

Protecting the public interest. Guiding the chiropractic profession.  
Protéger le public. Guide pour la profession de chiropraticien.



ANNUAL REPORT  
**2014**  
REPORT ANNUEL



## CCO Council

FRONT ROW (L-R) Dr. Clifford Hardick, Vice-President; Dr. Dennis Mizel, President;  
Ms Jo-Ann Willson, Registrar and General Counsel.

SECOND ROW (L-R) Dr. Elizabeth Anderson-Peacock; Dr. Gauri Shankar; Mr. Robert MacKay, Treasurer; Mr. Scott Sawler;  
Ms Judith McCutcheon. BACK ROW (L-R) Mme Lise Marin; Dr. David Starmer; Mr. Shakil Akhter; Dr. Brian Gleberzon;  
Dr. Patricia Tavares; Dr. Bruce Lambert; Dr. Bryan Wolfe; Ms Georgia Allan.

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## Commonly Used Acronyms At CCO

Acronym	Full Name
ADR	Alternative Dispute Resolution
Agreements	Resolution Agreements
ASF	Agreed statement of facts
BDC	Board of Directors of Chiropractic
CCO or College	College of Chiropractors of Ontario
CE	Continuing Education
CCEB	Canadian Chiropractic Examining Board
CFREAB	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
Council	Council of the College of Chiropractors of Ontario
CORHPA	Coalition of Ontario Regulated Health Professions' Association
FHRCO or Federation	Federation of Health Regulatory Colleges of Ontario
<i>HARP</i>	<i>Healing Arts Radiation Protection Act, 1990</i>
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
ICRC	Inquiries, Reports and Complaints Committee
JSP	Joint submissions on penalty
MOHLTC	Ministry of Health and Long-Term Care
OCA	Ontario Chiropractic Association
ODP	Office Development Project
<i>PHIPA</i>	<i>Personal Health Information Protection Act, 2004</i>
PPA	Peer and Practice Assessment
RHPA	<i>Regulated Health Professions Act, 1991</i>



## *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,
    - i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
    - ii. a disorder arising from the structures or functions of the joints of the extremities.
  2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.
  3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

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## 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 and September 2014.*



Dr. Dennis Mizel  
President, CCO Member Since 1977  
président, membre de l'OCO depuis 1977

**“INFORM”**: 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.

*CCO Mission Statement*

**“ACCESS”**: “...how patients...will make better choices about their care, will have *more information about the type and quality of care they might expect and who will provide it.*”

*Extract of letter from Ms Suzanne McGurn, Assistant Deputy Minister, Health Human Resources Strategy Division, to health regulatory colleges*

**“PROTECT”**: I am confident that all College Councils... will undertake these necessary initiatives to improve transparency in a way that serves and **protects** the public interest.”

*Extract of letter from Minister of Health and Long-Term Care, Dr. Eric Hoskins, to health regulatory colleges.*

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## Message from the President

Reflecting on CCO's accomplishments in 2014, I think of a year that was characterized by a tremendous amount of energy, collaboration and openness at many levels. It was a year of enhanced dialogue and relationships at many levels. It was a year that strongly upheld our mandate and put our public interest focus "front and centre".

As President, I had the privilege of representing the College at various meetings with stakeholders such as at the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards' (CFCREAB) semi-annual meeting in April where there was both dialogue about national issues relating to chiropractic as well as public interest initiatives. At other meetings with Ontario-based stakeholders such as Ministry of Health and Long-Term Care officials, regulators such as the College of Physiotherapists of Ontario and the College of Pharmacists of Ontario, the Canadian Memorial Chiropractic College (educational institution), and the Ontario Chiropractic Association (advocacy group), I was

delighted to have the opportunity to discuss mutual issues and opportunities for collaboration. I saw first-hand how all health care professionals are making a difference in people's lives – no matter where they are. It was and is a strong message that resonates with me.

What is clear is that as a self-regulated profession, we take our public interest mandate seriously. This was abundantly evident in 2014 as CCO sought opportunities for collaborating with stakeholders and this is where the tremendous energy, dedication and commitment came together.

I can say unequivocally that all Council members were fully committed to protecting the public interest through governing responsibly, addressing changes in technology and the delivery of care to patients, and making appropriate decisions. Coming from diverse areas in Ontario, the elected and public members of Council represented a wonderful spectrum of experience and knowledge and, most importantly, were fully focused on ensuring that chiropractors offer safe

and ethical care for Ontarians. Their complementary perspectives challenged us to think and act proactively.

Chiropractors are passionate about what they do and this passion drove a number of important initiatives, including reaching out to other health regulatory colleges and organizations to discuss and collaborate on areas of mutual interest. I am pleased to note that Council members and our Registrar reached out in different ways to support our public interest mandate. They saw the opportunities and took advantage of them.

When the Minister of Health and Long-Term Care, Dr. Eric Hoskins, released his communication about expectations for health regulatory colleges to increase their transparency with the public in Ontario, CCO was supportive. In fact, Council had already been discussing opportunities for greater engagement with the public and was readily able to articulate our commitment in supporting this important initiative.

When Minister Hoskins announced the development of a task force on the

prevention of sexual abuse of patients and communicated to all Ontario health regulatory colleges about how their policies and programs could prevent the sexual abuse of patients, CCO was ready. We already had programs in place such as funding for therapy for victims of sexual abuse and the Patient Relations Committee was ready with a draft standard of practice and regulation for circulation to members and stakeholders for feedback and comments.

CCO welcomed the opportunity to build on the Minister of Health’s initiatives. I believe CCO’s preparedness in enhancing transparency with the public and developing strong inter-professional collaboration was well grounded. In 2014, we clearly articulated our “collective duty” and tangibly demonstrated our commitment to serving the public interest.

**INFORMING THE PUBLIC**

In 2014, I represented CCO at numerous stakeholder meetings and events across Ontario. My consistent message was CCO’s commitment to serving the public interest through safe and ethical care, and ensuring this message was clear to Ontarians. Other Council members also represented CCO and delivered the same message. Our Registrar and General Counsel, Ms Jo-Ann Willson, actively engaged with other health care registrars through the Federation of Health Regulatory Colleges of Ontario (FHRCO)

and was invited to make presentations about CCO’s public interest initiatives. This important outreach has underscored our message that *all* Ontarians must be able to make informed choices about their health care.

**ENSURING ACCESS**

CCO’s stakeholder engagement in 2014 focused on promoting inter-professional collaboration to better define and articulate opportunities for the public to access chiropractic services when and where they need them. I was pleased to participate in these frank and productive discussions, and to hear that tangible options were within reach. Besides the learning opportunities for all of us, it is very clear: chiropractors are keen to be recognized health care partners, working collaboratively alongside other health care providers to deliver safe care to their patients.

**PROTECTING THE PUBLIC**

CCO’s strong commitment to upholding its legislative mandate in protecting the public is evident in all aspects of its operations. Council is singularly focused on ensuring that CCO regulates in the public interest, not the least of which is the impressive output from CCO’s committees and the seamless way in which CCO’s day-to-day fiscally responsible operations are managed. During 2014, I was continually impressed by the collective

commitment and dedication of Council, committee members and the staff who all take the gift of self-regulation very seriously.

**IN APPRECIATION**

As my nine-year term on Council draws to a close, I reflect on how quickly the time has flown and how much we have achieved. I am proud of CCO’s efforts because each Council has left its mark on upholding the public interest. Our members across Ontario have embraced initiatives such as the quality assurance program and mandatory continuing education. This reflects well on our profession and its commitment to serving Ontarians.

It is difficult to describe in a few words what serving on CCO Council has meant to me. It has been many things: a tremendous personal journey of learning, an opportunity to share ideas and engage in healthy debate and dialogue, and to see that chiropractic is on many stakeholders’ agendas. I was delighted to personally meet people from all walks of life, and was constantly rewarded by hearing their stories and experiences. I was inspired by the unsung efforts of members, government officials, other health professionals, CCO staff members, and many more dedicated people who – every day – put the public interest of Ontarians before anything else. I thank you for the opportunity to serve.

My mission in life is not merely to survive, but to thrive;  
and to do so with some passion, some compassion, some humor, and some style.

**Maya Angelou**

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## Message du président

Lorsque je réfléchis aux réalisations de l'OCO en 2014, je pense que l'année fut caractérisée par une énorme quantité d'énergie, de collaboration et d'ouverture, et ce, sous plusieurs aspects. Le dialogue et les relations se sont améliorés de plusieurs façons. Nous avons énergiquement soutenu notre mandat et mis l'intérêt du public au premier plan.

À titre de président, j'ai eu le privilège de représenter l'Ordre à diverses rencontres avec des intervenants comme la Fédération chiropratique canadienne des organismes de réglementation professionnelle et d'agrément des programmes d'enseignement, lors de leur réunion semestrielle du mois d'avril, où nous avons pu discuter des questions nationales liées à la chiropractie, de même que de nos initiatives de protection de l'intérêt public. Lors d'autres rencontres, avec des intervenants de l'Ontario comme des fonctionnaires du ministère de la Santé et des Soins de longue durée, des organismes de réglementation comme l'Ordre des physiothérapeutes de l'Ontario et l'Ordre des pharmaciens de l'Ontario, le Canadian Memorial Chiropractic College (établissement d'enseignement) et l'Association chiropratique de l'Ontario (groupe de défense), j'ai eu le plaisir et l'opportunité de discuter de questions et de perspectives communes dans un objectif de collaboration. J'ai pu constater – où qu'ils soient – combien les professionnels de santé sont importants

dans la vie des gens. Ce message continue d'occuper mon esprit.

Comme nous appartenons à une profession autoréglementée, nous avons à cœur l'intérêt du public. Cela est devenu encore plus clair quand, en 2014, l'OCO a cherché des occasions de collaborer avec d'autres intervenants, et c'est alors que cette énorme quantité d'énergie, de collaboration et d'ouverture s'est concrétisée.

Je peux dire, sans équivoque, que tous les membres du Conseil s'étaient pleinement engagés à protéger l'intérêt du public en gouvernant de façon responsable, en se penchant sur les changements technologiques et la prestation des soins aux patients et en prenant les décisions appropriées. Comme ils proviennent de diverses régions de l'Ontario, les membres élus et publics du Conseil présentaient un impressionnant éventail d'expérience et de connaissances et, ce qui importe davantage, concentraient toute leur attention sur le fait que les chiropraticiens doivent offrir des soins sécuritaires et éthiques aux Ontariens. Leurs points de vue complémentaires nous ont poussés à penser et à agir de façon proactive.

Les chiropraticiens se passionnent pour leur profession et cette passion a piloté plusieurs initiatives importantes, incluant celle de créer des liens avec d'autres ordres professionnels et organisations du domaine de la santé afin de discuter et de collaborer sur des points d'intérêt

commun. Je suis heureux de constater que notre Conseil et notre registraire ont soutenu notre mandat d'assurer la protection de l'intérêt public de façons différentes. Ils ont perçu les opportunités et en ont profité.

Lorsque le ministre de la Santé et des Soins de longue durée, le Dr Eric Hoskins, a publié un document où il disait souhaiter que les organismes de réglementation accroissent leur transparence auprès du public ontarien, l'OCO était d'accord. En fait, le Conseil avait déjà discuté de la pertinence de s'engager davantage auprès du public et était prêt à exprimer son engagement à soutenir cette initiative importante.

Lorsque le ministre Hoskins a annoncé la mise sur pied d'un groupe d'action pour la prévention des agressions sexuelles sur les patients et a communiqué avec tous les organismes de réglementation de l'Ontario pour leur indiquer comment leurs programmes et politiques pourraient prévenir les agressions sexuelles sur les patients, l'OCO était prêt. Nous avons déjà mis des programmes en place, comme un fonds pour financer le traitement des victimes d'agressions sexuelles, et le comité de relations avec les patients avait préparé un avant-projet de norme sur la pratique et la réglementation à la faire circuler auprès des membres et intervenants pour obtenir leur rétroaction et leurs commentaires.

L'OCO a bien accueilli l'occasion de mettre à profit les initiatives du ministre

de la Santé. Je crois que l'OCO a eu raison de se préparer à accroître la transparence envers le public et en développant des liens de collaboration professionnelle forts. En 2014, nous avons clairement exprimé notre « devoir collectif » et clairement démontré notre engagement envers la protection de l'intérêt du public.

### INFORMER LE PUBLIC

En 2014, j'ai représenté l'OCO à de nombreuses rencontres et événements impliquant des intervenants partout en Ontario. J'y ai toujours affirmé l'engagement de l'OCO envers la protection de l'intérêt public par la prestation de soins sécuritaires et conformes à l'éthique, et je me suis assuré que ce message était clair pour tous les Ontariens. D'autres membres du Conseil ont aussi représenté l'OCO et livré le même message. Notre registraire, Mme Jo-Ann Willson, a activement dialogué avec d'autres registraires du domaine de la santé par le biais de l'Ordre de réglementation des professionnels de la santé de l'Ontario (ORPSO) et a souvent été invitée à présenter les initiatives d'intérêt public de l'OCO. Cette approche a permis de mettre en lumière notre message voulant que tous les Ontariens doivent pouvoir faire des choix éclairés au sujet de leurs soins de santé.

### ASSURER L'ACCÈS

L'engagement de l'OCO envers les autres

intervenants, en 2014, s'est centré sur la promotion de l'intercollaboration professionnelle afin de mieux définir le bien-fondé, pour le public, de pouvoir accéder à des services de chiropractie quand ils en ont besoin. J'ai eu le plaisir de participer à ces discussions franches et productives et de percevoir que des options concrètes étaient à portée de main. Outre les occasions d'apprentissage qui nous sont offertes, il est très évident que les chiropraticiens souhaitent fortement être reconnus comme des partenaires en soins de santé, travaillant en collaboration avec les autres fournisseurs de soins de santé pour prodiguer de meilleurs soins à leurs patients.

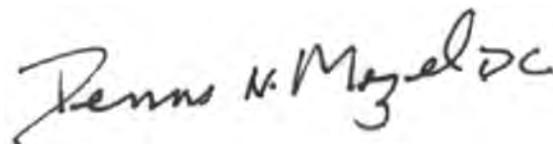
### PROTÉGER LE PUBLIC

Le puissant engagement de l'OCO à maintenir son mandat législatif de protéger le public est évident dans tous les aspects de ses activités. Le Conseil souhaite particulièrement s'assurer que l'OCO régule dans l'intérêt public, ce qui est confirmé par le rendement remarquable des comités de l'OCO et la manière transparente dont les opérations courantes de l'OCO sont gérées de façon fiscalement responsable. Au cours de 2014, j'ai été continuellement impressionné par la détermination et le dévouement collectif du Conseil, des membres des comités et du personnel; ils prennent tous la possibilité de s'autoréglementer très au sérieux.

