Regulating Chiropractic in Ontario in the Public Interest

Réglementer la chiropratique en Ontario dans l’intérêt public
CCO Council

FRONT ROW (L-R) Dr. Bryan Wolfe; Ms Judith McCutcheon, Treasurer; Dr. Clifford Hardick, President; Ms Jo-Ann Willson, Registrar and General Counsel; Dr. Gauri Shankar, Vice-President; Dr. Elizabeth Anderson-Peacock.

SECOND ROW (L-R) Mr. Shakil Akhter; Ms Patrice Burke; Dr. Reginald Gates; Ms Wendy Lawrence; Dr. David Starmer; Dr. Brian Gleberzon; Ms Georgia Allan; Dr. Patricia Tavares; Dr. Bruce Lambert; Mr. Scott Sawler.
Commonly Used Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tr>
<td>ASF</td>
<td>Agreed statement of facts</td>
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<td>Agreements</td>
<td>Resolution Agreements</td>
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<td>BDC</td>
<td>Board of Directors Chiropractic</td>
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<td>CCO or College</td>
<td>College of Chiropractors of Ontario</td>
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<td>CE</td>
<td>Continuing Education</td>
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<td>CCEB</td>
<td>Canadian Chiropractic Examining Board</td>
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<td>Chiropractic Act</td>
<td>Chiropractic Act, 1991</td>
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<td>CMCC</td>
<td>Canadian Memorial Chiropractic College</td>
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<td>FCC</td>
<td>Federation of Canadian Chiropractic</td>
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<td>FHRCO or Federation</td>
<td>Federation of Health Regulatory Colleges of Ontario</td>
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<td>FSCO</td>
<td>Financial Services Commission of Ontario</td>
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<td>HCAI</td>
<td>Health Claims for Auto Insurance</td>
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<td>HPARB</td>
<td>Health Professions Appeal and Review Board</td>
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<td>HPRAC</td>
<td>Health Professions Regulatory Advisory Council</td>
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<td>ICRC</td>
<td>Inquiries, Reports and Complaints Committee</td>
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<td>MIG</td>
<td>Minor Injury Guideline</td>
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<td>MOHLTC</td>
<td>Ministry of Health and Long-Term Care</td>
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<td>MVA</td>
<td>Motor Vehicle Accident</td>
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<td>OCA</td>
<td>Ontario Chiropractic Association</td>
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<td>OCF</td>
<td>Ontario Claim Form</td>
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<td>ODP</td>
<td>Office Development Project</td>
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<td>OFC</td>
<td>Office of the Fairness Commissioner</td>
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<td>PPA</td>
<td>Peer and Practice Assessment</td>
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<td>RHPPA</td>
<td>Regulated Health Professions Act, 1991</td>
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<td>SCERP</td>
<td>Specified Continuing Education or Remediation Program</td>
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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, 2013, 2014, 2015*

*Chiropractic Act, 1991*

**SCOPE OF PRACTICE**

3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,
   (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
   (b) dysfunctions or disorders arising from the structures or functions of the joints.

**AUTHORIZED ACTS**

4. In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
   1. Communicating a diagnosis identifying, as the cause of a person’s symptoms,
      i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or
      ii. a disorder arising from the structures or functions of the joints of the extremities.
   2. Moving the joints of the spine beyond a person’s usual physiological range of motion using a fast, low amplitude thrust.
   3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.
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. Reviewed annually*
Dr. Clifford Hardick
President, CCO Member Since 1971
président, membre de l’OCO depuis 1971
Since I was elected President of the CCO in April 2015, I can say the CCO works very efficiently and I am constantly reminded about what the real role of the CCO is. I am grateful for this opportunity to serve this profession and will continue to do so to the very best of my ability. I want to personally thank the members of District 6 who supported me when they elected me in 2011.

The CCO regulates the scope of chiropractic in the public interest. The terms “nervous system” and “adjustment” are used in Standard of Practice S-001: Chiropractic Scope of Practice in the description of the chiropractic scope of practice:

3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

(a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and

(b) dysfunctions or disorders arising from the structures or functions of the joints.

In 2014 past presidents of the CCO and chairmen of the BDC were interviewed and asked to reflect on their terms. The videos we saw at the AGM of their interviews had a common message. They were committed to the ability to make a diagnosis, the use of x-ray in practice, and the focus of care of patients by hand through an adjustment to reduce subluxations.

