOGAN	3	1	4
MACQUARIE UNIVERSITY	3	0	3
MURDOCH UNIVERSITY	1	0	1
NATIONAL UNIVERSITY OF HEALTH SCIENCES	0	1	1
NEW YORK CHIROPRACTIC COLLEGE	10	5	15
PALMER	2	4	6
PARKER	0	1	0
ROYAL MELBOURNE INSTITUTE OF TECHNOLOGY	2	2	4
L'UNIVERSITÉ DU QUÉBEC À TROIS-RIVIÈRES	1	2	3

**TABLE 2:**  
CLASSES OF CERTIFICATE FOR CCO MEMBERS (AS AT DECEMBER 31, 2013)  
TOTAL: 4,421

CLASS OF CERTIFICATE	TOTAL
ACTIVE	4,056
ACTIVE NON-RESIDENT	33
INACTIVE	143
INACTIVE NON-RESIDENT	70
RETIRED	129
<b>TOTAL</b>	<b>4,421</b>

**GRAPH 1:**  
AGES OF ACTIVE MEMBERS (AS AT DECEMBER 31, 2013)  
TOTAL: 4,079





*Dr. Peter Amlinger* **CHAIR**  
CCO MEMBER SINCE 1985

#### COMMITTEE MEMBERS

Dr. Angela Barrow,  
*Non-Council Member*

Dr. Michaela Cadeau,  
*Non-Council Member*

Dr. Roberta Koch,  
*Non-Council Member*

Dr. Vikas Puri,  
*Non-Council Member*

Ms Cristina De Caprio (to November)

Mr. Robert MacKay

Dr. Patricia Tavares

#### STAFF SUPPORT

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

#### 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.

## Committee Activities in 2013

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 and protect the public interest.

In 2013, the Discipline Committee convened two meetings.

The Committee chair convened several discipline panels to hear disciplinary matters before CCO. As all Council members are potentially members of a discipline panel, they are encouraged to participate in the discipline training workshops conducted by FHRCO. In 2013, these were attended by several CCO Council members. All discipline hearings are open to the public.

## A Message from the Chair

I am pleased to report that the Discipline Committee adjudicated fairly and effectively in the public interest throughout 2013. The public and professional members met the Committee's mandate and willingly served on discipline panels, bringing their own abilities and willingness to participate in this important work of the CCO. In addition, all Committee members attended various discipline training sessions offered by FHRCO.

The Committee's schedule comprised a fairly regular schedule of hearings, the vast majority being uncontested hearings with joint submissions on penalty. All matters that were convened in 2013 were completed and written decisions were released to the parties with minimal delay.

One of the Discipline Committee's two meetings in 2013 was held in conjunction with the Fitness to Practise Committee. Joining the meeting was Mr. Brian Gover, Stockwoods, and Dr. Drew Potter, Chair, CCO Pre-hearing Conferences, who shared their extensive knowledge about and experience in pre-hearing conferences, and the steps and processes leading to a fitness-to-practise hearing.

I would like to recognize the dedication and efforts of the Committee members who have been integral to ensuring that the public interest is well served: Dr. Angela Barrow, Dr. Michaela Cadeau, Dr. Roberta Koch, Dr. Vikas Puri, Dr. Patricia Tavares and public members, Mr. Robert MacKay and Ms Cristina De Caprio. A special "thank you" to the Committee members and members of Council who served on discipline panels during the past year and to CCO's Independent Legal Counsel for their assistance.

“What’s evident in the history of the Discipline Committee is a strong commitment to fairness and protecting the public interest. What’s consistent is that each Discipline Committee has supported the process of pre-hearing conferences, where mediation often results in a joint resolution and substantially reduces the time and legal expense for the member and CCO. What’s important is that each year, Discipline Committee members attend discipline orientation workshops offered by the Federation of Health Regulatory Colleges of Ontario to develop consistent approaches to decision-making. What’s noteworthy is that all Discipline Committee and discipline panel members have been dedicated and “truly went above and beyond the call of duty.” ”

Dr. Peter Amlinger, Chair, Discipline Committee

## 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;
- Include a clause that the member will 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 2013

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 2013 Discipline Committee Decisions

### 1. OVERVIEW

In 2013, panels of the Discipline Committee held hearings regarding twelve Notices of Hearing. In three cases, there was an agreement to combine hearings, so the Discipline Committee held eight hearings in total over the course of the year. Seven of the hearings proceeded by way of Agreed Statements of Fact and Joint Submissions on Penalty. There was one hearing where the member contested the allegations of professional misconduct. A panel of the Discipline Committee held hearings regarding the allegations of professional misconduct and penalty. The costs hearing for that matter is scheduled for 2014.

### 2. CASES INVOLVING AGREED STATEMENTS OF FACTS

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

# Summary Of 2013 Discipline Committee Decisions

**NAME OF MEMBER:  
DR. JOSEPH ARCURI (#4559),  
NIAGARA FALLS**

## **Agreed Statement of Facts**

- Dr. Joseph Arcuri (“Member”) has been a member of the CCO since May 14, 2003. He is the sole owner and the operator of a clinic in Niagara Falls (“Clinic”) that provides a variety of services, including chiropractic and massage.
- On December 7, 2010, the Member was the subject of a Discipline Committee hearing regarding allegations that he or his Clinic had submitted \$24,000 in false claims to an insurance company and had been paid by the insurance company for the false claims. The Member admitted that he committed acts of professional misconduct, including contravening a standard of practice of the profession, failing to keep records as required by the regulations, submitting accounts or charges for services that he knew were false or misleading, and engaging in conduct that, having regard for all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.
- A Panel of the Discipline Committee ordered, among other things, that the Member’s certificate of registration be suspended for a period of twelve months. Six months of the suspension were to be suspended if the Member completed certain remedial programs.
- The suspension took effect on December 7, 2010. The Member completed the required remedial programs and the suspension was lifted on June 7, 2011.
- Prior to the Discipline Committee hearing, the Member signed an Undertaking on November 19, 2010 in which, among other things, he undertook to respond promptly to all CCO communications (“Undertaking”).
- During the period December 7, 2010 – June 7, 2011, while the Member’s certificate of registration was suspended (“Period”), he employed a Locum to provide chiropractic treatment to patients at the Clinic. The Locum worked at the Clinic one morning and one afternoon a week. On October 31, 2011, the Locum reported to the CCO that she had recently learned the Member’s certificate of registration was suspended during the Period. The Locum also indicated that she suspected the Member had provided chiropractic treatments to patients at the Clinic during the Period, and had used her name and billing number on patient receipts for treatments she had not provided.
- As a result of the report from the Locum, the CCO’s Registrar appointed investigators to investigate whether the Member had committed acts of professional misconduct.
- During the course of the CCO’s investigation, a CCO investigator discovered that in 2011, the Member had issued a Clinic receipt that indicated the Locum had provided fourteen chiropractic treatments to a patient known as “A.T.” during the Period, and that the Member had submitted a claim to an insurer for payment for the chiropractic treatments, which had never been provided to the patient.
- A.T. had received chiropractic treatment from the Member for approximately two years prior to 2010.
- A.T. attended at the Clinic in January 2011 and booked a number of appointments for chiropractic treatments in January and February 2011. A.T. paid the Member \$420.00 in advance for the chiropractic treatments. The Member never told A.T. that his certificate of registration was suspended and that he could not provide the chiropractic treatments.
- When A.T. attended at the Clinic in January 2011 for his first chiropractic treatment, he expected to receive the treatment from the Member. However, the Member was not at the Clinic. The Locum was at the Clinic, and A.T. did not want to receive a chiropractic treatment from her. He left the Clinic and did not return for any of the other chiropractic treatments he had booked with the Member.
- In April 2011, A.T. received a cheque from his insurer for \$420.00.
- As a result of the CCO’s investigation, the insurer contacted A.T. to inquire whether he had received the chiropractic treatments from the Locum, as indicated in the receipt issued by the Member. A.T. confirmed that he had not received any of the chiropractic treatments. Following a discussion between A.T. and the Member, the Member reimbursed A.T. for the money A.T. had paid to the Member in January 2011, and A.T. reimbursed the insurer.
- During the Period, the Member took no steps to advise any of his patients or the Locum that his certificate of registration was suspended. To the contrary, he persistently



held himself out as a member of the CCO and as someone who was qualified to practise in Ontario as a chiropractor.