### REMERCIEMENTS

Après bientôt neuf ans de présence au Conseil, je constate combien le temps est passé vite et combien de choses nous avons accomplies. Je suis fier des efforts de l'OCO parce que chaque Conseil a laissé sa marque pour le soutien de l'intérêt du public. Tous nos membres, partout en Ontario, ont adopté des initiatives comme le programme de contrôle de la qualité et la formation continue obligatoire. Cela traduit bien l'engagement de notre profession à servir les Ontariens.

Il m'est difficile de décrire en peu de mots ce que ma participation au Conseil de l'OCO a signifié pour moi. Cela a pris plusieurs formes : Un formidable voyage personnel d'apprentissage, l'occasion de partager des idées et de participer à des débats et dialogues productifs et de constater que la chiropractie intéresse de nombreux intervenants. J'ai eu la joie de rencontrer personnellement des personnes provenant de tous les milieux et j'ai continuellement trouvé du plaisir à partager leurs récits et leurs expériences. J'ai été inspiré par les efforts largement méconnus de nos membres, des représentants d'un gouvernement, d'autres professionnels de la santé, du personnel de l'OCO et de nombre d'autres personnes dévouées qui donnent, tous les jours, la priorité à l'intérêt public des Ontariens. Je vous remercie de m'avoir donné l'occasion de servir.



Ma mission n'est pas de simplement survivre, mais de prospérer...  
et de le faire avec passion, compassion, humour et une certaine classe.

**Maya Angelou**

## CCO Presidents and BDC Chairs

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



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

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# Registrar's Report

As you review the activities of CCO Council and Committees outlined in the 2014 Annual Report, you may stop to wonder who exactly is regulating the regulators? CCO, like other health regulatory colleges, has a statutory mandate to fulfill, and a membership to whom it is accountable for the expenditure of dues. CCO has strategic objectives which address its mandate and commitment to fiscal responsibility. However, CCO is accountable to a number of people, organizations and ultimately the public, all of whom impact on the work we do in regulating the chiropractic profession in the public interest.

The Minister of Health and Long-Term Care has overriding responsibility for health care in the province, and that includes monitoring the work of health regulators. The Minister has the power to require college councils to take certain action, and also has the statutory authority to appoint a supervisor if a college demonstrates an inability or unwillingness to protect the public interest or to understand the role of a regulator as distinguishable from that of an advocacy association. In 2014, the Minister expressed a number of priorities centered on openness and transparency, and accountability to the public. Colleges were required to report on the efforts they were making to enhance information available to members of the public in making choices about their health care. In late 2014, he announced the appointment of the Sexual Abuse Task Force to prepare recommendations to address the sexual abuse of patients.

CCO also has responsibility to the Office of the Fairness Commissioner (OFC) whose mandate includes ensuring members

of health professions who are foreign-trained have registration processes that are transparent, objective, impartial, and fair. CCO is required to report on an ongoing basis on its efforts relating to registration processes, and throughout 2014, we worked hard to improve the information concerning entry- to-practice standards and registration requirements on CCO's website as well as to comply with our reporting obligations.

The Health Professions Regulatory Advisory Council (HPRAC) has a broad mandate to advise the Minister of Health and Long-Term Care on matters referred to it. In 2014, work was done on the chiropody/podiatry referral and CCO reviewed and considered this work in the context of CCO's standards and guidelines and, in particular, Standard of Practice S-012: Orthotics.

On the national level, CCO is an active participant in the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards. Other regulators work with, monitor and frequently look to CCO to provide some leadership on regulatory issues which cross provincial borders, including for example the harmonization of standards of practice across the country.

We are grateful to the leadership demonstrated by the Federation of Health Regulatory Colleges of Ontario (FHRCO) in providing information and guidance to all health regulators in Ontario, in an effort to ensure some consistency in responding to the various requests being made of all of us. FHRCO's work on a framework for reporting to the Minister on parameters relating to increasing information on the public register and enhancing public

accountability has been invaluable. CCO has also worked with other regulators on the consideration of a Clinic Regulation Project largely led to date by the College of Physiotherapists of Ontario and we are looking forward to continuing this collaboration with nine colleges under the *Regulated Health Professions Act, 1991*.

Finally, I would be remiss if I did not express sincere thanks and appreciation to four outstanding council members who concluded their terms with CCO in 2014 or shortly thereafter. First, Dr. Dennis Mizel, whom many will know, served as CCO's President and not only lived up to the expectations of a CCO President, but was thoughtful and engaging throughout his nine years at CCO. Mme Lise Marin also served as a public member for nine years on CCO and, without exception, kept CCO's focus on the public interest and in understanding and recognizing that Ontario has a diverse population and two official languages! Many have thanked Mr. Martin Ward for his unwavering dedication to the Inquiries, Complaints and Reports Committee and for his sage counsel, perspective and sense of humour. Finally, I thank Mr. Rob MacKay who served as Treasurer and Chair of the Discipline Committee. He demonstrated the commitment and expertise required to effectively chair the Discipline Committee and at the same time exercised due diligence and an appreciation of the bigger picture when reporting on finances. All four former Council members are friends, dedicated professionals and significant contributors to what has been a very successful year for CCO in protecting the public interest, and guiding the chiropractic profession.

Individual commitment to a group effort – that is what makes a team work,  
a company work, a society work, a civilization work.

**Vince Lombardi**



## Dr. Dennis Mizel, *Chair*

### COMMITTEE MEMBERS

Dr. Cliff Hardick, *Vice-President*

Mr. Martin Ward, *Treasurer*

Dr. Elizabeth Anderson-Peacock

Dr. Gauri Shankar

Mr. Robert MacKay

Mr. Scott Sawler

### STAFF SUPPORT

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

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

# Executive Committee

## COMMITTEE ACTIVITIES IN 2014

Throughout 2014, 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 2014, the Executive Committee:

- Convened five meetings
- Oversaw the planning and execution of a strategic planning refresher for CCO Council and staff on September 19
- Continued to oversee the options for CCO related to the Office Development Project (ODP) and to conduct its due diligence in finding a future home in a fiscally responsible manner
- Discussed options and strategies for addressing CCO’s technology requirements and other technology-related initiatives
- Developed draft Standard of Practice S-021: Assistive Devices
- Recommended to Council a draft standard of practice entitled “Providing Chiropractic Care to a Spouse” for circulation to members and stakeholders for feedback

## COMMITTEE MANDATE

- o 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.
- o To provide leadership in exercising CCO’s mandate to regulate chiropractic in the public interest.

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## A MESSAGE FROM THE CHAIR

The Executive Committee was busy and productive in 2014. Guided by Council, the Committee upheld its mandate in providing leadership to regulate chiropractic in the public interest and considered CCO's strategic pillars and the governing legislation in all matters before it.

In 2014, CCO collaborated proactively with stakeholders in the regulatory and chiropractic arenas. On common regulatory interests, we engaged with other regulators such as the College of Physiotherapists of Ontario and the College of Medical Radiation Technologists of Ontario. On several occasions, I was joined by other Executive Committee members at stakeholder events where we were able to deliver our public interest message directly to the Minister of Health and Long-Term Care, Dr. Eric Hoskins, and his staff, and to reiterate our support of current government initiatives. On matters of interest related to chiropractic, we explored mutual opportunities with the Ontario Chiropractic Association and the Canadian Memorial Chiropractic College.

Our outreach efforts were positive, well-received, and built on the strong foundation developed by past Executive Committees.

In particular, the high level of commitment to serving the public interest was evident in all Committee deliberations and actions. We looked forward, always grounded in the best interests of the public of Ontario.

The Committee oversaw several activities related to the ODP. No significant decisions were made in 2014 and CCO will continue to conduct its due diligence in finding a future home for CCO.

In September, Council and staff gathered for a one-day strategic planning retreat. The Committee oversaw a full agenda, which generated several action items, including an assessment of the impact of technology as it relates to CCO's mandate and operations. Council recognized the delicate balance in managing increased compliance requirements under privacy legislation with the public's right to information, and agreed that CCO must fully evaluate the implications at each step. The feedback was constructive, supportive, and provided excellent "food for thought" in continuing our information-gathering activities.

In October, CCO embraced the Minister of Health's announcement about his transparency initiative for all health

regulatory colleges in Ontario. Our letter to the Minister expressed our support of and commitment to the initiative, and we provided both tangible examples of how CCO is already transparent with the public and possible future initiatives.

The Executive Committee's work is ably supported by Ms Jo-Ann Willson's leadership and institutional knowledge. Her ability to continually ensure that the Committee remained focused on its mandate as well as her legal and regulatory expertise were, without a doubt, a tremendous positive factor in enabling the Committee to function optimally. Thank you, Jo-Ann!

I would like to extend my appreciation to the dedicated professional and public members who served harmoniously on the Executive Committee in 2014 and delivered amazing results: Dr. Cliff Hardick, Dr. Gauri Shankar, Dr. Elizabeth Anderson-Peacock, Mr. Martin Ward, Mr. Robert MacKay, and Mr. Scott Sawler. My personal gratitude also extends to all Council members for their commitment during a busy year. A job well done – thank you!

It has been an honour and a privilege to serve as CCO President.



**Dr. Bruce Lambert, Chair**

**COMMITTEE MEMBERS**

- Dr. Larry McCarthy, *Non-Council Member*
- Ms Judith McCutcheon
- Dr. Patricia Tavares

**STAFF SUPPORT**

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

# Advertising Committee

**COMMITTEE ACTIVITIES IN 2014**

The Advertising Committee worked diligently to review advertisements submitted by members prior to publication. The Committee successfully met the goal of providing feedback to members within 10 business days of advertisement submission. In 2014, the Committee convened two meetings:

- Reviewed and responded to proposed print, television and radio advertisements submitted by members for review prior to publication
- Conducted an overall review of Standard of Practice S-016: Advertising, Guideline G-016: Advertising, and Policy P-016: Public Display Protocol
- Reviewed stakeholder feedback regarding the solicitation section of Standard of Practice S-016: Advertising forwarded by the Ministry of Health and Long-Term Care (MOHLTC)

The Advertising Committee encourages members to submit their proposed advertisements prior to distribution. Member advertisements must comply with Standard of Practice S-016: Advertising and privacy laws when advertising through any media. 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**

Advertising is a very powerful tool utilized by businesses around the world, including chiropractors in Ontario. CCO members must keep in mind the responsibilities that they accepted by entering into a regulated health profession. CCO Standard of Practice S-016: Advertising and Guideline G-016: Advertising outline acceptable parameters and considerations regarding advertising for chiropractors in Ontario. Advertising by chiropractors can be just as powerful as the messages delivered by the largest companies but must also reflect the interest and perceptions of the public.

The Advertising Committee’s largest body of work in 2014 was reviewing advertising submitted by members. Protection of the public is the primary goal of the Committee when reviewing advertisements presented in any medium. An advertisement must be appropriately

**COMMITTEE MANDATE**

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

# Fitness to Practise Committee

professional, easily understood by the public, and adhere to Standard of Practice S-016: Advertising. Members must be mindful of their advertising message in this age of technology as their advertisement may extend beyond the intended audience and impact the public at large.

Another role held by the Advertising Committee was to review Standard of Practice S-016: Advertising, Guideline G-016: Advertising and Policy P-016: Public Display Protocol to ensure that they are consistent with the MOHLTC's guidelines for regulated health professions and current rulings in the courts of law. A recent example of this is the review of feedback regarding the solicitation section of Standard of Practice S-016: Advertising forwarded by the MOHLTC. The proposed changes were directed

by the MOHLTC and the CCO must work to ensure our standards, guidelines and policies comply. The Committee also approved proposed amendments for feedback from members and stakeholders on advertising issues such as use of testimonials and online discount advertising. The Committee will review the feedback and continue the overall review of the standard of practice, guideline and policy in 2015.

It truly is an honour for chiropractors in Ontario to be a member of a self-regulated health profession. This however requires a balanced stance to ensure the best interests of the public and the careful guidance of the profession. Please continue to send CCO your feedback so that we may work to maintain this balance.



**Ms Judith McCutcheon, Chair**

## COMMITTEE MEMBERS

Dr. Bruce Lambert  
Dr. Bryan Wolfe

## STAFF SUPPORT

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

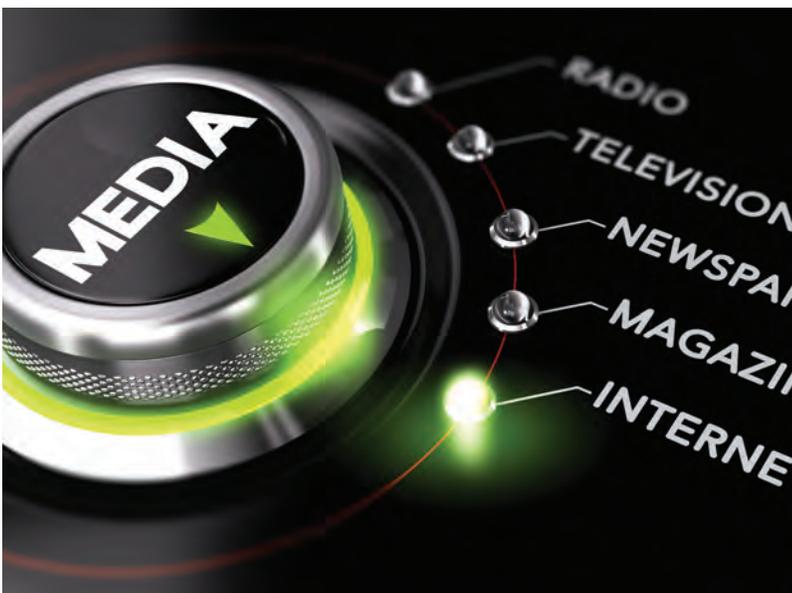
## A MESSAGE FROM THE CHAIR

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

The Committee continued to ensure that it was appropriately prepared.

## COMMITTEE MANDATE

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





**Dr. Brian Gleberzon, Chair**

**COMMITTEE MEMBERS**

- Dr. Gauri Shankar
- Ms Judith McCutcheon
- Dr. Erica Mattia, *Non-Council member*
- Mr. Martin Ward

**STAFF SUPPORT**

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

# Inquiries, Complaints and Reports

**A MESSAGE FROM THE CHAIR**

I am pleased to report that the Inquiries, Complaints and Reports Committee (ICRC) continued to successfully meet its statutory obligations throughout the 2014 year. The Committee – comprised of professional members Drs. Gauri Shankar, Erica Mattia and Brian Gleberzon, public members Martin Ward and Judith McCutcheon, and CCO staff members, Ms Tina Perryman and Ms Christine McKeown – has worked cooperatively to respond in a timely manner to all complaints, reports and inquiries submitted within its statutory authority. I am also pleased to report that the Health Professions Appeal and Review Board (HPARB) upheld all decisions from the ICRC that were submitted by either the complainant or the member for its review.

It has been my pleasure to have had the privilege to work with these individuals who are not only professional and highly skilled but who are also committed to ensuring the public interest is protected at all times.