In support of these previous presidents and chairmen, what was impressed upon me by them, as it has my entire career, was the commitment to the language used unique to chiropractors — like adjustment.

I am so very proud of this heritage and I am asking future generations of chiropractors to keep this heritage relevant. It is, indeed, in the public interest to incorporate this heritage and this terminology into your practice.

While members practise in diverse environments, using different styles, I wish to assure that in our scope, the adjustment is central to what we do, and we do it well. In my experience, after careful review and evaluation of history, an adjustment to reduce a vertebral subluxation, well delivered by a chiropractor, is safe and effective. It is something we can not only be proud of, but grateful to our forefathers, who worked tirelessly to learn, master and protect.

When I was in chiropractic school, I learned the adjustment of a vertebra of the spine was to be delivered with the intent to reduce nerve interference, with the result being improved overall function and expression of the body innervated by those same nerves.

We are learning that the adjustment is so much more. Research is happening illustrating changes in brain function, balance and coordination, and limb awareness to name a few. It is truly an exciting time. Many of the early tenets of chiropractic are being validated, and some refined with new technologies and research. So, I wish to publicly thank those presidents and chairmen, who came before me, for the strength and perseverance to keep this art in the chiropractic domain and protected in the interest of the public now and in future generations of Ontarians.

Our policies, guidelines, standards, and regulations work well for protecting the public and are reasonable for members to provide quality care. I think we can be proud of our regulator and the work this profession has done in the public interest.

Reflections on 2015

Looking back at what Council achieved in 2015, I think of a year that was characterized by collaborative achievements in upholding CCO’s mandate to protect the public and through tangible progress in moving ahead to support the Minister of Health’s transparency initiatives for all health regulatory colleges in Ontario.

In 2015, CCO committees began their work in responding to the Minister’s directive through their specific mandates. I am pleased to report that various initiatives that will increase transparency with the public are well underway.

Externally, CCO engaged collaboratively with other health regulatory colleges to explore and advance efforts to protect the public. A specific initiative is exploration of stronger oversight of clinics in Ontario, and our Registrar and General Counsel, Ms Jo-Ann Willson, ably represents CCO as the work progresses.

In Appreciation

I am especially grateful to the members of Council who have allowed me to serve as President. I will continue to do as much as possible to see the public in Ontario is protected and well-served by the members of this great profession.

DR. CLIFFORD HARDICK, PRESIDENT
Message du président

Depuis mon élection comme président de l’OCO en avril 2015, je peux affirmer que l’OCO fonctionne très efficacement et je ne cesse de me rappeler ce qu’est le véritable rôle de l’Ordre. Je suis heureux d’avoir la chance d’exercer cette profession et continuerai d’en faire autant aux mieux de mes capacités. Je désire remercier personnellement les membres du District 6 qui m’ont appuyé lorsqu’ils m’ont élu en 2011.

L’OCO réglemente la portée de la chiropratique dans l’intérêt public. Les termes « système nerveux » et « ajustement » sont utilisés dans Standard of Practice S-001: Chiropractic Scope of Practice dans la description du champ de pratique de la chiropratique :

3. L’exercice de la chiropratique consiste en l’évaluation des états liés à la colonne vertébrale, au système nerveux et aux articulations ainsi que le diagnostic, la prévention et le traitement, principalement par ajustement, des,

(a) dysfonctions ou troubles résultant des structures ou fonctions de la colonne vertébrale et les effets de ces dysfonctions ou troubles sur le système nerveux; et

(b) dysfonctions ou troubles résultant des structures ou fonctions des articulations.

En 2014, les anciens présidents de l’OCO et du Conseil d’administration de chiropratique (BDC) ont été interviewés et on leur a demandé de réfléchir à ces termes. Les vidéos de ces entrevues que nous avons visionnées à la AGA communiquaient un même message. Les présidents étaient déterminés à établir un diagnostic, à utiliser les rayons x en pratique et à se concentrer sur les soins prodigués aux patients avec les mains par le biais d’ajustements pour réduire les subluxations.

À l’instar de ces présidents ultérieurs, ce qui m’a frappé chez eux, de même qu’au fil de toute ma carrière, a été leur engagement envers le langage unique utilisé par les chiropraticiens, par exemple ajustement.