- The Member told the Locum that he required a locum because he was leaving to open a motor vehicle accident clinic in Toronto. The Member told patients that he would be away from the Clinic during the Period because he was taking a six-month long course.
- During the Period, the Member was frequently at the Clinic. He booked appointments, answered the telephone, prepared patient bills, and prepared patient files. The Member continued to have his business card at the reception desk, which indicated he was a member of the CCO and a chiropractor. He referred to himself as “Dr.” and as a chiropractor, and did not correct patients when they called him “Dr.” or “chiropractor”.
- On March 28, 2012, two investigators appointed by the Registrar attended at the Member’s Clinic. The Member was at the Clinic. The investigators provided the Member with a summons requiring him to provide the patient file for A.T. and fifteen other patient files selected by the investigators.
- The Member gave the investigators access to his filing cabinet and they selected fifteen patient records to review. The Member denied having a patient file for A.T. and there was no file for A.T. in the filing cabinet.
- The investigators also asked the Member to provide invoices, patient ledgers and statements of accounts for the fifteen patient files they had selected and for A.T. The Member indicated he did not keep such documentation.
- The investigators asked the Member to provide his appointment book, and he indicated he maintained an electronic calendar on Google. The Member showed the investigators his electronic calendar, but when they asked him to print the calendar, he indicated he did not know how to print a copy of selected dates, as requested by the investigators. A few minutes later, the Member indicated he was “locked out” of his electronic calendar and said that he did not know the password.
- When the investigators were ready to leave the Clinic, they asked the Member for the fifteen patient files they had selected. The Member refused to provide the investigators with the patient files, and he left the Clinic and did not return until after the investigators had departed from the area.
- On March 30, 2012, CCO investigators returned to the Clinic with a search warrant for the fifteen files they had identified on March 28, 2012. The Member gave the investigators access to fifteen patient files. However, when the investigators reviewed the fifteen files, they noted that nine of the files they had identified on March 28, 2012

were missing, and those nine files had been replaced by other files they had not selected. The Member admitted he had added the new files, and said he did not know where the nine missing files that the investigators had selected were. The Member also admitted he was the only person who had access to patient files at the Clinic.

- The investigators asked to see the Member’s electronic calendar. He showed it to them, but it no longer contained any patient appointments. The Member had no explanation as to why the patient appointments had been deleted.
- The investigators then began to search the Member’s Clinic for the nine missing patient files. In addition, they searched a basement, which the Member said was not part of his Clinic and which was accessible to a pizza restaurant and a dental office that were adjacent to the Member’s Clinic. The investigators found two boxes containing patient files belonging to the Member in the basement. However, the nine missing patient files were not in the boxes.
- Had the Member testified, he would have said that he and his father, who owned the building, controlled the pizza restaurant’s and the dental office’s access to the basement.
- On May 2, 2012, one of the investigators sent the Member an email, asking for an interview. The Member never responded to the email.
- On May 9, 2012, the investigator sent the Member a letter via courier, asking for an interview. The Member never responded to the letter.
- On May 11, 2012, the investigator sent the Member a letter via courier requesting the Member provide the nine missing files by May 25, 2012. The Member never responded to the letter.
- The Member has never provided the CCO or its investigators with the nine missing patient files, despite repeated requests.

### Findings

- The Member admitted, and the Panel found, that he had committed acts of professional misconduct because he had:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession, including but not limited to Standard of Practice S-002: Record Keeping and Standard of Practice S-020: Cooperation and Communication with CCO;
  - failed to keep records as required by the regulations;
  - falsified a record or records relating to his practice;

- o signed or issued, in his professional capacity, a document or documents that he knew contained a false or misleading statement;
- o submitted an account or charge for services that he knew was false or misleading;
- o contravened the *Chiropractic Act, 1991* and the *Regulated Health Professions Act, 1991*;
- o breached an undertaking given to the Registrar of the CCO; 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 and unprofessional.

### Penalty

The Panel made the following order, which had been jointly proposed by the CCO and the Member:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of twelve months ("Suspension").
- Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - o within seven months of the start of the Suspension, the Member must:
    - successfully complete the Legislation and Ethics Examination and CCO's Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar, and
    - review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines;
  - o upon commencement of the Suspension, the Member shall advise all of his staff as well as any chiropractor or health professional who works out of his Clinic of the fact that the Member's certificate of registration is under suspension;
  - o the Member shall ensure that his staff and any other chiropractor or health professional who works out of his Clinic are instructed not to do anything that would suggest to patients that he is entitled to engage in the practice of chiropractic during the Suspension;
  - o during the Suspension, the Member shall not do anything that would suggest that he is entitled to engage in the practice of chiropractic, including but not limited to:
    - he will not use the title "chiropractor" or a variation or abbreviation or an equivalent of that title,

- he will not hold himself out as a person who is qualified to practise chiropractic in Ontario,
- he will not perform, or offer to perform, any of the controlled acts permitted to chiropractic to any individual,
- he will not provide, or offer to provide, chiropractic treatment to any individual, including the prescribing, fitting or dispensing of orthotics, and
- he will not use the title "doctor" or a variation or abbreviation or an equivalent in the course of providing, or offering to provide, health care to any individual;
- o during the Suspension, the Member shall permit and co-operate with any office monitoring that the Registrar considers appropriate in order to ensure that the Member has complied with this Order, and the Member shall provide access to any records associated with the practice in order that the CCO can verify that the Member has not engaged in the practice of chiropractic during the Suspension or held himself out as someone qualified to practise in Ontario as a chiropractor; and
- o the Member's practice shall be monitored by the CCO by means of inspection(s) by a representative or representatives of the CCO a maximum of four times during the twenty-four (24) months following the lifting of the Suspension. The Member shall cooperate with the CCO during the inspections and, further, shall pay to the CCO in respect of the cost of monitoring, the amount of \$600.00 per inspection, such amount to be paid within thirty (30) days of the completion of each of the inspections.
- Directing the Registrar to suspend five months of the Suspension if the Member complies with certain of the Conditions set out above.
- Requiring the Member to pay the CCO a portion of its costs and expenses related to the investigation and prosecution of these matters in the amount of \$10,000.00 by December 31, 2013.

**NAME OF MEMBER:  
DR. WILLIAM CHARLTON (#2449),  
BRACEBRIDGE**

### Agreed Statement of Facts

- Dr. William Charlton has been a member of the CCO since 1990. He has a chiropractic office in Bracebridge, Ontario. Dr. Charlton has no previous complaints or discipline history with the CCO.

- On October 28, 2009, Dr. Charlton began treating a patient known as "A.H." who had been in a motor vehicle accident in 2004 and had suffered from pain in her head, neck, back and chest since the accident.
- Dr. Charlton had a casual social acquaintance with A.H. prior to becoming her treating chiropractor.
- Dr. Charlton treated A.H. on a regular basis until July 29, 2010.
- On four occasions during the period that Dr. Charlton treated A.H., he conducted himself towards her in a manner that was familiar and arguably appropriate to a casual personal relationship, but not to a professional chiropractor/patient relationship.
- On the last occasion when Dr. Charlton conducted himself in this manner towards A.H., she terminated the doctor/patient relationship.
- Almost two years later, A.H. complained to the CCO about Dr. Charlton's conduct towards her.
- Dr. Charlton admits that, even if A.H. misunderstood some or all of his conduct towards her, he had an obligation as a chiropractor to maintain an appropriate professional relationship with her, and his conduct towards her violated the boundaries of a professional relationship with a patient.

### Findings

- The Member admitted, and the Panel found, that he had committed acts of professional misconduct because he had:
  - 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 for all of the circumstances, would reasonably be regarded by members as unprofessional.

### Penalty

The Panel made the following order, which had been jointly proposed by the CCO and the Member:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of two months ("Suspension").
- Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - the Member must successfully complete a course in gender sensitivity approved of by the CCO's Registrar and conducted by Dr. Stuart Kinsinger, and provide

evidence of successful completion of the course to the Registrar;

- the Member must successfully complete the Legislation and Ethics Examination and CCO's Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar; and
- the Member must review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines.
- Directing the Registrar to suspend one month of the suspension if the Member completes the Conditions in a specified time.
- Requiring the Member to pay \$5,000.00 to the CCO in respect of a portion of its costs and expenses related to the investigation and prosecution of these matters by December 31, 2013.

### NAME OF MEMBER: DR. JULIE GAROFALO (#5073) AND DR. ERNESTO GAROFALO (#4504), WOODBIDGE

*Note: The Discipline Committee hearings regarding Dr. Ernesto Garofalo and Dr. Julie Garofalo were combined on consent because the hearings involved the same or similar questions of fact and law.*

### Agreed Statement of Facts

- Dr. Julie Garofalo has been a member of the CCO since September 12, 2005. Dr. Ernesto Garofalo has been a CCO member since January 20, 2003.
- Dr. Ernesto and Dr. Julie Garofalo (the "Garofalos" or the "Members") are married and are the owners and operators of the Primo Chiropractic and Wellness Centre in Woodbridge, Ontario ("Clinic"). Neither of the Garofalos has been the subject of a prior Discipline Committee hearing.
- On October 16, 2012, the CCO received a complaint from Manulife Financial ("Manulife") that, in 2011, the Garofalos had submitted claims for health care to Manulife for chiropractic treatments they had provided to each other. In 2012, the Garofalos submitted claims to Manulife for treatments they had self-administered. Manulife had reimbursed the Garofalos for the treatments they had administered each other and that they had self-administered. Included with the complaint were a number of invoices from the Clinic (the "Claims"), which corroborated the complaint.
- The Garofalos cooperated with the CCO's investigation and provided their chiropractic records from the Clinic.