**COMMITTEE ACTIVITIES IN 2014**

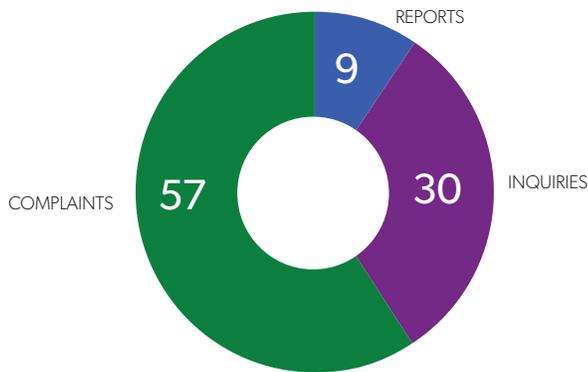
The ICRC ably fulfilled its mandate during 2014:

- Convened 11 meetings
- Received 57 complaints, 30 inquiries and 9 reports
- Completed 58 decisions

**COMMITTEE MANDATE**

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

RECEIVED IN 2014



OUTCOME OF COMPLAINTS:

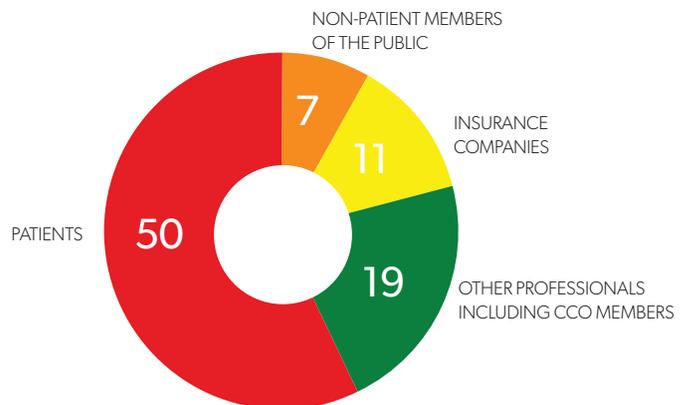


Note: Not all outcomes of complaints relate to complaints that were received in 2014, and some of the outcomes relate to reports.

OUTCOME OF INQUIRIES



ORIGIN OF INQUIRIES/ COMPLAINTS RECEIVED IN 2014



## Decisions Reviewed by 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 2014, HPARB issued decisions on five reviews of decisions of the ICRC. 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).



**Mr. Robert MacKay, Chair**

**COMMITTEE MEMBERS**

- Dr. Angela Barrow, *Non-Council Member*
- Dr. Heather Jones, *Non-Council Member*
- Dr. Roberta Koch, *Non-Council Member*
- Mme Lise Marin
- Dr. Vikas Puri, *Non-Council Member*
- Dr. David Starmer
- Dr. Patricia Tavares

**STAFF SUPPORT**

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

# Discipline Committee

**A MESSAGE FROM THE CHAIR**

The 2014 discipline year was a busy one. In addition to convening three contested hearings, there were six which made their way to a hearing by way of an agreed statement of facts (ASF) and joint submissions on penalty (JSP). These agreements are reviewed, and when appropriate, accepted by panels that ensure they are consistent with the public interest.

Matters that result in an ASF/JSP save time and expense for the complainant, the member, the College, and the profession. This successful alternative dispute resolution (ADR) is as a result of the College’s commitment to applying the appropriate process in resolving cases and the hard work of the pre-hearing conference chairs, Dr. Drew Potter and Dr. Frazer Smith.

When issues need to be resolved at a contested hearing, multiple consecutive days are usually required. This presents particular challenges for potential panel members committing to time away from their personal and professional lives. Nonetheless, through creativity and sacrifice, all the matters referred to the Discipline Committee found their way to a hearing and were dealt with in a way that was transparent, fair, and in the public interest.

Training at two Federation training sessions in 2014 were made available to all members of the Discipline Committee and CCO Council members.

What set this year apart from others is the logistical issues for some of the hearings. For the first time in the College’s history, a hearing was convened outside of the Toronto area. This was done to accommodate the complainant/witness in a contested matter that involved allegations of sexual abuse of a patient.

I am pleased to report that the decisions for all hearings held in 2014 have been released to the parties and they were done in a timely way.

I would like to acknowledge the hard work of the committee members, specifically Dr. Angela Barrow for her work in chairing hearings, and also, the time and expertise of Dr. David Starmer, Dr. Patricia Tavares, Dr. Heather Jones, Dr. Roberta Koch, Dr. Vikas Puri, and all the members of Council who are potential members of discipline panels.

**COMMITTEE MANDATE**

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

## COMMITTEE ACTIVITIES IN 2014

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 2014, the Discipline Committee did not convene any 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 the Federation of Health Regulatory Colleges of Ontario.

## JOINT SUBMISSIONS AND RESOLUTION AGREEMENTS

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

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

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

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

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

## DISCIPLINE DECISIONS IN 2014

CCO publishes summaries of discipline decisions for several reasons:

- CCO is required to do so under the *Regulated Health Professions Act, 1991 (RHPA)*
- Publication of decisions helps members and stakeholders understand what does and does not constitute professional misconduct or incompetence and the consequences
- The decisions provide important direction to members about practice standards and professional behaviour.

Under the *RHPA*, the name of the member who is the subject of 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 2014 DISCIPLINE COMMITTEE DECISIONS

### 1. OVERVIEW

In 2014, panels of the Discipline Committee held hearings regarding 13 Notices of Hearing. In six cases, the hearings proceeded by way of Agreed Statements of Fact and Joint Submissions on Penalty. One of those cases involved three Notices of Hearing. There were two contested hearings, neither of which was completed in 2014. There was one contested penalty hearing for a matter in which findings of professional misconduct and penalty had been decided in 2013. There was one motion to stay allegations of professional misconduct.

### 2. CASES INVOLVING AGREED STATEMENTS OF FACTS

In each of the six 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/her actions, avoiding unnecessary delay and the expense of a contested hearing.

**NAME OF MEMBER:  
ROCHAK BADHWAR (#4798)**

**Place of Practice: Greater Toronto Area**

**Agreed Facts**

- Dr. Rochak Badhwar (“Member”) has been a member of the College of Chiropractors of Ontario (“CCO”) since July 26, 2004.
- During the relevant time, he was the owner and/or manager of a number of multidisciplinary clinics in Toronto and Brampton, including Fundamental Assessment Centre (“FAC”), Badhwar Chiropractic Professional Corporation, Gore Medical Health Centre, HL Medical Group, Healthy Lifestyle Medical Group Inc., Healthy Lifestyle Rehabilitation Centre, Healthy Lifestyle Rehabilitation and Wellness Centre, and Morningside Doctors.
- On June 13, 2011, Dr. J. Mills complained to the CCO that during the period April 2010 – December 2010, the Member and/or his staff had used his electronic signature without his permission or knowledge on a number of insurance claim documents, and provided the signature to other companies owned by or affiliated with the Member. This complaint ultimately resulted in the referral of specified allegations of professional misconduct to the Discipline Committee and a Notice of Hearing dated September 9, 2013 (the “Mills NOH”).
- In the course of the CCO’s investigation into Dr. Mills’ complaint, a CCO investigator interviewed the Member, and the Member provided a written response to the Mills complaint. Information provided by the Member was false and misleading, and resulted in a Registrar’s Report, the referral of specified allegations of professional misconduct to the Discipline Committee, and a Notice of Hearing dated September 9, 2013 (the “Obstruction NOH”).
- On July 18, 2012, the CCO received information that the Member had abandoned patient records. The Registrar initiated an investigation into the report, and that investigation resulted in the referral of specified allegations of professional misconduct to the Discipline Committee and a Notice of Hearing dated July 29, 2013 (the “Abandonment of Patient Records NOH”).
- The Member and the CCO agreed that the three Notices of Hearing referred to above involve the same or similar questions of fact, law, or policy, and they consented to the Discipline Committee combining the proceedings in one Discipline Committee hearing.

**The Mills Complaint**

- On June 13, 2011, Dr. J. Mills complained to the CCO (“Mills Complaint”) about the Member. Dr. Mills is a psychologist who conducted psychological assessments for motor vehicle patients at various clinics owned by the Member during the period April 2010 – December 2010. Dr. Mills alleged in his complaint that the

Member and/or his staff had used his electronic signature without his permission or knowledge on a number of insurance claim documents and had provided the signature to other companies owned by or affiliated with the Member.

- The CCO and the Member did not provide any further agreed facts regarding the Mills Complaint and the Member made no admissions of professional misconduct regarding the Mills NOH.

**Obstruction of the CCO Investigation**

- On November 3, 2011, the Member provided a written response to Dr. Mills’ complaint. In the response, the Member provided false and misleading information regarding his role at FAC, including that he only worked on contract at FAC, had only managed FAC on a temporary basis until March 2011, had no links to profits earned by the company, and was not responsible for the conduct of the staff at FAC.
- On April 27, 2012, the Member was interviewed by a CCO investigator. The Member provided false and misleading information to the CCO investigator, including that he did not know who owned FAC, had no involvement with the paperwork at FAC, had no contact information for one of the administrative staff at FAC, and did not know who the officers of the corporation were. In fact, the officers of the corporation were the Member’s father and sister.

**Abandonment of Patient Records**

- In 2012, FAC and a number of the Member’s other companies defaulted in their financing arrangements with Royal Bank of Canada. On April 13, 2012, BDO Canada Ltd. (“BDO”) was appointed as Receiver to sell the assets of the companies.
- The Member had left 43 banker boxes and three filing cabinets of patient records at the FAC office.
- Had the Member testified, he would have said that initially BDO would not let him retrieve the patient records.
- However, thereafter, BDO made several attempts to have the Member retrieve the patient records.
- On July 5, 2012, the Member removed some, but not all, of the patient records from the FAC office. Thereafter, the Member did not respond to numerous requests by BDO to take possession of the patient records.
- BDO received requests from legal counsel seeking access to the patient records for the purpose of litigation and insurance claims. BDO provided the requests to the Member.
- On July 16, 2012, Justice Perell of the Ontario Superior Court of Justice ordered the Member to “forthwith retrieve and remove from the GDM Property or in the possession of the Receiver, the patient records.” Despite being served with the July 16, 2012

Order of Justice Perell (the “Perell Order”), the Member did not retrieve the patient records.

- On July 18, 2012, BDO contacted the CCO, and advised it that the Member had abandoned patient records and was not complying with the Perell Order. The CCO made several attempts to contact the Member by email, couriered letters and telephone regarding the records. The Member did not respond to any of the CCO communications.
- A representative from the Information and Privacy Commissioner of Ontario (“IPC”) also attempted to contact the Member regarding the patient records. The Member did not respond to the IPC.
- In late July 2012, the Member told BDO that he would pick up the patient records. However, despite indicating on several occasions he would pick up the patient records, he did not do so.
- On November 22, 2012, BDO brought a motion to be discharged as Receiver. The Member still had not retrieved his patient records. Justice Newbould made an Order, which, among other things, required BDO to maintain the patient records for a limited period of time, following which BDO could return to the Court for advice and directions.
- On January 7, 2013, the Member retrieved the patient records.

## Admissions

### (a) Obstruction of Investigation

- Subsection 76(3.1) of the Health Professions Procedural Code (“Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, requires a member to co-operate fully with a CCO investigator. Subsection 76(3) of the Code prohibits any person from obstructing a CCO investigator or from withholding or concealing from the CCO investigator anything that is relevant to the investigation.
- CCO Standard of Practice S-020: Cooperation and Communication with CCO requires all members to cooperate with the CCO, including in responding to complaints.
- The Member admitted that he provided false and misleading information to the CCO and the CCO investigator during the course of the investigation into the Mills complaint.
- The Member admitted that he committed acts of professional misconduct, and in particular, he:
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - o Contravened subsection 76(3) and 76(3.1) of the Code; 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.

### (b) Abandonment of Records

- CCO Standard of Practice S-002: Record Keeping requires a member to keep patient records for a minimum of seven years, protect patient records from theft, loss and unauthorized use or disclosure, and to ensure patients have access to up-to-date, accurate information about their chiropractic health.
- Section 13(1) of the *Personal Health Information Protection Act, 2004* (“PHIPA”) requires a health information custodian, such as the Member, to ensure that the records of personal health information that he has in his custody or under his control are retained, transferred and disposed of in a secure manner and in accordance with the prescribed requirements. Section 52.(1) of PHIPA provides an individual has a right of access to a record of personal health information about the individual that is in the custody or under the control of a health information custodian, such as the Member.
- The Member admitted that during the period April 13, 2012 – January 7, 2013, he abandoned patient records, and in doing so, committed acts of professional misconduct in that he:
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - o Discontinued professional services that were needed without:
    - i) the patient requesting the discontinuation; ii) arranging for alternate services; or iii) the patient being given a reasonable opportunity to arrange alternate services;
  - o Gave information about a patient to a person other than the patient, his authorized representative, or his legal counsel or insurer, without the consent of the patient or his or her authorized representative or as required or allowed by law;
  - o Failed to keep records as required by the regulations;
  - o Contravened a provincial law, and specifically PHIPA, and the contravention was relevant to his suitability to practise; 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.

### Joint Submission on Penalty

- The CCO and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel:
  - o Requiring the Member to appear before the panel to be reprimanded;
  - o Directing the Registrar to suspend the Member’s certificate

of registration for a period of six (6) months (“Suspension”);

o Directing the Registrar to impose the following terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:

- within four (4) 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, including but not limited to CCO Standard of Practice S-020: Cooperation and Communication with CCO; CCO Standard of Practice S-002: Record Keeping; Guideline G-017: Ownership, Storage, Security and Destruction of Patient Health Records; and Guideline G-008: Business Practices,
- requiring the Member to be peer assessed at his expense within three (3) months after he returns to practice following the lifting of the Suspension,
- if the Member is self-employed or manages a clinic during the two (2) years following the lifting of the Suspension, permitting the CCO at its discretion to monitor the Member’s practice at the Member’s expense, with the monitoring limited to twice a year for a two-year period, and
- requiring the Member to advise the CCO of his business address and contact information immediately upon his returning to practice after the Suspension, and to update the information within two (2) weeks of any change;

o Directing the Registrar to suspend two (2) months of the Suspension if the Member complies with certain of the Conditions; and

o Requiring the Member to pay the CCO \$7,500.00 in costs.

**NAME OF MEMBER:**

**DR. TYLER DUNFORD (#5921)**

**Place of Practice: North Bay**

**Agreed Statement of Facts**

- Dr. Tyler Dunford became a member of the College of Chiropractors of Ontario (“CCO”) on August 12, 2010.
- During the relevant period, Dr. Dunford practised chiropractic at Cor Maximus in North Bay, Ontario.

• Dr. Dunford resigned his membership with the CCO on September 11, 2014.

• On October 5, 2012, Dr. Dunford began treating a patient known as “A.S.” for a right knee sprain. He continued to provide chiropractic treatment to A.S. for knee and back problems until September 30, 2013.