Je suis très fier de cet héritage et je demande aux générations futures de chiropraticiens de garder cet héritage pertinent. Il est, en fait, dans l’intérêt public d’incorporer ce legs et cette terminologie dans l’exercice de vos fonctions.

En guise de remerciement

Je suis particulièrement reconnaissant envers les membres du Conseil qui m’ont permis d’être président. Je continuerai de faire de mon mieux pour que le public en Ontario soit protégé et bien servi par les membres de cette noble profession.

DR. CLIFFORD HARDICK,
PRÉSIDENT
## CCO Presidents and BDC Chairs

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<th>Name</th>
<th>Position</th>
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<td>Dr. Clifford Hardick</td>
<td>President</td>
<td>CCO</td>
<td>April 2015</td>
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<td>Dr. Dennis Mizel</td>
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<td>Dr. Peter Amlinger</td>
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<td>Dr. Peter Amlinger</td>
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<td>Dr. Gilles Lamarche</td>
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<td>Dr. R. Andrew Potter</td>
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<td>Dr. Allan Gotlib</td>
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<td>Dr. Keith Thomson</td>
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<td>Dr. Lloyd E. MacDougall</td>
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<td>Dr. Leo K. Rosenberg</td>
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<td>Dr. Bertram L. Brandon</td>
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<td>Dr. Edward R. Burge</td>
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<td>Dr. Robert M. Wingfield</td>
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<td>Dr. Fred N. Barnes</td>
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<td>Dr. Stephen E. West</td>
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<td>Dr. Harold W.R. Beasley</td>
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<td>Dr. Harry A. Yates</td>
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Presidents’ Luncheon  
June 2015
Committee Mandate

- To exercise the powers of Council between meetings of Council with respect to any matter requiring immediate attention other than the power to make, amend or revoke a regulation or by-law.

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

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

**Challenging Times**

These are challenging times for regulators. I had occasion in June 2015 to attend an international conference of the Council of Licensure, Enforcement and Regulation. The privilege of self-regulation has not been sustainable in a number of jurisdictions, and that is largely attributable to regulators not establishing and maintaining credibility with the public, and the public not having confidence that the regulator will act in the public interest. I’ve learned it is important to participate in the international regulatory community. When I was espousing the attributes and initiatives of the various Patient Relations Committees in Ontario (which do fabulous work in many respects), a young lawyer from Ireland asked me: “How many patients are on your Patient Relations Committee?” The answer of course is none. It was a reminder to always be mindful of the central role that patients and the public in general play in supporting the health regulatory model outlined in the Regulated Health Professions Act, 1991. In Ontario, we have a model for professional regulation that is envied by many, and a model that requires constant vigilance, as well as support from and by the members of the professions being regulated. In 2015, there were a number of key themes that emerged in everything CCO participated in:

**Openness and Transparency**

In 2015, CCO embarked on a comprehensive review of its by-laws, policies and standards from the perspective of enhancing openness and transparency. This has led to an increase in the information included on the public register, and revisions to various standards and policies. Although we do many things well, there is always room for improvement. For members of the profession, we have enhanced transparency by posting more comprehensive information on the website, including the templates for all forms and letters in each of CCO’s core processes (for example, registration, inquiries, complaints and reports and the peer assessment component of quality assurance), as well as the agendas and Council information packages for all Council meetings. Council has a heightened sensitivity to when it can and should go in camera, and is mindful of the value of having some topics discussed at an open Council meeting, even if legal advice is being sought or financial matters are to be discussed.

**Fairness**

The discussions concerning expansion of information on the public register included many spirited discussions about fairness, and the balancing of administrative law principles of natural justice. At a discipline hearing, fairness to both parties must continue to be a fundamental tenet of the process. Like other regulators, CCO must safeguard fundamental principles of fairness while operating in an environment that emphasizes and demands enhanced openness and transparency.

**Accountability**

There are a number of audiences that review the work of a regulator – they include members of the profession, other regulators, government departments and agencies (including MOHLTC and the OFC), HPARB, the courts and the public. People are often surprised to learn that when CCO circulates changes to its by-laws or standards, those changes are very broadly circulated, and feedback is compiled and reviewed from all sources, through the lens of public interest. The pace at which technology has changed to some extent has required an increased nimbleness in responding to inquiries and potentially misleading stories. Were we contacted by the media throughout 2015? Yes we were. Were there attempts to paint a particular picture of CCO’s actions on a given topic? Of course. CCO has, however, steadfastly emphasized its statutory mandate to protect the public through the registration of chiropractors and the development of standards of practice to which the profession must conform. We can have confidence in the complaints and discipline procedures which are designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the RHPA. We engage in the self-reflection and critical analysis that we expect of members, and are constantly asking how we can do better. I hope when you read the reports from the committees, which are the foundation of CCO’s mandate, that you are confident in the performance of their roles and responsibilities, and that you see a commitment to continuous improvement.