- According to Dr. Ernesto Garofalo’s chiropractic records from the Clinic:
  - his file was opened on March 9, 2011. Dr. Ernesto Garofalo partially completed a patient information form and signed a consent for chiropractic treatment on that date;
  - he received chiropractic treatment from Dr. Julie Garofalo for, among other things, left wrist and elbow soreness, and a sore and stiff neck and upper back on March 9, April 18, May 5, June 3, July 8, July 25, August 16, September 6, September 23, October 7, October 31 and November 14, 2011; and
  - he provided himself with laser therapy and other therapy to his left wrist on December 2 and December 19, 2011, and on January 6, February 6, March 9, April 11, May 18, June 18, July 13, July 30, August 24, and September 24, 2012.
- According to Dr. Julie Garofalo’s chiropractic records from the Clinic:
  - her file was opened on March 2, 2011. Dr. Julie Garofalo partially completed a patient information form and signed a consent for chiropractic treatment on that date;
  - she received chiropractic treatment from Dr. Ernesto Garofalo for, among other things, back pain and wrist flexors on March 9, April 19, May 5, June 3, July 8, July 25, August 16, September 6, September 23, October 7, October 31 and November 14, 2011; and
  - she provided herself with laser therapy and other therapy to her wrists on December 2 and December 19, 2011, and on January 6, February 6, March 9, April 11, May 18, June 18, July 13, July 30, August 24, and September 24, 2012.
- After Manulife complained to the CCO, the Garofalos voluntarily reimbursed it for the monies it had paid to them for the Claims.
- Had the Garofalos testified, they would have said that in submitting the Claims, they were relying on advice from their broker that it was acceptable for them to do so. However, they admitted that they did not check their insurance policy, and that it specifically prohibits claims for treatments that are self-administered.
- The Garofalos admit that it was improper for them to submit the Claims to the insurer. They also admit that the Claims contained false information, as they indicated the Garofalos had paid for the treatments when they had not.
- The Garofalos also admit:
  - they provided chiropractic treatment to each other

- during the period March 2011 – November 2011 (“Period”) and submitted claims to the insurer for reimbursement for those chiropractic treatments;
- during the Period, Dr. Garofalo was pregnant and gave birth. They also had two other children at home, under the age of 4;
- the Garofalos did not have a sexual relationship during the Period. They fully appreciate the prohibition against a chiropractor having a concurrent sexual and professional relationship with a patient;
- in 2012, they self-treated and submitted claims to Manulife for reimbursement for the treatments;
- the Claims submitted by the Garofalos to Manulife indicated they had paid for the treatments, when they had not; and
- Manulife paid the Garofalos for the Claims, on the basis that it was reimbursing them for monies they had paid out of pocket for the treatments.

### Findings

- The Garofalos admitted, and the Panel found, that they had committed acts of professional misconduct because they had:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - signed or issued, in their professional capacities, documents that contained false or misleading statements;
  - submitted accounts for services that they knew were false and misleading; and
  - engaged in conduct or performed an act, that, having regard to all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

### Penalty

The Panel made the following order, which had been jointly proposed by the CCO and the Members:

- 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 five months (“Suspension”).
- Directing the Registrar to impose the following terms, conditions and limitations (“Conditions”) on the Members’ certificates of registration:
  - within three months of the start of the Suspension, the Member must each review, and agree in writing,

to comply with all CCO regulations, standards of practice and guidelines including, but not limited to, the business practices portion of the Professional Misconduct Regulation and CCO Guideline G-008: Business Practices; and

- o the Members must each be peer assessed at their own expense within six months after the Suspension is lifted.
- Directing the Registrar to suspend two months of the Suspension if the Members comply with certain of the Conditions within a specified timeframe.
- Requiring the Members to pay the CCO a portion of its costs and expenses related to the investigation and prosecution of these matters in the amount of \$10,000.00 in accordance with a payment schedule.

**NAME OF MEMBER:  
DR. CHRISTOPHER MACLEAN (#3202),  
TORONTO**

#### **Agreed Statement of Facts**

- Dr. Christopher MacLean (“Member”) has been a member of the CCO since August 14, 1996.
- During the relevant times, the Member practised chiropractic at his clinic, Spinal Health & Wellness Centre, in Toronto (“Clinic”).
- Members of the CCO are required to renew their membership with the CCO on an annual basis. Completed annual registration renewal forms and a prescribed registration renewal fee must be received by the Registrar of the CCO on or before January 1 of each year.
- If a member does not provide a completed registration renewal form and the correct registration renewal fees to the Registrar by January 1, the member is subject to paying a late payment fee. In addition, the Registrar can suspend a member’s certificate of registration if the member does not provide a completed registration renewal form and the correct registration renewal fees by a specified date.
- The Member was the subject of a Discipline Committee hearing on September 16, 2010 arising from, among other things, allegations concerning his having practised chiropractic while his certificate of registration was suspended in 2009 for non-payment of the annual registration renewal fee. The Member admitted, and a panel of the Discipline Committee (“Panel”) found that, between the period March 1, 2009 – November 29, 2009, while his certificate of registration was suspended for non-payment of annual registration renewal fees, the Member had used the title “chiropractor”, held himself

out as a person qualified to practise in Ontario as a chiropractor, practised chiropractic, performed controlled acts, and used the title “doctor” when treating patients. The Panel found that this conduct was conduct that, having regard for all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

- Prior to the September 16, 2010 Discipline Committee hearing, the Member signed an Undertaking to the Registrar, dated September 16, 2010 (“Undertaking”), which was appended to a Joint Submission on Penalty and in which he undertook as follows:

I shall respond promptly to all CCO correspondence and will pay any fees associated with the annual renewal of my registration in a timely way.

I acknowledge that failure to abide by any of the terms of this Undertaking is professional misconduct and could result in the referral of specified allegations of professional misconduct to the Discipline Committee.

- In October 2011, the Member was sent a memorandum from the CCO’s President and Treasurer, advising him of the registration renewal fees for 2012, indicating registration renewal information and fees must be received by the CCO on or before January 1, 2012 and enclosing the Member’s 2012 Registration Renewal Form.
- Had the Member testified, he would have said he did not receive the registration renewal form, although he was generally aware that a renewal form was due by January 1, 2012 with payment.
- The Member did not provide the Registrar with a completed registration renewal form or registration renewal fees on January 1, 2012. He did not provide the Registrar with a completed registration renewal form or his registration renewal fee until April 23, 2012.
- The Member admits that, in failing to pay his 2012 annual renewal fee by January 1, 2012 and in failing to submit a renewal form, he breached his Undertaking to pay any fees associated with the annual renewal of his registration in a timely way.

#### **Findings**

- The Member admitted, and the Panel found, that he had committed acts of professional misconduct because he had:
  - o contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - o breached his Undertaking; and
  - o engaged in conduct or performing an act that, having

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

### Penalty

- The Panel made the following order, which had been jointly proposed by the CCO and the Member:
  - Requiring the Member to appear before the panel to be reprimanded;
  - Directing the Registrar to suspend the Member's certificate of registration, with the suspension starting 45 days from the date of this hearing and removed after the later of: (i) a period of eight (8) months; or (ii) when the Member has paid a portion of the College's investigative and legal costs in the amount of \$9,000.00 and reimbursed \$9,120.00 to the College for funding provided to a patient he had sexually abused as set out in the Member's Undertaking;
  - Directing the Registrar to impose the following specified terms, conditions and limitations on the Member's certificate of registration:
    - within eight months of the date of the Panel's decision in this matter, the Member will provide written evidence to the Registrar that he has successfully completed the ProBE Program on Ethics for Healthcare Professionals at his own expense,
    - within eight months of the date of the Panel's decision in this matter, the Member will have reviewed and agreed in writing to comply with all CCO regulations, by-laws, standards of practice, policies and guidelines including but not limited to Standard of Practice S-020: Cooperation and Communication with CCO, and
    - the Member's practice shall be monitored by the College at its discretion by means of inspection(s) by a representative or representatives of the College at such time or times as the College may determine, to a maximum of two (2) inspections per year, during the twenty-four (24) months following the removal of the suspension. The Member shall cooperate with the College during the inspections and, further, shall pay to the College in respect of the cost of monitoring, the amount not to exceed \$600.00 per inspection, such amount to be paid immediately after completion of each of the inspections. The College will provide reasonable notice of the inspections; and
  - Requiring the Member to pay a portion of the College's investigative and legal costs in the amount of \$9,000.00 by December 31, 2013.