• During the period November 2012 – April 2013, Dr. Dunford and A.S. had a sexual relationship that included sexual intercourse and other forms of physical sexual relations.

• After September 2013, A.S. attempted to end all communication with Dr. Dunford.

• Despite knowing that A.S. did not want to have any contact or communication with him, Dr. Dunford continued to attempt to contact A.S., both electronically and in person.

• Dr. Dunford’s attempts to contact and communicate with A.S. were very upsetting to A.S.

• Dr. Dunford admitted that the conduct set out above is professional misconduct, and that, because the conduct took place while he was a member of the CCO, he remains subject to the jurisdiction of the CCO for the professional misconduct, specifically, subsection 14(2) of the Health Professions Procedural Code (“Code”), which Schedule 2 to the *Regulated Health Professions Act, 1991* provides:

A person whose certificate of registration is revoked or who resigns as a member continues to be subject to the jurisdiction of the CCO for professional misconduct referable to a time when the person was a member.

**Admissions**

• Dr. Dunford admitted, and the Panel found, that he had committed acts of professional misconduct because he had:

o Sexually abused A.S.;

o Psychologically and emotionally abused A.S.;

o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; 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 Dr. Dunford:

o Requiring Dr. Dunford to appear before the panel to be reprimanded;

- o Directing the Registrar to revoke Dr. Dunford's certificate of registration;
- o Requiring Dr. Dunford to reimburse the CCO for funding provided to A.S. under the program required under section 85.7 of the Health Professions Procedural Code; and
- o Requiring Dr. Dunford to pay the CCO \$12,500.00 in costs.

**NAME OF MEMBER:  
BHUPINDER JOHAL (#4940)**

**Place of Practice: Mississauga**

**Agreed Facts**

**The Member**

- Dr. Bhupinder Johal ("Member") has been a member of the College of Chiropractors of Ontario ("CCO") since January 26, 2005. During the relevant time, he was the owner and the chiropractor at Heartland Wellness Clinic in Mississauga, Ontario ("Clinic").
- The Member has not been the subject of any prior complaints or Discipline Committee proceedings.

**The Manulife Complaint**

- On February 1, 2013, Manulife Financial ("Manulife") complained to the CCO that the Member had issued false receipts for "N.P." pursuant to a cost-splitting arrangement between the Member and N.P.'s ex-spouse, "S.D.", who was a Manulife plan member. N.P. had informed Manulife that she had never heard of the Clinic, and had never attended or received any treatment there. Manulife had interviewed S.D., who agreed there had been a cost-splitting scheme which involved submitting false receipts for N.P.'s treatment to Manulife. He also indicated the scheme had been suggested by the Clinic. However, when Manulife made inquiries about the false claims at the Clinic, the Member provided Manulife with clinical notes for N.P. in support of the claims.
- The claims were for treatments allegedly provided on 12 occasions in 2011 for a total of \$960.00.

**The Member's Responses to the CCO**

- After the CCO received the Manulife complaint, it provided the complaint to the Member for a response. On May 8, 2013, the Member wrote to the CCO, indicating he had treated N.P. in 2010. He provided a statement of account dated December 10, 2010 listing 13 treatments from October 29, 2010 to December 10, 2010, and also provided SOAP notes for the treatments. The Member indicated he treated someone who identified herself as N.P. in 2011, and claimed that person must have been an imposter.
- In a June 21, 2013 response, the Member again denied issuing false claims and the cost-splitting arrangement. He persisted in

asserting he had treated N.P.

- On September 20, 2013, the CCO investigator interviewed the Member. The Member repeated his story that he treated N.P. in 2010, and someone who he believed was N.P. in 2011. He denied knowing anything about a cost-splitting arrangement or false receipts. The Member told the CCO investigator that both N.P. and S.D. had paid for their treatments every few visits in both 2010 and 2011.
- On December 2, 2013, after retaining counsel, the Member admitted that in 2011, he was in a cost-splitting arrangement with S.D. and had issued false receipts for treatments purportedly provided in November and December of 2011 for N.P. and S.D. The Member admitted that S.D. provided the Clinic with a cheque for the total amount he could claim from Manulife under his insurance policy, and, in exchange, S.D. was provided with false invoices, which he submitted to Manulife. Manulife paid S.D. 80% of the total amount of the claims, which was split 50-50 between S.D. and the Member.
- Had the Member testified, he would have said he provided false information to the CCO on the advice of prior counsel. When the Member retained new counsel just prior to December 2, 2013, he gave an honest account of the events.
- The Member has expressed his deep remorse and regret for his dishonesty. He acknowledges that, as a member of a self-regulated profession, he has an obligation, despite any advice to the contrary, to be honest with the CCO.
- The Member also made restitution to Manulife of \$4,485.00 on April 24, 2014 for payments it had issued for claims for chiropractic and other treatments made on S.D.'s insurance policy that had not been provided by the Clinic.

**Admissions**

- The Member admitted that he:
  - o Issued false invoices as alleged by Manulife pursuant to a cost-splitting scheme with S.D.;
  - o Created false patient records for N.P. to support the false claims; and
  - o Provided false information to the CCO and provided it with false patient records in an attempt to cover up the cost-splitting scheme with S.D.
- 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 Failed to keep records as required by the regulations;
- o Falsified records relating to his practice;
- o Signed or issued, in his professional capacity, documents he knew contained false or misleading statements;
- o Submitted accounts or charges for services that he knew were false or misleading; 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:
  - o Requiring the Member to appear before the panel to be reprimanded;
  - o Directing the Registrar to suspend the Member's certificate of registration for a period of nine (9) months ("Suspension");
  - o Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
    - within seven (7) months of the start of the Suspension, the Member must:
      - successfully complete the Legislation and Ethics Examination and the CCO's Record Keeping Workshop at his own expense and provide written evidence of successful completion to the Registrar, and
      - review and agree in writing to comply with all CCO regulations, standards of practice and guidelines, including but not limited to CCO Standard of Practice S-002: Record Keeping and Guideline G-008: Business Practices, and
    - requiring the Member to be peer assessed at his expense within six (6) months after he returns to practice following the lifting of the Suspension;
  - o Directing the Registrar to suspend two (2) months of the Suspension if the Member complies with certain of the Conditions; and
  - o Requiring the Member to pay the CCO \$15,000.00 in costs.

**NAME OF MEMBER:  
HYO KIM (#3541)**

**Place of Practice: Toronto**

### Agreed Facts

#### The Member

- Dr. Hyo Kim ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1998.
- During the relevant time, the Member practised chiropractic at a chiropractic office in North York, Ontario, and is currently practising at a chiropractic office in Toronto, Ontario.

#### The Member's First Discipline Committee Hearing

- On June 20, 2012, the Member was the subject of a Discipline Committee hearing arising from two Notices of Hearing. Both Notices of Hearing concerned the Member's conduct in issuing false receipts for chiropractic treatments for a fee.
- The Discipline Committee hearing proceeded by way of an Agreed Statement of Facts and a Joint Submission on Penalty. Both were accepted by a panel of the Discipline Committee ("Panel").
- In the Decision, the Panel ordered, among other things, a 12-month suspension of the Member's Certificate of Registration. The suspension could be longer, if the Member did not pay the costs ordered by the Panel. The suspension could be shorter, if the Member completed certain specified remedial measures and paid his costs within nine (9) months of the start of the suspension. The remedial measures included the Member providing written verification to the Registrar that he had:
  - o Attended a specified educational session on May 12, 2012;
  - o Successfully completed a Legislation and Ethics examination;
  - o Successfully completed a Record Keeping Workshop; and
  - o Reviewed all of the CCO's standards of practice, policies and guidelines, and agreed to comply with them.
- As well, the Member had to be peer assessed, at his own expense, within three (3) months after returning to practice after the suspension was lifted.
- On June 14, 2012, prior to the Discipline Committee hearing, the Member signed an undertaking to the Registrar ("Undertaking") in which he undertook, among other things, to provide written verification to the Registrar within nine (9) months of the Discipline Committee Decision that he had completed the remedial measures, and to be peer assessed at his own expense within three (3) months after returning to practice after the lifting of the suspension.

- The suspension took effect on July 1, 2012. Pursuant to the provisions of the Discipline Committee Order, the Member only had to serve nine (9) months of the suspension if he paid his costs and completed certain of the remedial measures by April 1, 2013.
- The Member did complete the majority of the remedial measures by April 1, 2013, and in particular, he did attend the May 12, 2012 educational session and completed a Legislation and Ethics examination and a Record Keeping Workshop. He also paid his costs. However, the Member did not provide written verification to the CCO Registrar by April 1, 2013 that he had reviewed all of the CCO's standards of practice, policies and guidelines, and agreed to comply with them.
- As a result of the Member's failure to complete all of the remedial measures within nine (9) months of the start of the suspension, as ordered by the Panel and as per his Undertaking, the Member was required to serve the full 12-month suspension, which remained in effect until July 1, 2013.
- However, the Member began practising chiropractic on April 1, 2013.
- During May 2013 and following, the Member's patients reported to him that their claims for chiropractic treatment were not being reimbursed by their insurer. One patient reported to the Member that the Member was not licensed to practise chiropractic.
- In June 2013, the Member spoke to the CCO's legal counsel, who advised him that he had not complied with the Panel's Decision and his Undertaking, and in particular, had not provided written verification to the Registrar that he had reviewed all of the CCO's standards of practice, policies and guidelines, and agreed to comply with them. The Member was informed that, as a result, the 12-month suspension was in effect and would not be lifted until July 1, 2013.
- Despite receiving that information, the Member continued to practise chiropractic in June 2013.
- The suspension on the Member's Certificate of Registration was lifted on July 1, 2013, and the Member continued to practise chiropractic after that date.
- The Member was not peer assessed at his own expense within three (3) months of the lifting of the suspension, contrary to the Decision and his Undertaking.

### The Manulife Complaint

- On August 13, 2012, an insurer complained to the CCO that its plan members had submitted claims for chiropractic services provided by the Member in April 2013 ("Complaint").
- The Member had an opportunity to respond to the complaint. The Member admitted that he started practising chiropractic in April 2013. Despite his Undertaking and receiving the Panel's

Decision, the Member indicated that he was unaware of the requirement to provide written verification to the Registrar that he had reviewed all of the CCO's standards of practice, policies and guidelines, and agreed to comply with them. The Member also indicated that he believed the CCO was responsible for his peer assessment, and therefore took no steps to arrange or complete his peer assessment.

### Admissions

- The Member acknowledges the importance of complying fully with Discipline Committee Orders and undertakings. Had the Member testified, he would have said that he intended to comply fully with the Decision and his Undertaking, and was under the impression he had done so. He also would have said that he began practising chiropractic in April 2013 because he thought the suspension of his certificate of registration had been lifted on April 1, 2013. He admits that he should have, and failed to, review the Decision and the Undertaking, and to contact the CCO prior to April 1, 2013 to ascertain whether the suspension would be lifted on April 1, 2013.
- The Member admitted that he breached the Decision and Undertaking because he failed to:
  - o Provide written verification to the CCO Registrar by April 1, 2013 that he had reviewed all of the CCO's standards of practice, policies and guidelines, and agreed to comply with them; and
  - o Be peer assessed by October 1, 2013.
- The Member also admitted that from April 1, 2013 to June 30, 2013 ("Period"), while his Certificate of Registration was suspended and he was not a member of the CCO, he used the title "chiropractor", held himself out as a person who was qualified to practise chiropractic in Ontario and performed controlled acts, in breach of the *Chiropractic Act* and the *Regulated Health Professions Act, 1991*.
- The Member admitted, and the Panel found, that he had committed acts of professional misconduct because he had:
  - o Contravened a term, condition or limitation imposed on his certificate of registration;
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - o Contravened a provincial law and the contravention was relevant to his suitability to practise;
  - o Failed to comply with an order of the Discipline Committee and breached an undertaking given to the Registrar; and
  - o 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 Member:
  - o Requiring the Member to appear before the panel to be reprimanded;
  - o Directing the Registrar to suspend the Member's certificate of registration for a period of five (5) months ("Suspension"), starting on December 15, 2014;
  - o Directing the Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
    - Within five (5) months of the start of the Suspension, the Member will provide written verification to the Registrar that he has reviewed and agrees to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of the Professional Misconduct Regulation, CCO Guideline G-008: Business Practices, CCO Standard of Practice S-012: Orthotics, CCO Standard of Practice S-013: Consent, and CCO Standard of Practice S-002: Record Keeping,
    - The Member may not return to practice after the lifting of the Suspension until he has obtained the Registrar's written authorization to do so, and
    - The Member must be peer assessed, at his own expense, within three (3) months of returning to practice after the lifting of the Suspension; and
  - o Requiring the Member to pay the CCO \$4,500.00 in costs.

**NAME OF MEMBER:  
SHAHIN POURGOL (#3045)**

**Place of Practice: Toronto**

### Agreed Facts

The Member

- Dr. Shahin Pourgol ("Member") has been a member of the College of Chiropractors of Ontario ("CCO") since August 15, 1995. He currently holds a retired class of registration.

### The Complaint

- On August 29, 2012, the CCO received a complaint that the Member was improperly using the protected title "osteopath" and was providing false and misleading information in his advertising of the National Academy of Osteopathy ("NAO"), a private school

owned and operated by the Member.

### "Osteopath" and Title Protection

- The title "osteopath" is a protected title in Ontario. Pursuant to section 9 of the *Medicine Act, 1991*, only a member of the College of Physicians and Surgeons of Ontario ("CPSO") can hold him or herself out as a person who is qualified to practise in Ontario as an osteopath, and only a member of the CPSO can use the title "osteopath" or a variation of the title.
- The Member is not a member of the CPSO.
- During the relevant time, the Member used the title "osteopath" and held himself out as a person qualified to practise in Ontario as an osteopath.

### Advertising

- At the relevant time, the Member's advertising for the NAO included the following:
  - o NAO graduates could sit for examinations administered by the Canadian Manual Osteopathy Examining Board ("CMOEB"). CMOEB is an organization created and initially run by the Member. It is now run by an employee of the NAO;
  - o If successful in CMOEB exams, NAO members could join the International Osteopathic Association ("IOA"), another organization created by the Member. The IOA is now run by the same employee of the NAO that runs the CMOEB;
  - o All graduates of NAO have to become members of the IOA in order to receive a license;
  - o A license from IOA was required to practise osteopathy in Ontario; and
  - o A license from IOA was required to practise manual osteopathy in Ontario.
- The CCO's Standard of Practice S-016: Advertising ("Standard") requires any advertising:
  - o Be accurate and factual and contains verifiable information;
  - o Be in the public interest;
  - o Ensures that the public has information to make rational choices; and
  - o Maintains a professional image.