In December 2015, Dr. Eric Hoskins, Minister of Health and Long-Term Care, released a discussion paper entitled Patients First: A Proposal to Strengthen Patient-Centered Health Care in Ontario. I fully expect the important initiatives started in 2015 relating to openness, transparency and patient-centered, interprofessional and integrative care will continue and gain momentum in 2016 and beyond. I look forward to participating in that journey with all of CCO’s key stakeholders.
Executive Committee

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

A MESSAGE FROM THE CHAIR

The Executive Committee is responsible for the stewardship and leadership of Council and committees. I am grateful to all of Council and staff and all of the many participants in the self-regulation of this great profession as we work together to continue to earn, maintain and protect public trust.

DR. CLIFFORD HARDICK, PRESIDENT

Committee Members and Staff Support
Back Row: 
  Dr. Bryan Wolfe  
  Dr. Elizabeth Anderson-Peacock  
  Mr. Shakil Akhter  
  Mr. Scott Sawler  
Front Row: 
  Ms Judith McCutcheon, Treasurer  
  Dr. Cliff Hardick, Chair  
  Ms Jo-Ann Willson, Registrar and General Counsel  
  Dr. Gauri Shankar, Vice Chair  
  Mr. Joel Friedman, Director, Policy & Research
Committee Activities in 2015

Throughout 2015, 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 2015, the Executive Committee:

• Convened five meetings
• Oversaw the planning and execution of a strategic planning refresher for CCO Council and staff on September 18, 2015
• Continued to oversee matters related to the Office Development Project (ODP), including due diligence in researching viable options for a future home for CCO in a fiscally responsible manner
• Continued to review options and strategies for addressing CCO’s communications and technology requirements and other related initiatives
• Recognized the appointments of Ms Patrice Burke and Ms Wendy Lawrence as public members
• Recommended a number of by-law amendments to enhance transparency and accountability.
Participation in Self-Regulation

District 1: Northern
Total Members: 218
Council Member
Dr. Bryan Wolfe
Peer Assessors
Dr. Kristina Peterson
Dr. Peter Picard
Dr. Michael Staffen

District 6: Western
Total Members: 516
Council Member
Dr. Clifford Hardick
Peer Assessors
Dr. Tony Russo
Dr. Steven Silk
Dr. Richard Stower
Dr. Carolyn Wood
Dr. Dennis Yurkiw
From Six Electoral Districts
(Numbers and Names Effective December 31, 2015)

District 2: Eastern
Total Members: 425
Council Members
Dr. Gauri Shankar
Ms Georgia Allan
Mr. Scott Sawler
Peer Assessors
Dr. Kevin Dinsmore
Dr. Jann Thulien
Dr. Gauri Shankar
Dr. Frazer Smith (Ret. 2015)

District 3: Central East
Total Members: 524
Council Member
Dr. Elizabeth Anderson-Peacock
Peer Assessors
Dr. Elizabeth Anderson-Peacock
Dr. Grant Bjornson
Dr. Keith Thomson
Dr. David Zurawel (Ret. 2015)

District 4: Central
Total Members: 1,549
Council Members
Dr. Brian Gleberzon
Dr. Patricia Tavares
Dr. David Starmer
Mr. Shakil Akhter
Ms Wendy Lawrence
Ms Judith McCutcheon
Non-Council Committee Members
Dr. Daniela Arciero
Dr. Lawrence McCarthy
Dr. Brian Schut
Dr. Joel Weisberg
Peer Assessors
Dr. Gerard Arbour
Dr. Lawrence McCarthy
Dr. Dennis Mizel
Dr. Heather Robson-McInnis
Dr. Bob Szczurko