### NAME OF MEMBER: DR. PREETKAMAL RANDHAWA (#5100), SCARBOROUGH

### Agreed Statement of Facts

- Dr. Preetkamal Randhawa ("Member") has been a member of the CCO since 2006. He is the sole owner and the operator of a chiropractic clinic in Scarborough, Ontario ("Clinic").
- The Member began treating a patient known as "R.D." on June 23, 2008 for pain in his lower back and right leg and continued to provide chiropractic treatments to R.D. until September 16, 2011. R.D. and his wife, "A.D." and their two children, were covered by an insurance policy that paid for, among other things, chiropractic treatments and orthotics.
- During March and April 2009, the Member treated A.D. on three occasions for pain in her right knee.
- On September 12, 2009, the Member began providing chiropractic treatment to a patient known as "J.K." Her primary complaint was pain in her lower back. The Member provided chiropractic treatments to J.K. until February 10, 2011 (the "Period").
- During the Period, R.D. was in a relationship with J.K. When J.K. went to the Member's Clinic, she signed herself in at the front desk using R.D.'s last name, although her chiropractic record reflected the name J.K.
- Invoices for J.K.'s chiropractic treatment at the Clinic were issued under A.D.'s name. As a result, the insurer received claims for treatment for J.K. under A.D.'s name. J.K. was not eligible for funding for chiropractic treatments or orthotics from R.D.'s insurer.
- On January 28, 2010, the Member assessed J.K. as requiring orthotics and he prescribed and dispensed two pairs of shoes with orthotics to her. The prescription written by the Member and the Member's assessment indicated the patient's name as A.D.
- The Member's office issued invoices for the orthotic shoes under A.D.'s name and that of her daughter, although neither A.D. or her daughter was assessed by the Member for orthotic shoes. The Member never assessed or treated A.D.'s daughter.
- As a result of the erroneous invoices, the insurer paid \$1,810.00 for chiropractic treatments and orthotics provided by the Member to J.K., although she was not eligible for insurance coverage.
- In 2010, the insurer received a number of anonymous tips that the Member was offering either free running shoes or \$120.00 in cash to patients who received orthotics from him.

- On April 11, 2011, through a conversation with A.D., the insurer learned that A.D. and her daughter had not received any chiropractic treatment or orthotics from the Member during the Period.
- As a result, the insurer partnered with R.D.'s employer, who sent two undercover investigators, "D.S." and "T.F." to the Member's office posing as persons employed by R.D.'s employer.
- On May 27, 2011, D.S. attended at the Member's Clinic. He spoke to the Member and told him he understood from others that it was a place to get free shoes. The Member told D.S. that in order to get the free shoes, he would have to be tested and purchase a pair of orthotics, which would be covered by his insurance policy. The Member assessed D.S. and told him he had poor arches and was a candidate for orthotics.
- When D.S. went back to the Member's office to pick up the orthotics, he reviewed a catalogue of free shoes he could order. However, he opted to receive the "cash back" option and received a cheque from the Member for \$120.00 when he picked up the orthotics.
- T.F. attended at the Member's Clinic on May 30, 2011. He told the female receptionist that he was employed by R.D.'s employer and wanted an assessment for orthotics. During the assessment, T.F. told the Member he was unlikely to wear orthotics. However, the Member prescribed orthotics for him. After, T.F. was given a catalogue of shoes and advised he could pick a pair, which he did. However, he later advised the Member's Clinic that he wanted cash, rather than free shoes, and he was provided with a cheque from the Member for \$120.00.
- Had the Member testified, he would have said his office misidentified J.K. as A.D. and mistakenly issued invoices in A.D.'s name for chiropractic services provided to J.K. He also would have said that on January 28, 2010, he misidentified J.K. as A.D.
- Had the Member testified, he would have said he has taken steps after the Period to modify office procedures so that patients are not misidentified, including: a) having patients print their name when they sign into the Clinic; b) requiring patients to produce photo identification at each visit; c) having the patient carry their physical file to the treatment area; d) having a sign in sheet in each file which is signed by the patient after treatment; e) having patients sign receipts verifying the information on the receipt is correct and that they acknowledge their responsibility regarding insurance; f) having the Member sign receipts; g) having patients sign consent forms for orthotics and forms confirming the dates orthotics are prescribed and dispensed; h) having receipts for orthotics accurately reflect the date the orthotics were fitted; and i) having

office staff complete a course in "Medical Office Practice Assisting" at Brampton College of Health, Business and Technology. The Member would say he has also stopped offering free shoes and cash as promotions, and that he has started using SOAP charting. The Member has completed the CCO Record Keeping Workshop and the Legislation and Ethics Exam.

- The Member acknowledges and admits he is ultimately responsible for invoices issued at his Clinic.

### Findings

- The Member admitted, and the Panel found, that he had committed acts of professional misconduct because he had:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - provided a diagnostic or therapeutic service that was not necessary;
  - failed to keep records as required by the regulations; and
  - engaged in conduct or performed an act, that, having regard to all of the circumstances, would reasonably be regarded by members as disgraceful and unprofessional.

### Penalty

- The Panel made the following order, which had been jointly proposed by the CCO and the Member:
  - Requiring the Member to appear before the panel to be reprimanded;
  - Directing the Registrar to suspend the Member's certificate of registration for a period of six months ("Suspension");
  - Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
    - within 16 weeks of the start of the Suspension, the Member must:
      - (i) successfully complete the Legislation and Ethics Examination and CCO's Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar, and
      - (ii) review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines;
  - Directing the Registrar to suspend ten weeks of the Suspension if the Member complies with the Conditions; and

- o Requiring the Member to pay the CCO a portion of its costs and expenses related to the investigation and prosecution of these matters in the amount of \$16,500.00 pursuant to a payment plan.

**NAME OF MEMBER:  
DR. DAVID RICK (#4615), TORONTO**

**Agreed Statement of Facts**

- Dr. David Rick (“Member”) became a member of the CCO in 2003.
- During the relevant time, in addition to a clinical practice, the Member provided third party independent chiropractic assessments through a health care management company (“HMC”).
- On May 21, 2009, “Ms. R.W.” was involved in an automobile accident. Ms. R.W. had been in two previous automobile accidents in 2008 and 2009. As a result of the May 2009 accident, Ms. R.W. suffered whiplash, and experienced pain in her neck, back, shoulders and right knee.
- Prior to the May 2009 accident, Ms. R.W.’s insurance company had denied her claim to certain treatments for injuries arising from the previous automobile accidents. Following the May 2009 accident, Ms. R.W. retained a lawyer to assist her in obtaining insurance benefits.
- On August 25, 2009, Ms. R.W.’s lawyer requested that HMC conduct a number of assessments, including an In-Home Assessment, a Functional Capacity Evaluation, and a Work-site Analysis. The Member was to provide the three assessments.
- A paralegal from Ms. R.W.’s lawyer’s office advised Ms. R.W. that the Member would attend at her home to perform an assessment.
- On November 16, 2009, the Member attended at Ms. R.W.’s home. He was at her home for approximately an hour.
- The Member did not have any further contact or communication with Ms. R.W. Staff from HMC had some further communications with Ms. R.W.
- Had he testified, the Member would have stated that he spent additional time making other inquiries, gathering additional information, analyzing the information, and organizing it into the various reports.
- The Member provided Ms. R.W.’s insurer with three reports: i) a Physical Demands Analysis; ii) a Functional Capacity Evaluation; and iii) an In-Home Assessment Report.
- The Member also indicated to the insurer that Ms. R.W. required a number of assistive devices. The insurer agreed

to pay for the assistive devices, which were delivered to Ms. R.W.