### Admissions

- The Member admitted:
  - o The advertising was false and misleading as the IOA cannot

license persons to practise osteopathy in Ontario; and

- o The advertising was false and misleading as a license from IAO is not required to practise manual osteopathy in Ontario.
- 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, related to breaches of Standard of Practice S-016: Advertising with respect to his advertising of himself and the National Academy of Osteopathy, and breaches of section 9 of the *Medicine Act, 1991*;
  - o Contravened a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals Act*, and the contravention was relevant to his suitability to practise, and in particular, he breached section 9 of the *Medicine Act, 1991* by using the title “osteopath” and holding himself out as someone qualified to practise in Ontario as an osteopath; and
  - o Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional with respect to his advertising of himself and the National Academy of Osteopathy, and by using the title “osteopath” and holding himself out as someone qualified to practise in Ontario as an osteopath when he was not a member of the College of Physicians and Surgeons of Ontario.

### Penalty

- The Panel made the following order, which had been jointly proposed by the CCO and the Member:
  - o Requiring the Member to appear before the panel to be reprimanded;
  - o Directing the Registrar to suspend the Member’s certificate of registration for a period of six (6) months (“Suspension”) with the suspension to take effect on the date of the hearing;
  - o Directing the Registrar to impose the following terms, conditions and limitations on the Member’s certificate of registration:
    - He will not use the title “osteopath”,
    - He will not hold himself out as a person who is qualified to practise in Ontario as an osteopath,
    - He will not use the title “osteopath” in the course of providing or offering to provide health care to individuals in Ontario,

- He will not perform any of the controlled acts set out in section 27(2) of the *Regulated Health Professions Act, 1991*, and
- He will resign his membership with the CCO within six (6) months of the date of the Panel’s decision in this matter; and
  - o Requiring the Member to pay the CCO \$15,000.00 in costs.

**NAME OF MEMBER:  
BALRAJ THIND (#3843)**

**Place of Practice: Brampton**

### Agreed Facts

#### Background

- Balraj Thind (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in April 2000.
- During the relevant time, the Member practised chiropractic at Physio-Med-Hansen (“Clinic”) in Brampton, Ontario. He also issued invoices on letterhead from Injury Assessment Specialist (“IAS”).
- The Member was the subject of a Discipline Committee hearing on July 27, 2011, which was the result of a complaint from an insurer (“Complaint #1”).
- The Penalty Order imposed by the Discipline Committee at the July 27, 2011 hearing included a 12-month suspension, three months of which would be suspended if the Member completed certain remedial measures within nine months of the date of the hearing. The Member advised the CCO that he intended to serve the 12-month suspension. The suspension took effect on July 27, 2011 and was to be completed on July 27, 2012.
- The CCO received a complaint from another insurer (“Complaint #2”) after Complaint #1 had been investigated and allegations had been referred to the Discipline Committee.
- The conduct at issue in Complaint #2 arose prior to the Member’s July 27, 2011 Discipline Committee hearing.

#### Billing for Supplies Not Received by Patients

- The complainant in Complaint #2 was an insurer whose insurance policy provided for reimbursement of certain services and supplies after they had been obtained and paid for by the insureds.
- In four instances, the Member submitted insurance claims to the insurer, indicating that the insureds and/or their families had obtained and paid for orthotics and/or orthopedic shoes when in fact they had not done so.

### Practicing Chiropractic in British Columbia

- The Member is not a member of the College of Chiropractors of British Columbia and is not permitted to practise chiropractic in British Columbia.
- However, during the period January 1, 2008 – July 31, 2008, the Member assessed and/or provided chiropractic treatments and/or dispensed supplies, including orthotics and/or orthopedic shoes, to at least 21 patients in British Columbia, either at the workplace lunchroom of a number of the insureds, or at their homes. The insurance claims submitted by the Member for chiropractic treatments and supplies he provided in British Columbia totalled \$138,914.00.

### Falsified Prescriptions/Failure to Maintain Records

- In 20 instances, for patients at the Clinic, the Member submitted claims for payment to the insurer for compression stockings. The claims were based on prescriptions apparently signed by “Dr. M.”
- The Member admits that he signed the prescriptions for compression stockings. Dr. M. never saw 16 of the patients in question and never signed any of the 20 prescriptions at issue.
- There are no patient records for 10 of the 20 patients.

### Admissions

- 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 Failed to keep records as required by regulation;
  - o Falsified records relating to his practice;
  - o Signed or issued, in his professional capacity, documents that he knew contained false or misleading statements;
  - o Submitted accounts or charges for services that he knew were false or misleading; 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:
  - o Requiring the Member to appear before the panel to be reprimanded;

- o Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of six (6) months;
- o Ordering the Registrar to impose specified terms, conditions and limitations (“Conditions”) on the Member’s Certificate of Registration, and in particular:
  - That the Member, within three (3) months of the start of the suspension:
    - Provide evidence he has successfully completed the Legislation and Ethics Examination and attended the CCO’s Record Keeping Workshop at his own expense, and
    - Provide written verification to the Registrar that he has reviewed and agreed to comply with all CCO regulations, standards of practice and guidelines including the business practices portion of the Professional Misconduct Regulation, CCO Guideline G-008: Business Practices, CCO Standard of Practice S-012: Orthotics, CCO Standard of Practice S-013: Consent, and CCO Standard of Practice S-002: Record Keeping,
  - Be peer assessed at his own expense within six (6) months after he returns to practice following the suspension imposed by the Discipline Committee, and
  - For a two-year period after returning to practice, the Member may only practise under the supervision of a mentor (“Mentor”). The Mentor must be a member in good standing with the CCO and be approved by the Registrar. The Mentor must, in addition to reviewing and evaluating the Member’s practice, review the Member’s billings on a monthly basis and provide quarterly written reports to the Registrar. Any costs associated with the Mentor will be paid by the Member;
- o Ordering the Registrar to suspend three (3) months of the suspension if the Member completes certain conditions within three (3) months of the suspension taking effect; and
- o Requiring the Member to pay the CCO \$12,500.00 in costs.

### 3. MOTIONS ON CONSENT

**NAME OF MEMBER:  
DR. SARAH HART (#3520)**

**Place of Practice: Elora**

#### Summary of Motion

- Specified allegations of professional misconduct regarding Dr. Hart were referred to the Discipline Committee. The allegations concerned billing irregularities in insurance claims regarding

Dr. Hart and her family that violated the CCO's standards of practice and were unprofessional. In the extraordinary circumstances of this case, which include Dr. Hart's severe health problems and related inability to practise, her full co-operation with the CCO, her prompt repayment of the claims, and an undertaking to permanently and irrevocably resign her membership with the CCO, the Discipline Committee, on consent, stayed the allegations of professional misconduct.

#### 4. CONTESTED HEARINGS

##### NAME OF MEMBER:

**DR. JOHN BAIRD (#2354)**

##### Place of Practice: Markham

- In 2013, Dr. Baird was the subject of a Discipline Committee hearing, in which he was found to have committed acts of professional misconduct, and in particular, he:
  - 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

- The Panel imposed a penalty consisting of:
  - o Requiring Dr. Baird to appear before the panel to be reprimanded;
  - o Directing the Registrar to suspend Dr. Baird's certificate of registration for a period of fifteen (15) months ("Suspension"), with three (3) months of the suspension to be suspended if Dr. Baird complies with certain terms, conditions and limitations ("Conditions") within a specified timeframe; and
  - o Directing the Registrar to impose the following Conditions on Dr. Baird's certificate of registration:
    - Prior to returning to practice after the lifting of the Suspension, Dr. Baird must have:
      - Successfully completed, at his own expense, courses approved 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,
- Dr. Baird must be peer assessed at his own expense within six (6) months after returning to practice, and
- 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 (6) times, and Dr. Baird must co-operate fully with the monitoring.
- On January 15, 2014, a hearing regarding costs was held. In Decisions and Reasons on Costs dated February 7, 2014, the Panel ordered Dr. Baird to pay the CCO \$80,000.00 in costs. The Panel based its costs order on:
  - o The complex and elaborate nature of the scheme Dr. Baird had participated in;
  - o The expense of investigation and prosecution;
  - o Dr. Baird's willful disregard for professional standards, patient interests and patient welfare;
  - o Dr. Baird's consistent lack of insight into his conduct; and
  - o The CCO's two offers to settle, both of which contained more favourable terms in respect of findings of professional misconduct and/or penalty than the Panel had ordered.
- Dr. Baird has appealed the findings of professional misconduct, penalty and costs to the Divisional Court.

##### NAME OF MEMBER:

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

##### Place of Practice: Ottawa

##### Allegations

- The Discipline Committee hearing involved two Notices of Hearing.
- The first Notice of Hearing concerned Dr. Reid's conduct towards a fellow chiropractor, (the "Notice of Hearing re: Paynter Complaint") in which the CCO alleged that Dr. Reid:
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
  - o Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

- The second Notice of Hearing concerned Dr. Reid’s conduct towards the CCO and others during the course of CCO investigations into complaints about his practice (the “Notice of Hearing re: Obstruction of Investigation”). The CCO alleged that Dr. Reid:

- o 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-020: Cooperation and Communication with CCO;
- o Contravened the *Chiropractic Act, 1991*, the *Regulated Health Professions Act, 1991*, or the regulations under either of 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 disgraceful, dishonourable or unprofessional.

### **The Hearing into Allegations of Professional Misconduct**

- The hearing into the allegations of professional misconduct took place over six days in July and August 2014. The Panel heard evidence from seven witnesses and received an Agreed Statement of Facts, a Joint Book of Documents containing 26 exhibits, and 29 other exhibits.
- At the start of the hearing, the Panel heard a motion from Dr. Reid in which he requested Mr. MacKay, the Panel Chair, recuse himself. Mr. MacKay had been a member of the panel of the Discipline Committee that presided over Dr. Reid’s first Discipline Committee hearing in 2012. After reviewing the written submissions of the parties and hearing oral submissions, the Panel determined that there was no reasonable apprehension of bias on the part of Mr. MacKay and dismissed Dr. Reid’s motion.
- The Agreed Statement of Facts provided by the parties indicated:

#### **The Member**

- o Dr. Michael Reid (“Dr. Reid”) became a member of the College of Chiropractors of Ontario (“CCO”) in 1992.
- o Dr. Reid co-owned and operated the Hampton Wellness Centre (the “Centre”) in Ottawa, Ontario until April 2012. He sold the Centre in April 2012.

#### **September 2010 Complaint and Contacts with Dr. Paynter**

- o On September 16, 2010, the CCO received a complaint from Mrs. Erin Paynter and her husband, chiropractor Dr. Chris Paynter, regarding a mall screening conducted by the Centre (“Paynter Complaint”).
- o On October 14, 2010, the CCO sent a copy of the Paynter Complaint to Dr. Reid.
- o On February 10, 2011, Dr. Reid called Dr. Paynter at

Dr. Paynter’s chiropractic clinic (“Clinic”) and left a message with Judy Holmes, Dr Paynter’s chiropractic office manager. Dr. Paynter received the message but did not call Dr. Reid back. On March 3, 2011, Dr. Reid called Dr. Paynter at his Clinic and left a message with Sandra De La Barra, Dr. Paynter’s receptionist. Dr. Paynter received the message but did not call Dr. Reid back.

- o On March 8, 2011, counsel for Dr. Reid sent Dr. Paynter and Mrs. Paynter a letter.
- o On March 9, 2011, Dr. Reid called Dr. Paynter at his Clinic and left a message with the above-noted Judy Holmes. Dr. Paynter received this message but did not call Dr. Reid back.
- o On March 9, 2011, Dr. Paynter sent an email to Dr. Reid’s lawyer.
- o On March 14, 2011, Dr. Paynter sent another email to Dr. Reid’s lawyer.
- o Dr. Reid called the Clinic again and spoke with Sandra De La Barra. Dr. Reid told Ms. De La Barra that Dr. Paynter did not answer Dr. Reid’s messages and that Dr. Reid would contact Dr. Paynter at Dr. Paynter’s home telephone number. Dr. Paynter received this message but did not call Dr. Reid back.
- o On March 21, 2011 and April 4, 2011, the CCO investigator interviewed members of Dr. Reid’s clinic regarding the Paynter Complaint. On April 11, 2011, Dr. Reid was interviewed by the CCO investigator regarding the Paynter Complaint.
- o On April 12, 2011, Dr. Reid attended at the Clinic and told Sandra De La Barra that he wanted to speak with Dr. Paynter. Dr. Reid waited in the Clinic for a period of time and, when Dr. Paynter did not see him, Dr. Reid waited outside the Clinic in his car for a period of time.
- o During the summer of 2011, Dr. Reid attended at the Clinic and told Dr. Paynter’s staff that he wanted to speak with Dr. Paynter. Dr. Reid waited in the Clinic, and then, when Dr. Paynter did not see him, waited outside the Clinic in his car. Neither Dr. Paynter nor Dr. Reid recall the exact date of this visit.

#### **October 2012 Emails**

- o On October 7, 2012, Dr. Reid sent an email, intended for Dr. Paynter to the email address: clinic@magma.ca. Dr. Reid’s email was opened and reviewed by Judy Holmes and reviewed by Sandra De La Barra.
- o On October 10, 2012, Dr. Paynter sent an email to Dr. Reid from the email address: clinic@magma.ca.
- o On October 10, 2012, Dr. Reid sent an email to Dr. Paynter using the email address: clinic@magma.ca. Dr. Reid’s email was reviewed by Judy Holmes.

### **Dr. Reid's Mailing Address**

- o In 2012, Dr. Reid's mailing address on the CCO's register was 1419 Carling Ave., Suite 209, Ottawa, Ontario, K1Z 7L6, which was the Centre's address ("Mailing Address"). Dr. Reid had provided that address to the CCO to use as his contact address for CCO correspondence. He also provided the CCO with the telephone number for Hampton Wellness Clinic and gave as his email address thedoc@hamptonfamilychiropractic.com.
- o As noted above, Dr. Reid sold the Centre in April 2012. He did not notify the CCO of a change in mailing address until February 2013.
- o On February 1, 2013, Dr. Reid sent an email to the CCO, asking that it change his address for future mail correspondence to an address in Kanata.

### **Dr. Paynter's 2012 Complaint**

- o On November 2, 2012, the CCO received a complaint from Dr. Paynter ("2012 Paynter Complaint").
- o On November 20, 2012, the CCO sent a letter to Dr. Reid at the Mailing Address, enclosing the 2012 Paynter Complaint. Dr. Reid did not respond to the CCO letter.
- o Dr. Reid received the letter sometime in November 2012.
- o On December 28, 2012, the CCO couriered a letter to Dr. Reid at the Mailing Address, enclosing a copy of its November 20, 2012 correspondence. The letter was signed for at the Centre. Dr. Reid did not respond to the CCO letter.
- o On January 23, 2013, the CCO couriered a letter to Dr. Reid at the Mailing Address, enclosing copies of its November 20, 2012 and December 28, 2012 correspondence. The letter was signed for at the Centre. Dr. Reid did not respond to the CCO letter.