District 5: Central West
Total Members: 1,248
Council Members
Dr. Reginald Gates
Dr. Bruce Lambert
Ms Patrice Burke
Non-Council Committee Members
Dr. Angela Barrow
Dr. Lisa Cadotte
Dr. Steve Gillis
Dr. Roberta Koch
Dr. Vikas Puri
Peer Assessors
Dr. Peter Amlinger
Dr. Lezlee Detzler
Dr. Reginald Gates
Dr. Arnie Glatter
Dr. Michael Kennedy
Dr. Roberta Koch
Dr. Dennis Mizel
Dr. Heather Robson-McInnis
Dr. Bob Szczurko

From Six Electoral Districts
(Numbers and Names Effective December 31, 2015)
Advertising Committee

A Message from the Chair

Advertising comes in many forms. “Traditional” advertising includes newspaper, radio and TV commercials, mailed flyers, printed directories, and billboards. Digital advertising is now exploding onto the scene with the various social media platforms, website tools, and online search engines providing innovative ways to reach the public. The Advertising Committee operates to maintain the public’s interest with regards to advertising by chiropractors.

What does the Advertising Committee consider “advertising”? Standard of Practice S-016: Advertising states the CCO definition of advertising as: “any message communicated outside a member’s office through a public medium that can be seen or heard by the public at large with the intent of influencing a person’s choice of service or service provider.” It goes on to state that the advertising standard applies equally to members acting individually, as a group, or as a professional health corporation. Members can find this definition in their ChiroCare binder and on the CCO website.

The Advertising Committee reviewed every proposed advertisement submission and was able to provide feedback to the member within 10 business days without exception. The review process is efficient and dependable with regards to the timelines for members who wish to plan an advertising campaign. The majority of submitted advertisements in 2015 were for traditional media. The Committee is looking forward to reviewing more digital advertisements, as the technology is becoming adopted by more and more people every day.

The Advertising Committee reviewed and considered stakeholder feedback, the Ministry of Health and Long-Term Care’s guidelines for regulated health professions, and current legal rulings regarding the use of testimonials in advertising. New recommendations were developed for review and discussion by Council with the ultimate goal of distributing the revised recommendations for further stakeholder feedback. The Committee also reviewed the relevance of the Standard of Practice S-016: Advertising, Guideline G-016: Advertising and Policy P-016: Public Display Protocol within the rapidly evolving world of advertising in the digital age.

The Advertising Committee upholds the public interest. What is considered good for the public is ultimately good for a chiropractor in Ontario. The Committee reviews all pertinent information to create recommendations, including every piece of feedback sent to the CCO regarding advertising. Member participation in the regulatory process is an important one—not only with advertising but with every function the CCO performs. The Advertising Committee continues to invite members to submit their advertisements in every form imaginable and welcomes any feedback that members wish to offer.

It has been an honour working with the Advertising Committee over the past year. I wish to thank Dr. Reginald Gates, Dr. Lawrence McCarthy, Ms Patrice Burke, and Mr. Joel Friedman for their expertise and hard work in 2015.

Committee Members and Staff Support

Ms Patrice Burke
Dr. Reginald Gates
Dr. Bruce Lambert, Chair
Mr. Joel Friedman, Director, Policy & Research,
Dr. Lawrence McCarthy, non-Council
Committee Activities 2015

The Advertising Committee worked diligently to review advertisements submitted by members prior to publication and successfully met the goal of providing feedback to members within 10 business days of advertisement submission.

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

The Committee was successful in achieving its mandate in 2015 by providing feedback to members about their advertisement submission within 10 business days or less.

In 2015, the Committee convened two face-to-face meetings and one teleconference meeting:

• Reviewed and responded to proposed advertisements submitted by members for review prior to publication
• Reviewed stakeholder feedback regarding the utilization of testimonials in advertisements
• Investigated the relevance of the current Standard of Practice S-016: Advertising and Guideline G-016: Advertising as they pertain to changing technologies in advertisements and websites.

The Advertising Committee is pleased to assist members with a review of their proposed advertisement prior to distribution. Advertisements must comply with CCO Standard of Practice S-016: Advertising and applicable privacy laws when advertising through any media. The review process helps ensure compliance, has no cost to members, and produces feedback within 10 business days or less. For up-to-date information relating to advertising standards of practice, policies and guidelines, go to the CCO website: www.cco.on.ca.

Fitness to Practise Committee

Under the Regulated Health Professions Act, 1991, CCO is mandated to address situations where a chiropractor’s ability to practise is impaired by a physical or mental disorder that poses a risk to the public because quality of care may be compromised. The Fitness to Practise Committee deals with this type of situation, which is often referred to as an “incapacity” matter.