- After completion of the three reports, the Member billed Ms. R.W.’s insurer and was paid \$3,368.17 for the three assessments and \$839.60 for the assistive devices.
- In or about February 2010, Ms. R.W. obtained a copy of her file from her lawyer and learned, for the first time, that the Member had submitted three reports about her to her insurer and an invoice for assistive devices.
- Had Ms. R.W. testified, she would have said she did not require a number of the assistive devices she received, and she did not receive all of the assistive devices paid for by her insurer.
- Had the Member testified, he would have said that, in his view, the assistive devices he recommended were reasonable and necessary for Ms. R.W.’s rehabilitation.
- The Member’s chiropractic record for Ms. R.W. contains various insurance documents and copies of the assessments he provided to Ms. R.W.’s insurer. He has no notes of his assessment or any notes or reports from any of Ms. R.W.’s health care providers.
- Had the Member testified, he would have explained that, at the time, he was using a laptop to record his findings and then inputted information into templates. He then would have worked with the same document to expand into the three reports once further information was gathered and analyzed.
- The Member admits that he did not obtain written informed consent from Ms. R.W. for any assessment. Had he testified, the Member would have stated he believed he obtained informed consent, but admittedly not in writing.
- The Member admits that:
  - o his assessments of Ms. R.W. were not complete and contained some inaccuracies;
  - o he did not obtain written informed consent from her for the assessments;
  - o he did not maintain adequate records regarding Ms. R.W.; and
  - o his records do not support the invoices he sent to Ms. R.W.’s insurer.

**Findings**

- The Member admitted, and the Panel found, that he had committed acts of professional misconduct because he had:
  - o contravened a standard of practice of the profession and failed to maintain the standard of practice expected



of members of the profession with respect to his assessment, documentation and billing regarding Ms. R.W.; and

- o engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional in that he failed to appropriately assess Ms. R.W, failed to obtain written informed consent from Ms. R.W., and failed to maintain records regarding Ms. R.W.

### Penalty

The Panel made the following order, which had been jointly proposed by the CCO and the Member:

- 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.
- Ordering the Registrar to impose the following specified terms, conditions and limitations ("Conditions") on the Member's Certificate of Registration:
  - o by June 14, 2013, the Member must:
    - (i) provide evidence he has successfully completed the Legislation and Ethics Examination and attended the CCO's Record Keeping Workshop at his own expense, and
    - (ii) have reviewed and has agreed in writing to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of the Misconduct Regulation; CCO Guideline G-008: Business Practices; 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;
  - o the Member must be peer assessed on reasonable notice at his own expense within six months after he returns to practice following the lifting of the suspension; and
  - o 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 three times. The monitoring will be done by a chiropractor mutually acceptable to the CCO and the Member and on reasonable notice to the Member.
- Ordering the Registrar to suspend one (1) month of the suspension if the Member complies with certain of the Conditions in a specified timeframe.
- 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, 2013.

### NAME OF MEMBER:

#### DR. DEREK ZIBIN (#4024), TORONTO

*Three Notices of Hearing were issued by the CCO regarding Dr. Zibin. Each Notice of Hearing contained similar allegations about the Member's conduct. The Member and the CCO consented to combine the proceedings arising from the Notices of Hearing because they involve the same or similar questions of fact and law.*

### Agreed Statement of Facts

- Dr. Derek Zibin ("Member") has been a member of the CCO since February 1, 2001. He is not currently practising chiropractic and he holds an inactive certificate of registration.
- At the relevant time, the Member provided assessment services, including chiropractic, in-home, job site, and functional assessment evaluations for a variety of clients out of his office in Toronto.
- The Member has no prior complaints or discipline history with the CCO.
- On September 15, 2009, an Insurer complained to the CCO about 14 OCF-18s ("Treatment Plans") regarding an insured known as "S.M." ("Complaint #1") that it had received on November 28, 2008. The Treatment Plans were submitted by Pro-Act Medical and Rehabilitation Services ("Pro-Act"). The Member was listed as the provider of health services on four of the Treatment Plans, and listed as a registered health practitioner on the other 10 Treatment Plans. He was also the regulated health professional whose signature was affixed on each of the 14 Treatment Plans. The Insurer complained about the 14 Treatment Plans because:
  - o the OCF-18 is a treatment plan form. However, in this case, the OCF-18s were being used to request approval for assessments. There are standard Auto Insurance Claims Forms required to be used in the auto insurance claims process. The appropriate form to use for an application for approval of an assessment was an OCF-22. Using an OCF-18 statutorily entitled the requesting practitioner to charge the Insurer for a rebuttal report if the application was refused;
  - o the insured was designated as being at "an immediate risk of harm". This designation was incorrect. The insured had been in an MVA on May 4, 2007, required minimal medical attention, and returned to work on a full-time basis with no problems within a week and a half of the accident. The Treatment Plans at issue were submitted on November 28, 2008, a year and a half after the accident. The Insurer noted that an insured who was designated as being at "an immediate risk of harm" was statutorily entitled to certain benefits;

- o the 14 Treatment Plans were virtually identical to treatment plans that had been submitted under the Member’s signature for other insureds. The “cut and paste” was evident and, in some cases, the names of other insureds were inadvertently included in the Treatment Plans:
  - the 14 Treatment Plans proposed excessive and inappropriate assessments. For example, one Treatment Plan proposed a “return to work” assessment although the insured had returned to work more than a year earlier,
  - the fees charged for the assessments proposed in the 14 Treatment Plans were excessive and unreasonable. For example, the Treatment Plan proposing a chiropractic assessment indicated the Member would spend 16 hours assessing the insured at \$104.02/hr,
  - the Treatment Plans contained false and misleading information. For example, in six of the Treatment Plans, the persons named as health care providers had no knowledge of the insured and did not know their names were being used on the forms. Typically, a health care provider who is going to provide an assessment would both sign off on the form and certify that the proposed assessment was reasonable and necessary, and
  - the Treatment Plans included assessments that were outside of the scope of chiropractic practice to certify as being reasonable and necessary, and a diagnosis that was outside of the Member’s scope of practice to make.
- Each of the 14 OCF-18 forms at issue contained a section (“Part 5”) that had to be signed by a regulated health professional. Part 5 contained the following declaration, to be signed by the regulated health professional:
 

I confirm, to the best of my knowledge, the information in this Treatment Plan is accurate, the Treatment Plan has been reviewed with the applicant by the health professional in Part 6, and the goods and services contemplated are reasonable and necessary for the treatment and rehabilitation of the applicant for the injuries identified in Part 7.

I confirm that the information provided is true and correct. I understand that it is an offence under the *Insurance Act* to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance. I further understand that it is an offence under the federal Criminal Code for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company.
- The Member was named as the regulated health professional in Part 5 of each of the 14 Treatment Plans, and his electronic signature was contained in each declaration.
- The Insurer did not approve any of the Treatment Plans. The Insurer elected to treat the Treatment Plans as if they were Requests for Assessment, and, pursuant to its obligations, referred them to medical experts to obtain opinions as to whether the requested assessments were reasonable and necessary. The Insurer incurred costs of \$4,788.50 to have the Treatment Plans reviewed by medical experts. In all instances, the medical experts found that the assessments proposed in the Treatment Plans were not reasonable or necessary.
- On September 29, 2009, the Insurer submitted a second complaint against the Member to the CCO. The Insurer complained that, on February 25, 2009, it had received 13 Treatment Plans bearing the signature of the Member regarding an insured known as “A.V.” The insured had been in a motor vehicle accident on October 16, 2007, immediately after which she had been able to exit her vehicle on her own accord and chase after the driver of the other car, who was leaving the scene prior to the arrival of the police.
- The Treatment Plans for A.V. were virtually identical to the Treatment Plans in Complaint #1 regarding S.M. The Insurer’s concerns about the Treatment Plans regarding A.V. mirrored its concerns about the Treatment Plans submitted in Complaint #1 regarding S.M. It refused to approve the Treatment Plans, incurring the costs of having the Treatment Plans reviewed by medical experts, who determined the proposed assessments were not reasonable or necessary.
- On October 23, 2009, the Insurer submitted a third complaint against the Member to the CCO. It had received 14 Treatment Plans bearing the signature of the Member regarding an insured, “H.M.” The Treatment Plans were virtually identical to the Treatment Plans for S.M. in Complaint #1. The Insurer’s concerns about the Treatment Plans mirrored those in Complaint #1. It refused to approve the Treatment Plans, incurring the costs of having the Treatment Plans reviewed by experts, who determined the proposed assessments were not reasonable or necessary.
- In January 2009, the Insurer received 13 Assessment or Examination After Denial of Benefits Reports (“Rebuttal Reports”) for S.M., bearing the signature of the Member, which indicated the Member had again assessed the insured’s needs for assessments ranging from psychological analysis and evaluation to psychiatrist analysis and evaluation.
- The Insurer also received 13 Rebuttal Reports bearing the signature of the Member for each of A.V. and H.M.

and invoices for each Rebuttal Report of \$775.00, which it did not pay.