### **The CCO Investigations**

- o Dr. Reid retained Gayani Weerasinghe as an agent to assist him in responding to the complaint filed with the CCO by Dr. Paynter.
- o On March 6, 2013, Gayani Weerasinghe called the CCO and indicated she was representing Dr. Reid. That same day, the CCO received a fax from Ms. Weerasinghe.
- o Once investigators were appointed, the following occurred:
  - On April 17, 2013, the CCO investigator tried to contact Dr. Reid by leaving a voice mail message on his cell phone asking him to contact the CCO investigator. Dr. Reid did not respond to the voice mail.

- On April 17, 2013, the CCO investigator tried to contact Dr. Reid by email using the email address drgorilla1@gmail.com. Dr. Reid did not respond to the email.
- On April 22, 2013, the CCO investigator sent Dr. Reid a letter via regular mail.
- On April 23, 2013, the CCO investigator sent Dr. Reid an email using the email address drmike@chiropractic-masters.com. Dr. Reid replied the same day by email, and the CCO investigator responded to him the same day by email.
- On April 25, 2013, Ms. Weerasinghe called the CCO investigator. Ms. Weerasinghe said she would provide the responses to the Paynter Complaint and a second complaint that was being investigated (the "Manulife Complaint"), by April 30, 2013.
- Ms. Weerasinghe did not provide a response by April 30, 2013 as she indicated she would do in her conversation with the investigator on April 25, 2013.
- On May 1, 2013, the CCO investigator called Dr. Reid and left a voicemail message.
- On the morning of May 2, 2013, the investigator sent an email to Dr. Reid. Dr. Reid responded to her email that morning, and the investigator replied. Ms. Weerasinghe called the investigator that morning in relation to the investigator's email, and sent her an email confirming their conversation.
- On May 7, 2013, Ms. Weerasinghe called the CCO investigator and confirmed she would submit Dr. Reid's responses to the CCO that day. She did not do so.
- On May 8, the CCO investigator sent an email to Dr. Reid. On the same day, Dr. Reid sent a response to the 2012 Paynter Complaint to the CCO by email, copying the CCO investigator on the email. The CCO investigator responded with an email.
- On May 14, 2013, the CCO investigator sent Dr. Reid a letter via email.
- On May 16, 2014, the CCO investigator called Ms. Weerasinghe and asked if Dr. Reid would attend the interview scheduled for May 21, 2013. Ms. Weerasinghe said she did not know if that date was good for Dr. Reid, and that she would get back to her that afternoon. The CCO investigator indicated the date had been set because Dr. Reid had indicated he would be in town on that day.
- Later on May 16, 2013, Ms. Weerasinghe called the investigator and sent the CCO investigator an email, and

the CCO investigator responded by email.

- On May 17, 2013, the CCO investigator sent Ms. Weerasinghe an email and Ms. Weerasinghe responded by email.
- On May 17, 2013, Dr. Reid sent the CCO investigator an email and the CCO investigator responded by email.
- On May 20, 2013, Dr. Reid sent an email to the CCO investigator and she responded by email.
- On May 21, 2013, Dr. Reid sent the CCO investigator an email and she responded by email.
- On May 24, 2013 Dr. Reid was interviewed by the CCO investigator by telephone.

### The Panel's Findings

- The Panel found that:
  - o Dr. Reid's evidence was inconsistent, evolved over time, and contradicted previous statements he had made. Similarly, Dr. Lamarche's opinions were inconsistent with articles he had written when on statutory committees at the CCO. The Panel also noted that Dr. Lamarche was not impartial - his evidence changed significantly after it was revealed that Dr. Lamarche and Dr. Reid had close and long-standing personal and professional relationships;
  - o The CCO's fact witnesses and expert witness were credible. The Panel relied on the fact witness' evidence and the opinion evidence of the CCO's expert, Dr. Reginald Gates;
  - o Dr. Reid's emails to Dr. Paynter were unsolicited, public, and unwelcome communications;
  - o Dr. Paynter was complying with the CCO's Guideline G-009: Code of Ethics when he complained about Dr. Reid to the CCO;
  - o Dr. Reid breached the standards of practice when he:
    - Tried to contact Dr. Paynter on five occasions when Dr. Reid knew Dr. Paynter had complained about him,
    - Made attempts to contact Dr. Paynter after he was advised by Dr. Paynter to stop contacting him,
    - Used disrespectful, insulting, threatening and unprofessional language in an email to Dr. Paynter, including "asshole", "prick", "loser", and "game on",
    - Failed to respond to CCO correspondence in a timely and cooperative manner, and

- Failed to cooperate with the CCO's investigator by responding in a timely and meaningful way;

- o Dr. Reid threatened, bullied, and attempted to intimidate Dr. Paynter. That conduct, and Dr. Reid's threats of retribution against a complainant, demonstrated that Dr. Reid persistently engaged in actions to obstruct the CCO investigation; and
- o Dr. Reid's failure to respond to CCO correspondence and cooperate in a meaningful and timely way with the CCO investigator was conduct that obstructed the CCO investigation.

### The Findings of Professional Misconduct

- With respect to the Notice of Hearing re: Paynter Complaint, the Panel found that Dr. Reid:
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
  - o Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional.
- With respect to the Notice of Hearing re: Obstruction of Investigation, the Panel found that Dr. Reid:
  - o 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-020: Cooperation and Communication with CCO;
  - o Contravened the *Chiropractic Act, 1991*, the *Regulated Health Professions Act, 1991*, or the regulations under either of 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 unprofessional.

### Other

- Dr. Reid has appealed the findings of professional misconduct.
- The issues of penalty and costs will be decided by the Panel in 2015.

### NAME OF MEMBER:

**DR. MARK TULLOCH (#2714)**

### Place of Practice: Ottawa

- On December 2, 2014, a Discipline Committee hearing took place in Ottawa regarding Dr. Tulloch.

## Allegations

- The Discipline Committee hearing involved the following specified allegations of professional misconduct:
  - Sexual abuse of a patient known as “L.K.”;
  - Contravention of a standard of practice of the profession or failure to maintain the standard of practice expected of members of the profession with respect to the treatment and/or documentation and/or conduct towards L.K.;
  - Verbal and/or physical and/or psychological and/or emotional abuse of L.K.; and
  - Engaging in conduct or performed an act or acts, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional regarding L.K.

## The Panel’s Findings

On March 3, 2015, the Panel released its Decisions and Reasons.

The Panel found that:

- Dr. Tulloch had received the Notice of Hearing and, in emails and telephone calls, had confirmed his understanding of its contents. The Panel considered he had sufficient notice of the Discipline Committee hearing.
- During the course of the hearing, the Panel received six exhibits and heard the testimony of one witness, L.K.
- Dr. Tulloch did not attend the hearing.
- L.K. was an honest and credible witness whose evidence made sound commonsense and was accepted by the Panel.
- The Panel made the following findings of facts:
  - L.K. became a patient of Dr. Tulloch’s in 2009 when she began seeing him for advice and treatment for her daughter and treatment for herself;
  - There was a chiropractor/patient relationship between L.K. and Dr. Tulloch at the relevant time;
  - L.K. was particularly vulnerable because of her limited English, limited financial resources, and her status as a single mother to an ill child;
  - There was sexual contact between Dr. Tulloch and L.K. beginning in at least April 2011 that was unwanted by L.K. and which included Dr. Tulloch masturbating in L.K.’s presence and his touching of her whole body, breasts and private parts; and

- Dr. Tulloch also abused L.K. verbally, physically and emotionally, and humiliated her.
- Based on its findings of facts, the Panel found that Dr. Tulloch:
  - Sexually abused L.K.;
  - Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - Abused L.K. verbally, physically, psychologically and/or emotionally; and
  - Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful.
- The Panel directed Dr. Tulloch to appear before it to receive an oral reprimand and directed the Registrar to revoke his certificate of registration. The Panel also ordered Dr. Tulloch to reimburse the College for funding provided to L.K. for therapy and counselling and to post security acceptable to the College to guarantee the reimbursement.
- Dr. Tulloch was ordered to pay the College \$17,500.00 in costs.

## OTHER

Stephen Dies was a member of the CCO until his certificate of registration was suspended for non-payment of his annual fees on July 30, 1998. On July 30, 2000, the CCO revoked his certificate of registration.

Since that time, Stephen Dies has been illegally using the title “chiropractor”, carrying on practising chiropractic, holding himself out as a chiropractor, and performing controlled acts out of his clinic at 13103 Keele Street, King City, Ontario (the “Clinic”).

On May 19, 2006, Mr. Justice Smith of the Superior Court of Justice granted an order on consent, prohibiting Stephen Dies from: (a) using the title “doctor”, (b) using the title “chiropractor”, (c) holding himself out as a chiropractor, and (d) performing any controlled acts, including spinal adjustment/manipulation.

Despite that order, Stephen Dies carried on with a full-time chiropractic practice. He continued using the titles “chiropractor” and “doctor”, holding himself out as a chiropractor, and performing controlled acts in his King City Clinic.

On October 2, 2014, the CCO brought an application in the Superior Court of Justice to have Stephen Dies held in contempt of court. On December 30, 2014, Justice Stewart found that Stephen Dies was in contempt of court. The penalty portion of the application is scheduled to be heard in March 2015.



**Dr. Patricia Tavares, Chair**

**COMMITTEE MEMBERS**

- Mr. Shakil Akhter
- Dr. Daniela Arciero, *Non-Council Member*
- Dr. Lisa Cadotte, *Non-Council Member*
- Ms Judith McCutcheon

**STAFF SUPPORT**

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

## Patient Relations Committee

**COMMITTEE ACTIVITIES IN 2014**

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

In 2014, the Committee:

- Convened five meetings
- Reviewed the funding mechanism for therapy for victims of sexual abuse
- Extensively discussed and provided input to Council on the ramifications of Bill 70
- Examined ideas for a potential public education campaign
- Recommended to Council the following amended guideline and policy:
  - o Guideline G-005: Guidelines for Members Related to Office Staff
  - o Policy P-18.5: Funding for Therapy and Counselling for Patients Sexually Abused by Members
- Recommended to Council the following guideline for approval:
  - o Guideline G-010: Mandatory and Permissive Reporting

**COMMITTEE MANDATE**

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

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## A MESSAGE FROM THE CHAIR

Central to the Patient Relations Committee's discussions in 2014 has been Bill 70, *Regulated Health Professions Amendment Act (Spousal Exception)*, 2013, which allows an exemption for registrants from the sexual abuse provisions of the *Regulated Health Professions Act, 1991 (RHPA)* in the case of spousal patients. The Committee participated in summarizing the details of a draft standard of practice that would allow members to treat their spouses. Council and the Patient Relations Committee developed the new standard of practice, which has been circulated to members and stakeholders. When the suggestions and comments from members and stakeholders are received, it will be the Committee's task to finalize the standard.

The Committee continued to review costs associated with counselling for victims of sexual abuse, and approved a new application for funding.

The Committee also reviewed a public communication document called the *Partnership of Care* document and decided that it continued to be appropriate but could be updated on the CCO website by adding various links within the document to take the viewer to more detailed documents and government legislation, where appropriate. The Committee also looked at using social media, including messages on the website, and Public Service Announcements, which are cost-effective vehicles for reaching a broad audience and a way of informing the public about CCO's mandate and public interest role. In preparation for a

future campaign, potential radio ads and "Who is Your Chiropractor?" content for the website were created and reviewed. These efforts served to fulfill the Patient Relations Committee's mandate: to develop and implement a program/guidelines to enhance the doctor/patient relationship.

I would like to thank the members of the committee: Dr. Lisa Cadotte, Dr. Daniela Arciero, Ms Judith McCutcheon, and Mr. Shakil Akhter for their hard work during this year. I would also like to thank Ms Jo-Ann Willson and Mr. Joel Friedman for their continuous guidance and support of this Committee. Thanks to Ms Andrea Szametz for her hard work in producing the minutes, and on the public education campaign.



**Dr. Bryan Wolfe, Chair**

**COMMITTEE MEMBERS**

- Dr. Brian Gleberzon
- Mr. Robert MacKay
- Mme Lise Marin
- Dr. Joel Weisberg, *Non-Council Member*

**STAFF SUPPORT**

- Mr. Joel Friedman,  
*Director, Policy & Research*
- Dr. J. Bruce Walton,  
*Director of Professional Practice*
- Ms Jo-Ann Willson,  
*Registrar and General Counsel*

# Quality Assurance Committee

**COMMITTEE ACTIVITIES IN 2014**

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 2014, including recommending numerous standards of practice, guidelines and policies to Council for approval, and discussing ways to measure members’ competency in the upcoming second round of peer and practice assessments. In 2014, the Committee:

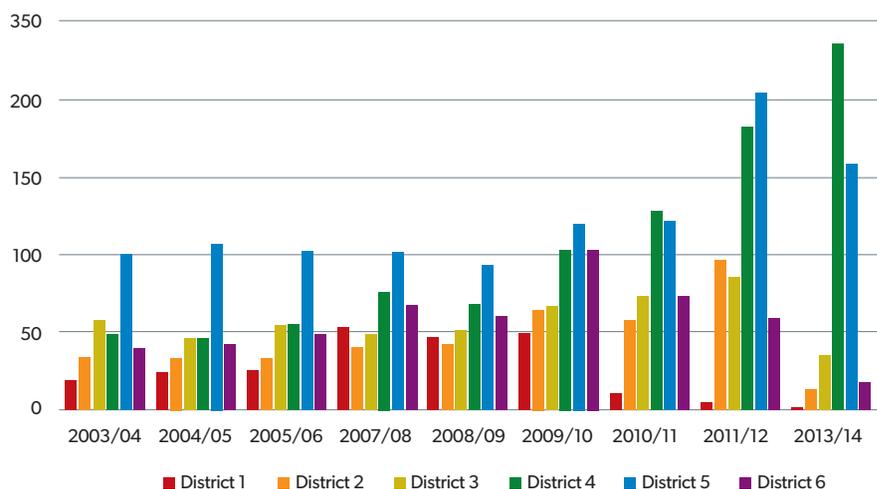
- Convened eight meetings
- Presented a well-attended and dynamic peer and practice assessment workshop on February 1, 2014 to update the peer and practice assessors on changes in CCO’s standards of practice, policies and guidelines, review the progress towards the completion of the first round of peer and practice assessments, and to outline initial plans and solicit ideas for the second round of peer and practice assessments
- Oversaw the distribution of approximately 600 peer assessment packages to members, with a high rate of return and participation
- Explored options and ideas for the design, implementation and execution of Peer and Practice Assessment 2.0, followed by a recommendation to Council
- Recommended to Council amendments to the CCO Peer Assessors’ Code of Conduct
- Recommended to Council a revised CCO Core Competency document
- Recommended to Council that members be required to have current First Aid/CPR certification
- Recommended to Council the following standard of practice for circulation and feedback to members and stakeholders:
  - o Standard of Practice of S-021: Assistive Devices
- Recommended to Council the following standards of practice, guidelines and policies for approval:

**COMMITTEE MANDATE**

- o 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.
- o To develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members.