The Fitness to Practise Committee is responsible for determining whether a chiropractor is incapacitated due to mental health or physical issues, and it can impose terms, conditions, limitations, or suspend a member’s certificate of registration. In some instances, it may be necessary for CCO to restrict or suspend a chiropractor’s license until such time as they no longer pose a risk of harm to the public.

Incacity proceedings differ significantly from disciplinary proceedings. First, incapacity hearings focus on whether the health professional is ill, and not whether he/she has failed to maintain the standards of practice of the profession. Secondly, a finding of incapacity usually results in rehabilitative rather than punitive measures. A chiropractor whose certificate of registration has been revoked or suspended as a result of incapacity proceedings may apply in writing to the Registrar to have a new certificate issued or the suspension removed one year after the date on which the certificate or registration was revoked or suspended.

The Fitness to Practise Committee continued to regulate in a fiscally responsible manner and ensured that it was appropriately prepared in 2015.

Over the past year, there were no referrals to the Fitness to Practise Committee. I would like to thank the Committee members: Dr. Bruce Lambert and Ms Georgia Allan, and our staff support, Ms Jo-Ann Willson.

Committee Members and Staff Support

Dr. Bruce Lambert
Dr. Reginald Gates, Chair
Ms Georgia Allan
Ms Jo-Ann Willson, Registrar and General Counsel
Inquiries, Complaints and Reports

A Message from the Chair

I am pleased to report that the Inquiries, Complaints and Reports Committee continued to successfully meet its statutory obligations in 2015. In all matters before it, the Committee worked cooperatively to ensure that all complaints, reports and inquiries were dealt with on a timely basis and within CCO’s statutory mandate.

In 2015, the Health Professions Appeal and Review Board upheld all of the Committee’s decisions that were submitted by either the complainant or the member for its review.

Following the Minister of Health’s directive in (late) 2014 for all health regulatory colleges to enhance the information posted to the public portion of their websites, the Committee was diligent in reviewing options and making a recommendation to Council to support this initiative. In June 2015, Council approved the Committee’s recommendation that proposed by-law amendments be made to enhance CCO’s transparency with the public on the public register. Specifically, the recommendations included oral cautions (posted for one year from the time when the member attends the oral caution), Specified Continuing Education or Remediation Programs (SCERPs) (posted for one calendar year from the completion of the SCERP), and undertakings (posted for a period of one calendar year from the date CCO receives the signed undertaking). Following Council’s approval, the next step was circulation of the by-laws to members and stakeholders for feedback and comments.

I wish to acknowledge the conscientious work and commitment of the Committee members: Dr. Brian Gleberzon, Dr. Steve Gillis, and Ms Patrice Burke, our public member. The Committee is ably supported by CCO staff members, Ms Tina Perryman and Ms Christine McKeown. It has been my sincere pleasure to work with these dedicated individuals who are committed to ensuring the public interest of Ontarians is protected at all times.

Committee Activities in 2015

The ICRC ably fulfilled its mandate during 2015:

- Convened 11 meetings
- Received 53 complaints, 26 inquiries and 12 reports (total 91)
- Completed decisions

Committee Members and Staff Support

Ms Patrice Burke
Dr. Brian Gleberzon
Mr. Shakil Akhter, alternate
Ms Christine McKeown, Inquiries, Complaints and Reports Officer
Dr. Gauri Shankar, Chair

Ms Tina Perryman, Manager, Inquiries, Complaints, Reports
Dr. Steve Gillis, non-Council
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 2015, HPARB issued decisions on three reviews of decisions of the ICRC. After considering all information before it and hearing submissions from the parties, in three 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.
A Message from the Chair

Throughout 2015, discipline panels adjudicated fairly and in a manner to serve and protect the public interest. Panel decisions have been released in a timely manner and, in keeping with the Minister of Health and Long-Term Care’s priorities centred on transparency and openness with the public, are posted on the CCO website.

CCO currently includes a considerable amount of information related to the disciplinary process on the public register, including notices of hearing, dates of hearings, agreed statements of fact, discipline decisions, appeal decisions, suspensions, and terms, conditions and limitations resulting from discipline decisions.