- In January 2009, the Insurer received an In-Home ADL Assessment, a Job/Work Demands Analysis, a Functional Abilities/Capacity Report, and a Disability Certificate regarding S.M., signed by the Member.
- In February 2009, the Insurer received an In-Home ADL Assessment, a Functional Abilities/Capacity Report, and a Job/Work Demands Analysis, regarding H.M., signed by the Member.
- In May 2009, the Insurer received an In-Home ADL Assessment, a Functional Abilities/Capacity Report, and a chiropractic assessment regarding A.V., signed by the Member.
- In total, the Insurer received the following bearing the signature of the Member:
  - 14 Treatment Plans for S.M. requesting approval of assessments totalling \$32,287.96;
  - 13 Rebuttal Reports for S.M.;
  - 3 assessments and one Disability Certificate for S.M.;
  - 13 Treatment Plans for A.V. requesting approval of assessments totalling \$30,987.96;
  - 13 Rebuttal Reports for A.V.;
  - 3 assessments for A.V.;
  - 14 Treatment Plans for H.M. requesting approval of assessments totalling \$32,287.96;
  - 13 Rebuttal Reports for H.M.; and
  - 3 assessments for H.M.
- The Insurer also received invoices signed by Roland Spiegel for Pro-Act for the Rebuttal Reports totalling \$30,255.00, and invoices ranging from \$1,300.00 to \$1,700.00 for each assessment conducted by the Member as set out in paragraphs 14-16, above. The Insurer did not pay any of the invoices.
- The CCO's Inquiries, Complaints and Reports Committee disposed of each complaint by referring specified allegations of professional misconduct to the Discipline Committee. The CCO issued a separate Notice of Hearing for each decision. Each Notice of Hearing is dated September 6, 2012 ("Notice of Hearing" or, collectively, "Notices of Hearing").
- During the period 2007 - 2009, the Member provided assessment services, including chiropractic, in-home, job site, and functional assessment evaluations ("FAE") for Pro-Act, which was owned and operated by a paralegal, Roland Spiegel.
  - Persons who had been involved in motor vehicle accidents went to Pro-Act for assistance in obtaining statutory accident benefits, including assessments and treatment. Mr. Spiegel saw all of the insureds at Pro-Act, determined what assessments and treatments would be proposed to an insurer, completed all insurance forms including invoices, submitted the forms to the insured's insurer, arranged for all approved assessments and treatments, and took any steps he considered reasonable to challenge an insurer's refusal to pay for an assessment or treatment.
  - Mr. Spiegel could not sign off on insurance forms and certificates himself, because a regulated health professional was required to declare the information on the forms was true and accurate, and, for the Treatment Plans, that the goods and services being proposed were reasonable and necessary for the insured's treatment and rehabilitation.
  - Mr. Spiegel altered the OCF-18 forms he submitted, so that in Part 6 of the form, he signed as a "health care provider", rather than as a regulated health professional. A regulated health professional's signature was still required on Part 5 of each OCF-18.
  - In or about 2007, the Member provided Mr. Spiegel with his electronic signature to use.
  - The Member never saw or assessed insureds prior to Mr. Spiegel submitting OCF-18s about them to insurers that contained the Member's electronic signature. The first time the Member would see or assess an insured was after an insurer approved an assessment.
  - Had the Member testified, he would have said that:
    - he had some knowledge of the content of the OCF-18s that were submitted to the Insurer for services to be provided by him;
    - he did not review the final documents submitted to the Insurer by Mr. Spiegel;
    - he had no idea of what criteria Mr. Spiegel used to determine the assessments or treatments that would be proposed to the Insurer; and
    - he was not aware of the scope of documents that Mr. Spiegel signed using his electronic signature.
  - If an insurer approved an assessment, the Member would perform the assessment, and email his report and bill to Pro-Act.
  - On occasion, the Member would perform an assessment at Mr. Spiegel's request, even if an insurer had not agreed to pay for the assessment, and would email his report and bill to Pro-Act.
  - With respect to A.V., S.M., and H.M., the Member performed three assessments per insured and charged Pro-Act \$300 for each in-home and job site assessment and \$400 for each FAE. He was paid for the assessments by Pro-Act.

- The Member did not know what Pro-Act charged an insurer for his assessments.
- On August 13, 2009, the Member discovered that the Insurer had made a complaint to the College about another College member, and was planning to complain to the College about him. The Member then sent an email to Mr. Spiegel in which he indicated he no longer gave Mr. Spiegel his permission to use his electronic signature on OCF insurance forms or letters.
- The Member admits that, as a regulated health professional, he has an obligation to ensure that any document signed by him personally or by using his electronic signature is accurate and correct and that he did not fulfill this obligation regarding the Treatment Plans or Rebuttal Reports identified above for S.M., A.V., or H.M.
- The Member admits that he failed to take reasonable steps to safeguard the use of his electronic signature when he gave it to Mr. Spiegel to use.
- The Member admits that, on review of the Treatment Plans at issue in the three complaints, he agrees that they contain false and misleading information, and in particular:
  - the Treatment Plans were not based on the insured's actual conditions and needs;
  - the Treatment Plans proposed excessive and inappropriate assessments and excessive fees to be charged for the assessments;
  - the insureds in each of the complaints were not at an immediate risk of harm; and
  - some of the Treatment Plans referred to health care providers who had no knowledge of the insureds, did not know their names were being used on the forms, and would not have been providing assessments.
- The Member admits that, on review of the Treatment Plans at issue in the three complaints, contrary to the declaration to which his signature is affixed in part 5 of each Treatment Plan, he:
  - did not know whether information in the Treatment Plan was accurate;
  - either knew the Treatment Plan had not been reviewed with the applicant by the health professional or did not know whether the review had been done; and
  - did not know whether the goods and services contemplated were reasonable and necessary for the treatment and rehabilitation of the applicant for the injuries identified in Part 7 of the form.
- The Member admits that the assessments he completed for S.M., A.V. and H.M. were not necessary.

## Findings

- The Member admitted, and the Panel found, that he had committed acts of professional misconduct because he had:
  - contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - provided diagnostic or therapeutic services that were not necessary; 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 Panel made the following order, which had been jointly proposed by the CCO and the Member:

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of six months ("Suspension").
- Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
  - After the lifting of the Suspension, and prior to applying for a general class (active) of certificate of registration, the Member shall:
    - successfully complete the Legislation and Ethics Examination and CCO's Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar, and
    - review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines; and
  - If the Member applies for, and receives, a general class certificate of registration:
    - he shall be peer assessed at his own expense within six months after returning to practice, and
    - during the 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 three times, and the Member will co-operate fully with the monitoring.
- Requiring the Member to pay the CCO a portion of its costs and expenses related to the investigation and prosecution of these matters in the amount of \$12,500.00 by December 31, 2013.

### 3. CONTESTED HEARINGS

#### NAME OF MEMBER:

#### DR. JOHN BAIRD (#2354), MARKHAM

*Note: Two Notices of Hearing were issued by the CCO regarding Dr. Baird. Each Notice of Hearing contained similar allegations about Dr. Baird's conduct. Dr. Baird and the CCO consented to combine the proceedings because they involve the same or similar questions of fact and law.*

#### Allegations

The Discipline Committee hearing involved two Notices of Hearing. One Notice of Hearing concerned a patient, "H.M." and the second Notice of Hearing concerned a patient, "A.V." In both Notices of Hearing, the CCO alleged that Dr. John Baird ("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;
- provided a diagnostic or therapeutic service that was not necessary;
- failed to keep records as required;
- submitted an account(s) or charge(s) for services that he knew were false or misleading;
- failed to disclose to a patient the fee for a service before the service was provided, including a fee not payable by the patient;
- 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.

#### Findings of Professional Misconduct

The hearing into professional misconduct took five days. The Panel heard evidence from five witnesses and received fifty-four exhibits. At the start of the hearing, the Panel made an order banning publication of any information that could identify H.M. and A.V.

The Panel heard evidence that:

- in November 2008, an insurer received 14 forms titled OCF-18 (applications for the approval of a treatment plan) for H.M. On review, the insurer determined the forms were being submitted for the purpose of requesting approval

for assessments.