## Peer & Practice Assessment

Number of  
Members  
Peer  
Assessed



- o Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs
- o Standard of Practice S-012: Orthotics
- o Standard of Practice S-019: Conflict of Interest in Commercial Ventures
- o Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information (formerly Guideline G-017: Ownership, Storage, Security and Destruction of Patient Health Records)
- o Guideline G-004: Documentation of a Chiropractic Visit

### A MESSAGE FROM THE CHAIR

As in years past, 2014 was a very active one for the Quality Assurance Committee with scheduled meetings plus the annual peer assessor training day. Based on feedback from members, stakeholders and Council, the Committee continued with the work of reviewing and updating standards of practice, policies and guidelines reflective of its mandate to continuously improve the quality of health care provided to the public of Ontario by our members.

This past year was special for a number of reasons – one being the anticipated completion of the first round of peer and practice assessments (PPA 1.0) for all members of the profession in Ontario. New members coming into practice will continue to be peer assessed but approaching the completion of PPA 1.0 is an endeavour started over 14 years ago!

Coming on the heels of last year's 20<sup>th</sup> anniversary of the establishment of the first CCO Quality Assurance Committee, 2014 was another milestone as it has been 10 years since the first Core Competency document was developed to identify the core competencies expected of every member of the profession in Ontario. In April 2014, Council approved an updated document, which included seven core competencies reflective of the knowledge, skills and judgement members should possess to assure the public of ethical, safe and effective care. Additionally the document has been used over the past year to guide the development of the next version of peer and practice assessments (PPA 2.0).

This process, started last year, is well underway. As a result, this year's peer assessor workshop included beta testing of the proposed PPA 2.0 program and focused on the development of various streams of possible assessment, including "telling the story" of patient files, radiographic assessment, and scenario development and questions. The program is expected to continue to utilize the strengths of the existing pool of peer assessors for continued assessments as well as technology, which will help address the problem of distance, time and travel encountered by members across the province. Rollout to the membership is expected in 2016.

2014 also marked the end of the second cycle of the Continuing Education (CE) program. As such, members will be

now focusing on CE activities for Cycle 3 based on their self-assessment. Self-assessment and CE are mandated for all health professionals by the *Regulated Health Professions Act, 1991* and the latest QA distribution to the membership included suggestions for mandatory hours for first aid/cardiopulmonary resuscitation training as well as five hours of interactive, "hands on" continuing education related to spinal adjustment or manipulation."

As this was my final year as Chair of the Quality Assurance Committee, I want to take the opportunity to extend my sincere thanks to the Committee members and our staff support. Notably, this year's public members, Mme Lise Marin and Mr. Robert MacKay have completed their terms of appointment at CCO. We were fortunate to have two such seasoned individuals on the Committee. They will be sorely missed for their experience and commitment to serving the public interest while at the College so we are all grateful for their involvement with chiropractic over the past nine years. Next, I want to thank our professional members, Dr. Joel Weisberg and Dr. Brian Gleberzon for their professional expertise, dedication and clarity of thought, particularly as we moved into "new territory" with peer and practice 2.0. Finally, a heartfelt thank you 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 for the work behind the scenes over the past year.



**Ms Judith McCutcheon, Chair**

**COMMITTEE MEMBERS**

- Mr. Shakil Akhter
- Dr. Elizabeth Anderson-Peacock
- Dr. David Starmer

**STAFF SUPPORT**

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

# Registration Committee

**COMMITTEE ACTIVITIES IN 2014**

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 2014, the Committee:

- Convened two face-to-face and six 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 reaffirmation:
  - o Policy P-045: CCO’s Legislation and Ethics Examination
  - o Policy P-050: Supervision and Direction of Chiropractors in Training
  - o Policy P-053: Returning to the General Class of Certificate of Registration.

**COMMITTEE MANDATE**

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

### A MESSAGE FROM THE CHAIR

Throughout 2014, 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.

The Committee has supported the Pan Am and Parapan Games to be held in the summer of 2015 by waiving the Temporary Class of Registration fee for chiropractors accompanying athletes.

The Committee continued to respond to applicants in a timely manner while being mindful of the need for fiscal

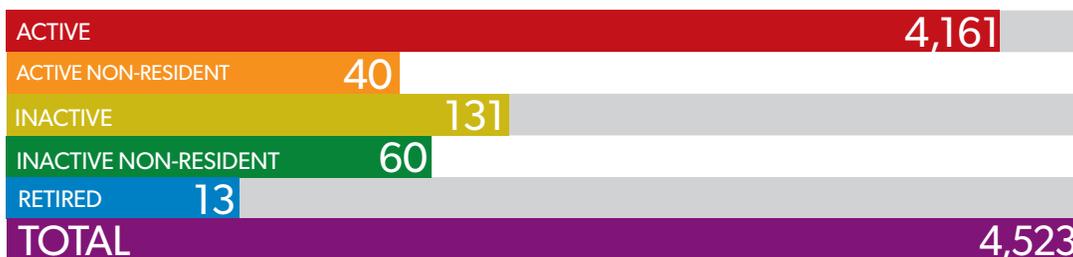
accountability. The Committee conducted most of its meetings by teleconference and distributed material electronically, enabling the Committee to respond quickly to any concerns. Face-to-face meetings, held more infrequently, are used for collaborative decision-making and initiating new projects.

The evaluation of the current Legislation and Ethics Examination to make it more representative of the dilemmas in the practice environment began in 2013. The June 2014 sitting of the examination was a pilot project and the inclusion of practice scenarios requiring candidates to apply their knowledge of legislation and ethics

was a success. The Committee continues to revise the examination as part of CCO's entry-to-practice requirements.

I would like to thank the members of the committee: Mr. Shakil Akhter, Dr. Elizabeth Anderson-Peacock, and Dr. David Starmer for their invaluable assistance, as well as former members, Dr. Brian Gleberzon and Dr. Gauri Shankar. 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, Ms Maria Simas, whose commitment to a fair and respectful registration process is unparalleled.

### CLASSES OF CERTIFICATE OF REGISTRATION FOR CCO MEMBERS (AS AT DECEMBER 31, 2014)



# Strategic Objectives

## STRATEGIC OBJECTIVE 1

Improve **communication** of the role, mandate and mechanism of CCO to key internal and external stakeholders.

In **2014**, CCO:

- Invited all former Presidents to the AGM held on June 17, 2014.
- Consulted and collaborated with the Canadian Memorial Chiropractic College and the Ontario Chiropractic Association on various government relations strategies consistent with each organization's respective mandate.
- Participated as a board member of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards.
- Participated as a member of the Federation of Health Regulatory Colleges of Ontario.
- Circulated to stakeholders including members information concerning Bill 70, *RHPA* (Spousal Exception) 2013, revised standards of practice (S-014: Prohibition of a Sexual Relationship with a Patient, S-002: Record Keeping, S-013: Consent, S-018: Third Party Independent Chiropractic Evaluations), and proposed amendments to other standards of practice (S-006: Technical and Interpretative Components for X-ray, S-012: Orthotics, S-016: Advertising)).



Former Presidents of the BDC and CCO – June 17, 2014 (Varsity Theatre, Toronto)



CCO, CMCC and OCA Consultation Meeting – May 23, 2014



CFCREAB Meeting – April 11-12, 2014 (Toronto)

## STRATEGIC OBJECTIVE 2

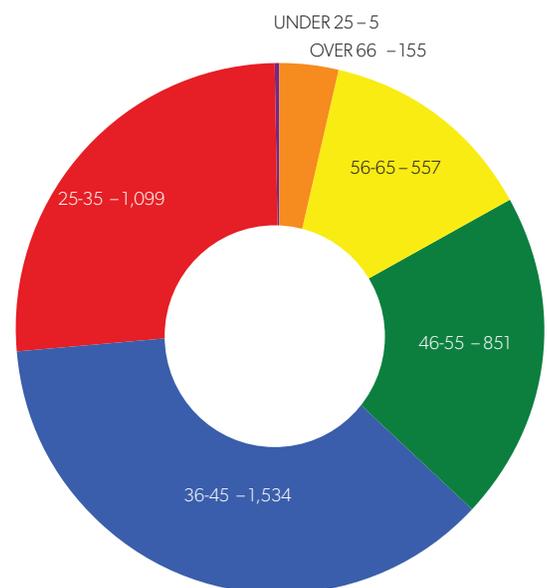
Strive for **unity** in the public interest, while respecting the **diversity** within the profession.

- All CCO members, regardless of location, practice style, school of graduation or other identifying criteria, are required to comply with CCO’s standards of practice, policies and guidelines.
- CCO is grateful to its diverse group of peer assessors who in 2014 continued to be the leaders in successfully implementing CCO’s peer and practice assessment program. As of December 31, 2014, almost 90 % of members had been peer assessed.

REGISTERED IN THE ACTIVE CATEGORY IN 2014

College of Graduation	Female	Male	Total
Canadian Memorial Chiropractic College	73	64	137
New York Chiropractic College	10	8	18
Logan	2	2	4
D’Youville	0	3	3
Life	2	1	3
Anglo-European College of Chiropractic	0	2	2
MacQuarie University	0	2	2
Palmer College of Chiropractic (California)	0	2	2
Palmer College of Chiropractic (Iowa)	1	1	2
Royal Melbourne Institute of Technology	1	1	2
L’Université du Québec à Trois-Rivières	1	0	1
Murdoch University	0	1	1
National University of Health Sciences	0	1	1
<b>Total</b>	<b>90</b>	<b>88</b>	<b>178</b>

AGES OF ACTIVE MEMBERS  
(AS AT DECEMBER 31, 2014)  
TOTAL:



District	Assessor	City	Started
1	Dr. Kristina Peterson	Thunder Bay	2007
	Dr. Peter Picard	Cochrane	2002
	Dr. Michael Staffen	Sudbury	2007
2	Dr. Kevin Dinsmore	Belleville	2007
	Dr. Jann Thulien	Nepean	2013
	Dr. Gauri Shankar	Prescott	2001
3	Dr. Frazer Smith	Smiths Falls	2001
	Dr. Liz Anderson-Peacock	Barrie	2001
	Dr. Grant Bjornson	Bobcaygeon	2013
4	Dr. Keith Thomson	Peterborough	2001
	Dr. David Zurawel	Port Hope	2001
	Dr. Gerard Arbour	Scarborough	2001
	Dr. Garey Awenus	Downsview	2001
	Dr. Richard Bornstein	Richmond Hill	2001
	Dr. Biljana Durickovic	Toronto	2013
	Dr. Liz Gabison	Toronto	2001
	Dr. Jim Haase	North York	2013
	Dr. Peter Le Masurier	Sharon	2007
	Dr. Sal Viscomi	Richmond Hill	2001
5	Dr. Joel Weisberg	Toronto	2005
	Dr. Peter Amlinger	Mississauga	2001
	Dr. Lezlee Detzler	Milton	2013
	Dr. Reginald Gates	Burlington	2001
	Dr. Arnie Glatter	Brampton	2001
	Dr. Michael Kennedy	Brampton	2013
	Dr. Roberta Koch	Hamilton	2001
6	Dr. Dennis Mizel	St. Catharines	2001
	Dr. Heather Robson-McInnis	Niagara Falls	2001
	Dr. Bob Szczurko	Thorold	2001
	Dr. Tony Russo	Windsor	2008
	Dr. Steven Silk	Warton	2001
	Dr. Richard Stover	London	2001
	Dr. Carolyn Wood	Clinton	2007
	Dr. Dennis Yurkiw	Owen Sound	2001

## 34 Peer Assessors

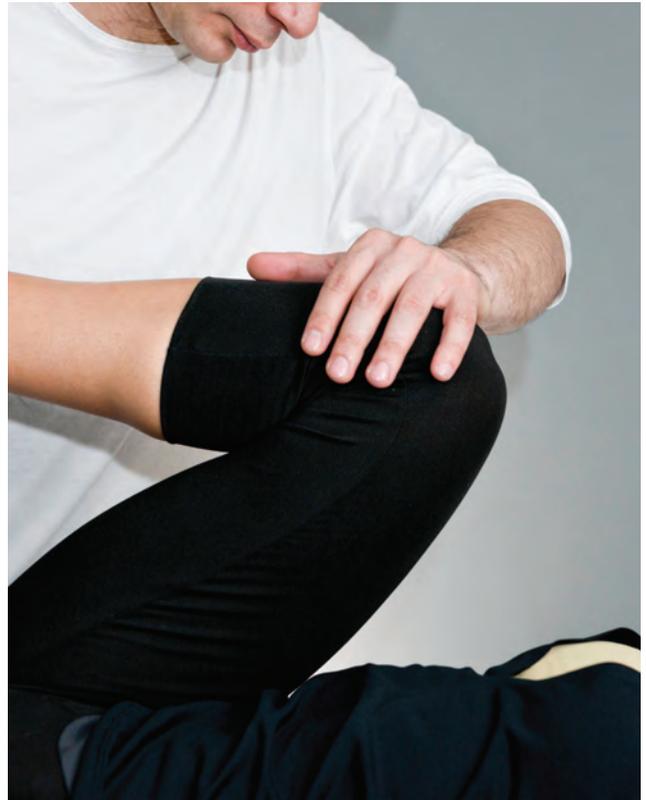


CCO Peer Assessors and Peer and Practice Assessment Training Program – February 1, 2014

## STRATEGIC OBJECTIVE 3

### **Optimize** chiropractic services in the public interest.

- Chiropractors in Ontario have a broad scope of practice that includes assessment of conditions related to the spine, nervous system and joints, the authority to diagnose and treat within their scope of practice and the authority to order and interpret radiographs under the *Healing Arts Radiation Protection Act, 1990 (HARP)*. CCO's ongoing review and assessment of members' compliance with standards of practice, policies and guidelines assures the public of competent, ethical chiropractic care.



## STRATEGIC OBJECTIVE 4

Continue to regulate in a **fiscally responsible** manner: Statutory mandate met and priorities set and **appropriately resourced** (human and financial).

In 2014:

- The firm of Tator, Rose & Leong conducted a comprehensive audit and prepared the 2014 financial statements reflecting CCO's financial health.
- CCO Council and committees were supported by an efficient and cross-trained staff of ten individuals.



## CCO STAFF

### FRONT ROW (L-R)

Ms Maria Simas (Registration Coordinator), Ms Jo-Ann Willson (Registrar and General Counsel), Ms Christine McKeown (Inquiries, Complaints and Reports Officer), Ms Sarah Oostrom (receptionist) and Ms Rose Bustria (Administrative Assistant)

### SECOND ROW (L-R)

Dr. Bruce Walton (Director, Professional Practice), Ms Tina Perryman (Manager, Inquiries, Complaints and Reports), Mr. Joel Friedman (Director, Policy and Research), Ms Anda Vopni (Financial Officer), and Ms. Madeline Cheng (Administrative Assistant).