- in February 2009, the insurer received 13 almost identical forms for A.V.
- all the forms had been submitted by Mr. Roland Spiegel of Pro-Act Medical Rehabilitation Services ("Pro-Act").
- three of the OCF-18 forms for H.M. contained Dr. Baird's electronic signature, as did three of the OCF-18 forms for A.V.
- the OCF-18 forms were unusual, as they had been altered. As well, in each form, the patients were described as being at an "immediate risk of harm" although this description was inconsistent with other information that the insurer had in its files for H.M. and A.V.
- the forms also requested approval for radiographic procedures for H.M. and A.V. with identical radiographs being taken over multiple parts of the spine. There was an unusually high fee proposed for the radiographs.
- the insurer had the requests reviewed by an orthopedic surgeon, who opined they were neither reasonable or necessary. The insurer then denied the applications, and sent them to its Special Investigations Unit to be investigated.
- an investigator for the insurer interviewed Dr. Baird regarding his relationship with Mr. Spiegel and Pro-Act. Dr. Baird was aggressive, uncooperative and used inappropriate language toward the investigator during the interview.
- Dr. Baird and Mr. Spiegel had met and spoke regularly to discuss approaches to use in insurance submissions.
- Dr. Baird and Mr. Spiegel had collaborated on preparing forms to be sent to insurance companies, including classifying patients as being at an "immediate risk of harm".
- Dr. Baird had given Mr. Spiegel his electronic signature to use on insurance forms.
- Although Dr. Baird was aware of his professional responsibility to protect his electronic signature, he failed to take any steps to oversee Mr. Spiegel's use of his electronic signature.
- Dr. Baird owed professional responsibilities to H.M. and A.V.
- Dr. Baird had not examined either H.M. or A.V. prior to Mr. Spiegel submitting the OCF-18s to the insurer, and he should have done so prior to indicating the patients needed radiographs or classifying them as being at an "immediate risk for harm".
- Dr. Baird also failed to keep patient records.
- From the Panel's perspective, the primary issue in the hearing was whether and under what circumstances

the Member gave permission for Mr. Spiegel to use his electronic signature. It determined, based on its findings, that, for each of the Notices of Hearing regarding H.M. and A.V., Dr. Baird had:

- o contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
- o failed to keep records as required;
- o contravened the *Chiropractic Act*, the *Regulated Health Professions Act* or the regulations under those Acts; and
- o engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional.

### Penalty Hearing

The penalty hearing took place on September 27, 2013. Both the CCO and Dr. Baird made oral submissions and the CCO also provided written submissions.

Following the conclusion of the penalty hearing, but before the Panel issued its decision regarding penalty, Dr. Baird sought to introduce an email as “fresh evidence” for the Panel’s consideration on penalty.

### Penalty Order and Decision Regarding “Fresh Evidence”

The Panel determined it would not admit the email for a number of reasons, including:

- Dr. Baird had the email prior to the penalty hearing;
- Dr. Baird had the opportunity to provide the email to the Panel at the penalty hearing and chose not to;
- Dr. Baird provided no reason for why the Panel ought to admit the email, other than he had reconsidered his position; and
- Although the Panel had the discretion to admit evidence after the close of a hearing, it should exercise that discretion sparingly, and only in circumstances where: a) the evidence would reasonably be expected to have an effect on the result of the decisions; and b) the evidence was not available at the time of the hearing using due diligence.

In determining the appropriate penalty, the Panel considered factors including:


- Dr. Baird and Mr. Spiegel had collaborated to create a scheme that breached the public trust. The breach of public trust was more important than whether or not the scheme was financially successful;
- The scheme demonstrated an alarming lack of care or concern for patients;

- Dr. Baird was aware of his professional responsibilities and chose to ignore them;
- Dr. Baird did not take responsibility for most of his behaviours that resulted in findings of professional misconduct;
- Dr. Baird’s conduct in failing to take steps to stop Mr. Spiegel’s use of his electronic signature after hearing from the insurer confirmed his lack of concern for patients;
- Dr. Baird’s treatment of the insurance investigator was abusive and demonstrated a lack of professionalism and concern for the image of the profession; and
- Although Dr. Baird had previously been the subject of a Discipline Committee hearing in which he was found to have committed acts of professional misconduct, the Panel did not give that hearing significant weight because it involved a different fact pattern and different misconduct.

The Panel made the following penalty order:

- Requiring Dr. Baird to appear before the panel to be reprimanded.
- Directing the Registrar to suspend Dr. Baird’s certificate of registration for a period of 15 months (“Suspension”), with three months of the suspension to be suspended if Dr. Baird complies with certain terms, conditions and limitations (“Conditions”) within a specified timeframe.
- Directing the Registrar to impose the following Conditions on Dr. Baird’s certificate of registration:
  - o Prior to returning to practice after the lifting of the Suspension, Dr. Baird must have:
    - successfully completed, at his own expense, courses approved of by the Registrar in ethics, assessment, and documentation and provided evidence of successful completion to the Registrar;
    - fully paid to the CCO any costs ordered by the Panel, and
    - reviewed, and agreed in writing to comply with, all CCO regulations, standards of practice and guidelines;
  - o Dr. Baird must be peer assessed at his own expense within six months after returning to practice; and
  - o For a three-year period after Dr. Baird returns to practice, the CCO may, at its discretion and Dr. Baird’s expense, monitor Dr. Baird’s practice up to six times, and Dr. Baird must co-operate fully with the monitoring.

On January 3, 2014, Dr. Baird notified the CCO that he is appealing the Panel’s Penalty and decision regarding “fresh evidence” to the Divisional Court. On March 12, 2014, Dr. Baird notified the CCO he is appealing the cost order to the Divisional Court.



Financial Statements  
for the year ended  
December 31, 2013  
(with 2012 comparisons)

# 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, 2013, 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, 2013, 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.

Respectfully submitted,



TATOR, ROSE & LEONG,  
Chartered Accountants  
Licensed Public Accountants


TORONTO, CANADA  
April 23, 2014



Statement of Financial Position  
 DECEMBER 31, 2013  
 (WITH 2012 COMPARISONS)

<b>ASSETS</b>	<b>2013</b>	<b>2012</b>
Current		
Cash and cash equivalents (Note 9)	\$ 451,736	\$ 700,157
Short-term investments, at amortized cost (Note 3)	2,729,443	2,134,352
Prepaid expenses and sundry assets	16,185	15,646
	3,197,364	2,850,155
Capital Assets (Note 4)	2,726,651	2,702,779
<b>TOTAL ASSETS</b>	<b>\$ 5,924,015</b>	<b>\$ 5,552,934</b>
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	\$ 247,001	\$ 317,364
Government remittances payable	31,883	9,615
Deferred revenue	462,299	540,688
<b>TOTAL LIABILITIES</b>	<b>741,183</b>	<b>867,667</b>
<b>NET ASSETS</b> (per Statement 2) (Note 9)	<b>5,182,832</b>	<b>4,685,267</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 5,924,015</b>	<b>\$ 5,552,934</b>

Approved on behalf of the 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, 2013  
(WITH 2012 COMPARISONS)

<b>INCOME</b>	<b>2013</b>	<b>2012</b>
Renewal fees	\$ 4,145,189	\$ 4,069,058
Registration fees	54,875	59,000
Examination fees	31,239	40,078
Incorporation fees	156,200	133,250
Record keeping seminars	4,300	4,050
Recovery of discipline costs	72,750	88,063
Interest and sundry	82,476	106,376
<b>TOTAL INCOME</b>	<b>4,547,029</b>	<b>4,499,875</b>
<b>EXPENDITURES</b>		
Salaries and benefits (Note 5)	1,169,321	1,066,257
Pension - past service (Note 6)	4,800	9,600
Rent and utilities (Note 7)	487,713	488,215
Office and general	365,073	407,774
Printing and postage	142,062	157,697
Insurance	12,848	13,244
Meetings, fees and expenses (Schedule 1)	285,048	263,721
Audit	27,499	29,046
Seminars and conferences	45,752	40,191
CFCREAB dues	110,000	90,000
Consulting fees	180,586	212,123
Consulting fees - peer assessors	171,542	214,888
Consulting fees - complaints	94,865	97,374
Legal fees - complaints	12,264	42,778
Legal fees - discipline	452,931	477,778
Legal fees - general	371,621	357,273
Equipment lease	30,221	32,701
Media advertising	6,729	6,480
<b>TOTAL EXPENDITURES</b>	<b>3,970,875</b>	<b>4,007,140</b>
Excess of income over expenditures before amortization and loss on disposal of capital assets	576,154	492,735
Amortization	65,062	62,147
Loss on disposal of capital assets	13,527	-
<b>EXCESS OF INCOME OVER EXPENDITURES</b>	<b>\$ 497,565</b>	<b>\$ 430,588</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, 2013  
(WITH 2012 COMPARISONS)

<b>UNRESTRICTED FUND</b>	<b>2013</b>	<b>2012</b>
BALANCE: January 1,	\$ 4,685,267	\$ 4,254,679
Add: Excess of income over expenditures (per Statement 3)	497,565	430,588
BALANCE: December 31,	<b>\$ 5,182,832</b>	<b>\$ 4,685,267</b>

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

STATEMENT 2

Statement of Cash Flows  
FOR THE YEAR ENDED DECEMBER 31, 2013 (WITH 2012 COMPARISONS)

<b>OPERATING ACTIVITIES</b>	<b>2013</b>	<b>2012</b>
Excess of income over expenditures (per Statement 3)	\$ 497,565	\$ 430,588
Amortization – capital assets	65,062	62,147
Loss on disposal of capital assets	13,527	–
(Increase) Decrease in prepaid expenses and sundry assets	(539)	13,597
(Decrease) in accounts payable and accrued liabilities	(70,363)	(6,610)
Increase (Decrease) in government remittances payable	22,268	(4,110)
(Decrease) in deferred revenue	(78,389)	(82,072)
	449,131	413,540
<b>INVESTING ACTIVITIES</b>		
(Purchase) of capital assets (Net)	(102,461)	(58,929)
(Increase) in short-term investments (Net)	(595,091)	(52,543)
	(697,552)	(111,472)
<b>CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR</b>	<b>(248,421)</b>	<b>302,068</b>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR</b>	700,157	398,089
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	<b>\$ 451,736</b>	<b>\$ 700,157</b>
Cash and cash equivalents consist of the following:		
Cash	\$ 351,736	\$ 547,157
Term deposits	100,000	153,000
	<b>\$ 451,736</b>	<b>\$ 700,157</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, 2013**  
 (WITH 2012 COMPARISONS)

	<b>FEES</b>	<b>EXPENSES</b>	<b>TOTAL 2013</b>	<b>TOTAL 2012</b>
Dr. Peter Amlinger <sup>1,3</sup>	\$ 64,183	\$7,636	\$ 71,819	\$ 36,530
Dr. Liz Anderson-Peacock <sup>6</sup>	11,800	4,934	16,734	-
Dr. Robbie Berman	9,000	1,158	10,158	26,915
Dr. Marshall Deltoff	-	-	-	17,266
Dr. Brian Gleberzon <sup>2,7</sup>	19,500	1,225	20,725	23,312
Dr. Clifford Hardick <sup>1,8</sup>	15,250	7,063	22,313	24,659
Dr. James Laws	12,750	2,240	14,990	20,010
Dr. Dennis Mizel <sup>1,4,8</sup>	17,900	8,977	26,877	23,115
Dr. Gauri Shankar <sup>1,2,7</sup>	26,300	24,805	51,105	54,583
Dr. Patricia Tavares <sup>3,5</sup>	16,550	605	17,155	7,602
Ms. Jo-Ann Willson	-	-	-	214
Dr. Bryan Wolfe <sup>4,6</sup>	21,675	11,497	33,172	29,515
	\$ 214,908	\$ 70,140	\$ 285,048	\$ 263,721

**Note:** Committee membership changed in April

Numbers refer to committee/project membership (April - December 2013)

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, 2013

## 1 PURPOSE AND STRUCTURE OF THE COLLEGE

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

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

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

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

## 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, 2013, 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 SHORT-TERM INVESTMENTS

	Interest rate	2013	2012
The Bank of Nova Scotia, GIC	0.90%	\$ 2,101,579	\$ —
The Bank of Nova Scotia, GIC	1.10%	427,786	—
The Bank of Nova Scotia, GIC	1.10%	200,000	—
The Bank of Nova Scotia, GIC	0.90%	—	35,303
The Bank of Nova Scotia, GIC	0.90%	—	2,099,049
		\$ 2,729,443	\$ 2,134,352

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.

### 4 CAPITAL ASSETS

	Cost	Accumulated Amortization	2013 Net	2012 Net
Furniture & Office Equipment	\$ 317,274	\$ 293,046	\$ 24,228	\$ 22,766
Computer & Software	503,374	379,222	124,152	128,773
Leasehold Improvements	54,281	54,281	—	—
Land	2,578,271	—	2,578,271	2,551,240
	\$ 3,453,200	\$ 726,549	\$ 2,726,651	\$ 2,702,779

### 5 SALARIES AND BENEFITS

This expense includes payments for current service pension plans.

### 6 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. Dr. J.W. Ellison passed away during the year and the last payment was issued in June 2013.

## 7 LEASE COMMITMENTS

On April 22, 2013, the College and the landlord agreed to extend the office lease for a period of five years commencing February 1, 2014 to January 31, 2019. The basic minimum annual payments over the next five years are as follows:

2014	\$179,031
2015	179,780
2016	183,900
2017	184,275
2018	188,394

## 8 FINANCIAL INSTRUMENTS

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

### Credit Risk

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

### Liquidity Risk

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

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

### Market Risk

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

### Currency Risk

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

### Interest Rate Risk

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

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

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

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

### Other Price Risk

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

The extent of the College's exposure to the above risks did not change during 2013.

## 9 SUBSEQUENT EVENT

On April 23, 2014, the Council of the College passed a motion to internally restrict the use of \$497,565 in order to fund future disbursements for the Office Development Project. The \$497,565 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2013. The mandate of the Office Development Project is to find a future home for the College's head office.

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



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*

Marshall Moleschi, *Member*

Shenda Tanchak, *Member*

## 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

This report spans the Federation's corporate year from the April 24, 2013 Annual Meeting to the May 2, 2014 Annual Meeting, during which I served my second year as Federation President. As I shared with the Board of Directors in my final President's Report, "I believe that the strength of the Federation comes from the commitment and support of each Registrar, and the expertise of our staff who volunteer on various Federation Committees. Together, through the sharing of resources, knowledge and skills, we give added value to each of our Colleges, the government, our members, and the public of Ontario." Highlights of the past year include the following:

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

The Federation's role with the Ministry is a priority for the Federation. The continued open dialogue and meetings with the Ministry is essential and a major focus for the President.

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

Another priority area for the Federation is its interactions with the Office of the Fairness Commissioner. We continue to offer to provide regulatory expertise to Commissioner Jean Augustine, recognizing our 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 attended meetings of the Board of Directors during the past year. Regular communications continue on issues of mutual concern.

### **Auto Insurance Anti Fraud Task Force, Regulatory Practices Working Group, Health Claims for Auto Insurance (HCAI) Professional Credential Tracker Project and the Service Provider Business Licensing Implementation Forum**

Brian O'Riordan, Shenda Tanchak, and Jo-Ann Willson continued to participate in activities related to the Ontario government's review and change implementation in the auto insurance sector. The focus of the Federation's representatives in the various task forces, working groups, forums, and projects has been ensuring that information is shared about health care practitioner regulation in the province and providing a general understanding about *RHPA* Colleges in Ontario.

### **Media Relations**

Over the past year, there were occasions to interact with the media, including the following

- Your Hamilton Biz in May 2013 regarding the role of regulatory bodies
- The *Toronto Star* in January 2014 regarding a follow-up to articles published in *The Star* in 2013

### **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 activities. New in 2013-2014 was the delivery of educational opportunities for Federation members. 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 continues to be a focus for the Federation.

### **The President, on behalf of the Board of Directors and Federation:**

- Assisted with the Federation's "Celebration of the Distinguished Career of Emily Cheung" in July 2013.
- Participated in the Communication Committee's public service announcement filming process in July 2013.
- Presented to the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario in October 2013.
- Attended a technical briefing on Bill 117, *Enhancing Patient Care and Pharmacy Safety Act, 2013*.
- Attended the Ontario Hospital Association's November 2013 HealthAchieve, during which the regulatory sector session was chaired by the Federation.
- Joined Executive Coordinator Beth Ann Kenny at the Federation of Associations of Regulatory Boards (FARB) Forum in January 2014.
- Attended a presentation by Minister of Health and Long-Term Care Deb Matthews in January 2014 at the Empire Club of Canada.

### **Presenters to Federation Board of Directors/Executive Committee during 2013-2014 year:**

- Suzanne McGurn, Assistant Deputy Minister, Ministry of Health and Long-Term Care
- John Amodeo, Director, Health System Labour Relations and Regulatory Policy Branch, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care
- Thomas Corcoran, Chair, Health Professions Regulatory Advisory Council
- Donna Denney, Representative of the Nova Scotia Health Professions Regulatory Network
- Maureen Boon, Representative of the Advisory Group on Regulatory Excellence

# 2013

## CCO Council



**BACK ROW** (L-R) Mr. Martin Ward; Dr. Brian Gleberzon; Mr. Shakil Akhter; Dr. Patricia Tavares; Dr. Liz Anderson-Peacock; Dr. James Laws; Dr. Bryan Wolfe; Ms Cristina De Caprio; Mr. Scott Sawler.

**FRONT ROW** (L-R) Dr. Clifford Hardick, Mr. Robert MacKay, Treasurer; Ms Judith McCutcheon; Dr. Peter Amlinger, President; Ms Jo-Ann Willson, Registrar and General Counsel; Dr. Dennis Mizel, Vice-President; Mme Lise Marin; Dr. Gauri Shankar.

# CCO Staff



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

ANNUAL REPORT

**2013**

REPORT ANNUEL

College of Chiropractors of Ontario



l'Ordre des Chiropraticiens de l'Ontario