College of Chiropractors of Ontario  
Financial Statements  
for the year ended

December 31, 2014  
(with 2013 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, 2014, 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, 2014, 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 22, 2015

**STATEMENT OF FINANCIAL POSITION**  
**DECEMBER 31, 2014**  
**(WITH 2013 COMPARISONS)**

<b>ASSETS</b>	<b>2014</b>	<b>2013</b>
Current		
Cash and cash equivalents	\$ 219,262	\$ 451,736
Short-term investments, at amortized cost (Note 2)	3,029,614	2,729,443
Prepaid expenses and sundry assets	18,778	16,185
	3,267,654	3,197,364
Cash - internally restricted for office development project (Note 5)	497,565	-
Capital assets (Note 3)	2,766,946	2,726,651
	3,264,511	2,726,651
<b>TOTAL ASSETS</b>	<b>\$ 6,532,165</b>	<b>\$ 5,924,015</b>
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	\$ 291,782	\$ 247,001
Government remittances payable	6,926	31,883
Deferred revenue	577,321	462,299
Deferred lease inducement - current portion (Note 6)	6,804	-
	882,833	741,183
Deferred lease inducement - non-current portion (Note 6)	20,986	-
<b>TOTAL LIABILITIES</b>	<b>903,819</b>	<b>741,183</b>
<b>NET ASSETS</b> (per Statement 2)		
Internally restricted for Office Development Project (Note 5)	497,565	-
Unrestricted	5,130,781	5,182,832
<b>TOTAL NET ASSETS</b>	<b>\$ 5,628,346</b>	<b>\$ 5,182,832</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 6,532,165</b>	<b>\$ 5,924,015</b>

Approved on behalf of the College:



MR. MARTIN WARD,  
TREASURER



DR. DENNIS MIZEL,  
PRESIDENT

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

STATEMENT 1

**STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2014**  
**(WITH 2013 COMPARISONS)**

<b>INCOME</b>	<b>2014</b>	<b>2013</b>
Renewal fees	\$ 4,244,000	\$ 4,145,189
Registration fees	58,275	54,875
Examination fees	37,440	31,239
Incorporation fees	162,550	156,200
Recovery of discipline costs	100,060	72,750
Interest and sundry	87,604	86,776
<b>TOTAL INCOME</b>	<b>4,689,929</b>	<b>4,547,029</b>
<b>EXPENDITURES</b>		
Salaries and benefits (Note 4)	1,216,498	1,169,321
Pension - past service	-	4,800
Rent and utilities (Note 6)	497,924	487,713
Office and general	431,687	365,073
Printing and postage	164,133	142,062
Insurance	12,492	12,848
Meetings, fees and expenses (Schedule 1)	272,738	285,048
Audit	29,873	27,499
Seminars and conferences	21,525	45,752
CFCREAB dues	126,228	110,000
Consulting fees	166,471	180,586
Consulting fees - peer assessors	183,015	171,542
Consulting fees - complaints	118,515	94,865
Legal fees - complaints	11,007	12,264
Legal fees - discipline	599,035	452,931
Legal fees - general	317,389	371,621
Equipment lease	30,221	30,221
Media advertising	3,293	6,729
<b>TOTAL EXPENDITURES</b>	<b>4,202,044</b>	<b>3,970,875</b>
Excess of income over expenditures before amortization and loss on disposal of capital assets	487,885	576,154
Amortization	42,371	65,062
Loss on disposal of capital assets	-	13,527
<b>EXCESS OF INCOME OVER EXPENDITURES</b>	<b>\$ 445,514</b>	<b>\$ 497,565</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, 2014**

	Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	\$ –	\$ 5,182,832	\$ 5,182,832
Excess of income over expenditures (per Statement 3)	–	445,514	455,514
Interfund transfer to (from) (Note 5)	497,565	(497,565)	–
<b>BALANCE: December 31,</b>	<b>\$ 497,565</b>	<b>\$ 5,130,781</b>	<b>\$ 5,628,346</b>

**FOR THE YEAR ENDED DECEMBER 31, 2013**

	Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	\$ –	\$ 4,685,267	\$ 4,685,267
Excess of income over expenditures (per Statement 3)	–	497,565	497,565
<b>BALANCE: December 31,</b>	<b>\$ –</b>	<b>\$ 5,182,832</b>	<b>\$ 5,182,832</b>

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

STATEMENT 2

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED DECEMBER 31, 2014**  
**(WITH 2013 COMPARISONS)**

<b>OPERATING ACTIVITIES</b>	<b>2014</b>	<b>2013</b>
Excess of income over expenditures (per Statement 3)	\$ 445,514	\$ 497,565
Amortization – capital assets	42,371	65,062
Loss on disposal of capital assets	–	13,527
(Increase) in prepaid expenses and sundry assets	(2,593)	(539)
Increase (Decrease) in accounts payable and accrued liabilities	44,781	(70,363)
(Decrease) Increase in government remittances payable	(24,957)	22,268
Increase (Decrease) in deferred revenue	115,022	(78,389)
Increase in deferred lease inducement	27,790	–
	<b>647,928</b>	<b>449,131</b>
<b>INVESTING ACTIVITIES</b>		
(Purchase) of capital assets (Net)	(82,666)	(102,461)
(Increase) in short-term investments (Net)	(300,171)	(595,091)
	<b>(382,837)</b>	<b>(697,552)</b>
<b>CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR</b>	<b>265,091</b>	<b>(248,421)</b>
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR</b>	<b>451,736</b>	<b>700,157</b>
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	<b>\$ 716,827</b>	<b>\$ 451,736</b>
Cash and cash equivalents consist of the following:		
Cash	\$ 149,262	\$ 351,736
Cash - internally restricted for Office Development Project (Note 5)	497,565	–
Term deposits	70,000	100,000
	<b>\$ 716,827</b>	<b>\$ 451,736</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, 2014  
(WITH 2013 COMPARISONS)**

	FEES	EXPENSES	TOTAL 2014	TOTAL 2013
Dr. Peter Amlinger	\$ 29,242	\$ 3,271	\$ 32,513	\$ 71,819
Dr. Elizabeth Anderson-Peacock <sup>1,7</sup>	16,400	7,264	23,664	16,734
Dr. Robbie Berman	—	—	—	10,158
Dr. Brian Gleberzon <sup>2,6</sup>	20,850	1,227	22,077	20,725
Dr. Clifford Hardick <sup>1</sup>	13,200	7,511	20,711	22,313
Dr. James Laws	750	600	1,350	14,990
Dr. Dennis Mizel <sup>1</sup>	38,400	11,204	49,604	26,877
Dr. Gauri Shankar <sup>1,2</sup>	24,600	26,614	51,214	51,105
Dr. Patricia Tavares <sup>3,5,8</sup>	18,325	1,384	19,709	17,155
Dr. Bruce Lambert <sup>4,8</sup>	4,350	723	5,073	—
Dr. David Starmer <sup>3,7</sup>	13,950	895	14,845	—
Dr. Bryan Wolfe <sup>4,6</sup>	20,400	11,578	31,978	33,172
Ms. Jo-Ann Willson	—	—	—	—
	\$ 200,467	\$ 72,271	\$ 272,738	\$ 285,048

**Note:** Committee membership changed in April

Numbers refer to committee/project membership (April – December 2014)

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, 2014

#### 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 (one public member position was vacant). There are seven Statutory Committees and one Non-Statutory Committee.

#### 1 SIGNIFICANT ACCOUNTING POLICIES

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

##### (a) Revenue Recognition

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

##### (b) Capital Assets

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

Computers and Software	30% declining balance
Furniture and Equipment	20% declining balance

##### (c) Financial Instruments

###### (i) Measurement of Financial Instruments

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

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

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

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

###### (ii) Impairment

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

##### (d) Cash and Cash Equivalents

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

**(e) Impairment of Long-lived Assets**

A long-lived asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value. As at December 31, 2014, there were no known circumstances that would indicate the carrying value of the capital assets may not be recoverable.

**(f) Use of Estimates**

The preparation of financial statements in accordance with Canadian generally accepted accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenditures during the reporting period. Actual results could differ from these estimates as additional information becomes available in the future.

**2 SHORT-TERM INVESTMENTS**

	Interest rate	2014	2013
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%	200,344	200,078
The Bank of Nova Scotia, GIC	1.30%	2,325,886	—
The Bank of Nova Scotia, GIC	1.30%	503,384	—
		\$ 3,029,614	\$ 2,729,443

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

**3 CAPITAL ASSETS**

	Cost	Accumulated Amortization	2014 Net	2013 Net
Furniture & Office Equipment	\$ 318,675	\$ 298,172	\$ 20,503	\$ 24,228
Computer & Software	503,374	416,468	86,906	124,152
Land	2,659,537	—	2,659,537	2,578,271
	\$ 3,481,586	\$ 714,640	\$ 2,766,946	\$ 2,726,651

**4 SALARIES AND BENEFITS**

This expense includes payments for current service pension plans.

**5 INTERNALLY RESTRICTED FOR OFFICE DEVELOPMENT PROJECT**

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.

## 6 LEASE COMMITMENTS

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

2015	\$ 180,680
2016	184,821
2017	185,197
2018	189,338
2019	15,810

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

## 7 FINANCIAL INSTRUMENTS

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

### Credit Risk

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

### Liquidity Risk

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

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

### Market Risk

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

### Currency Risk

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

### Interest Rate Risk

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

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

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

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

### Other Price Risk

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

The extent of the College's exposure to the above risks did not change during 2014.

## 8 SUBSEQUENT EVENT

On April 22, 2015, the Council of the College passed a motion to internally restrict the use of \$445,514 in order to fund future disbursements for the Office Development Project. The \$445,514 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2014. 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.



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

### ABOUT THE FEDERATION

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

- Collective work on many government priorities and regulatory issues
- Provision of regulatory expertise on relevant issues for government and stakeholders
- Stakeholder collaboration and project participation
- Identification of priority initiatives for research and action and the sharing of promising practices
- Repository of sector-specific issues and information
- Communication on the role of the regulator to the public and stakeholders
- Ongoing support for regulatory Colleges and mentoring of new Colleges
- Development of tools/materials to support the health care system in regulatory areas
- Education sessions for College council members, committees, and staff

### FEDERATION STATEMENT OF PURPOSE:

The Federation is an incorporated, not-for-profit organization comprised of 25 members who regulate 30 professions—over 300,000 health care practitioners. 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

### Executive Committee

- Marshall Moleschi, *President*
- Linda Gough, *Past President*
- Brian O’Riordan, *Vice-President*
- Shenda Tanchak, *Treasurer*
- Brenda Kritzer, *Member*
- Kathy Wilkie, *Member*
- Catherine Yarrow, *Member*

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.

### MEMBER EDUCATIONAL AND INFORMATION - SHARING OPPORTUNITIES

Educational and information-sharing opportunities for Federation members, initiated during the 2013-2014 year, continued in 2014-2015. Those included the following :

**May and November 2014 – Discipline Orientation Workshops (Basic and Advanced)** Managed by the Discipline Orientation Committee with Faculty Brian Gover and Richard Steinecke

**Quarterly in 2014/2015 – Public Awareness Campaign, “We Care about Your Care”** Regular articles are written for use by Ontario media outlets (see [www.regulatedhealthprofessions.on.ca](http://www.regulatedhealthprofessions.on.ca))

**Three Sessions in 2014/2015 – Investigations and Hearings Network** Topics included: “Quality Assurance Referrals”, “Alternate Dispute Resolution: How to Make it Work”, “ICRC Training: Tips and Tools”, “HPRB Updates”, “Intake Process”, and “Transparency Principle Implementation”.

**October 2014 – Strategic Conversations** Facilitator: Misha Glouberman

**February 2015 – Transparency Principles Implementation Forum** Facilitator: Shenda Tanchak (College of Physiotherapists of Ontario)/Panellists: AGRE Members, including Anita Ashton (College of Physiotherapists of Ontario), Maureen Boon (College of Physicians and Surgeons of Ontario), Irwin Fefergard (Royal College of Dental Surgeons of Ontario), Paula Garshowitz (College of Optometrists of Ontario), Kevin McCarthy (College of Nurses of Ontario), and Anne Resnick (Ontario College of Pharmacists)

### PRESIDENT & EXECUTIVE COMMITTEE REPORT

This report covers the Federation’s corporate year from the May 2, 2014 Annual Meeting to the April 23, 2015 Annual Meeting. Highlights of the past year include the following:

#### LIAISING WITH THE MINISTRY OF HEALTH AND LONG-TERM CARE (MOHLTC)

Regular meetings and teleconferences were held with Ministry staff throughout the year, with two key priorities for both the MOHLTC and Federation members.

#### Transparency

On October 4, 2014, Health and Long-Term Care Minister Hon. Dr. Eric Hoskins wrote individually to Federation members, requesting submissions to the MOHLTC regarding Colleges’ plans related to transparency, including what additional information could be made available on their public registers.

#### Prevention of Sexual Abuse of Patients

On December 17, 2014, the Health Minister wrote to Federation members’ Presidents, Registrars and Executive Directors, announcing the establishment of a Task Force on the Prevention of Sexual Abuse of Patients. On April 20, 2015, representatives from the Federation met with Task Force Chair Marilou McPhedran and Sheila MacDonald to share information about the Federation and the mechanisms available within the Federation to provide training and information for councils, committees, and staff.

The Federation wrote to the Health Minister on issues related to legislative priorities:

- Bill 8, *Public Sector and MPP Accountability and Transparency Act, 2014*
- Transparency Support
- Bill 21, *Safeguarding Health Care Integrity Act, 2014*

### AUTO INSURANCE REGULATORY PRACTICES WORKING GROUP AND THE SERVICE PROVIDER BUSINESS LICENSING IMPLEMENTATION FORUM

Brian O’Riordan and Shenda Tanchak continued to participate in activities related to the Ontario government’s implementation of a provider registry for the auto insurance sector. The Federation’s representatives continue to focus on ensuring that information is shared about health care practitioner regulation in the province and providing a general understanding about RHPA Colleges in Ontario.

### THE PRESIDENT, ON BEHALF OF THE BOARD OF DIRECTORS AND FEDERATION:

- Brought greetings from the Federation to the College of Chiropractors of Ontario’s Annual General Meeting in June 2014.
- Presented to the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario in early 2015.
- Attended portions of the Federation’s Basic and Advanced Discipline Orientation Sessions at the Osgoode Professional Development Centre in November 2014.
- On behalf of the President, Vice-President Brian O’Riordan presented to the Coalition of Regulated Health Professional Associations (CORHPA) in March 2015.
- Addressed the inaugural joint Council on Licensure, Enforcement and Regulation (CLEAR)-Federation Regulatory Council Member Training Session in March 2015.

### PRESENTERS TO FEDERATION BOARD OF DIRECTORS/EXECUTIVE COMMITTEE:

- Dr. Joshua Tepper, Chair, Health Quality Ontario
- Thomas Corcoran, Chair, Health Professions Regulatory Advisory Council (HPRAC)

ANNUAL REPORT  
**2014**  
REPORT ANNUEL



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