Additionally, CCO has circulated proposed by-law amendments to members and stakeholders to ensure that all relevant information relating to the disciplinary process is available publicly.

It has been a privilege to chair the Discipline Committee over the past year, and I have had the good fortune to work with some exceptional people. What I find particularly inspiring is that the members are continually looking to improve the Committee’s functioning. To that end, the Discipline Committee met outside of hearings to review administrative processes, policies and practices with a view to enhancing efforts to bring greater efficiency and effectiveness to discipline panels. The purpose of this work was to identify gaps and areas for improvement, and to develop plans to address these areas in order to avoid problems in the future. Areas for improvement identified by the Discipline Committee include developing performance standards for releasing decisions, expanding panel members’ knowledge and awareness of the internal discipline processes, and improving the decision-writing to ensure the decisions are clear and cogent.

Committee Activities in 2015

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 2015, the Discipline Committee convened one teleconference meeting.

The Committee chair convened several discipline panels to hear disciplinary matters before CCO. As all Council members are potentially members of a discipline panel, they are encouraged to participate in the discipline training workshops conducted by FHRCO. In 2015, FHRCO conducted discipline training sessions, which were attended by several CCO Council members. All discipline hearings are open to the public.

Joint Submissions And Resolution Agreements

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

In general, Agreements:

- Are recommended by the pre-hearing conference chair, who conducts the pre-hearing conference;
- Require any dispute with respect to the interpretation and

Committee Members and Staff Support

Back Row:
Dr. Brian Schut, non-Council
Dr. Angela Barrow, non-Council
Dr. Vikas Puri, non-Council
Dr. Roberta Koch, non-Council

Front Row:
Ms Judith McCutcheon
Dr. David Starmer
Mr. Scott Sawler, Chair
Dr. Patricia Tavares
Ms Jo-Ann Willson, Registrar and General Counsel
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 2015
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 2015 Discipline Committee Decisions

1. OVERVIEW

In 2015, panels of the Discipline Committee held hearings regarding 11 Notices of Hearing. In five cases, the hearings proceeded by way of Agreed Statements of Fact and Joint Submissions on Penalty. One case involved a partial Agreed Statement of Facts and Joint Submission on Penalty, with the parties providing oral and written argument on whether the facts constituted professional misconduct. There was one contested hearing, which started and finished in 2015. Another contested hearing, which involved two notices of hearing and started in 2014, was completed in 2015. Two motions were brought before the Discipline Committee. One case, which was dealt with by the Discipline Committee in 2013 and 2014, was unsuccessfully appealed by the Member to the Divisional Court in 2015.

2. CASES INVOLVING AGREED STATEMENTS OF FACTS

In each of the 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. Panels acknowledged that in the cases involving Agreed Statement of Facts, members had co-operated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and the expense of a contested hearing.
NAME OF MEMBER: KEVIN BAR (#1752)

Place of Practice: Toronto

Agreed Facts

Background

• Dr. Kevin Bar (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in 1982.

• During the relevant period, the Member practised chiropractic at Wind Wellness Rehabilitation Inc. (“Clinic”), a business owned and operated by Mohammed (Ahmed) Shire (“Mr. Shire”) located in Toronto, Ontario.

• The Member was first employed by Mr. Shire as a chiropractor at the Arthur Wellness Clinic (“Arthur”) in Toronto from 2009 until the spring of 2010, when Mr. Shire closed Arthur. Mr. Shire then opened the Clinic in the summer of 2010.

• The Member worked on a part-time basis at the Clinic from the summer of 2010 until May 2012. He worked some Tuesdays and Thursdays, and was paid on the basis of a percentage of his billings.

• The Member was the only regulated health care professional at the Clinic. The only other employee was a receptionist. The Clinic was not busy, and often there would be no or few patients.

• In February 2012, the Clinic was locked up for a month because Mr. Shire had not paid the rent. In May 2012, the Clinic was closed permanently because Mr. Shire had not paid his rent and other bills. Mr. Shire left the country after his Clinic was closed.

Health Claims for Auto Insurance (“HCAI”)

• Health Claims for Auto Insurance (HCAI) is an electronic system for the transmission of specific Ontario Claim Forms (OCFs) between insurers and health practitioners (i.e., chiropractors, dentists, physicians, etc.) that allows for the exchange of standardized health claim information between health practitioners and insurance companies. All Ontario auto insurers, as well as all health practitioners who treat people injured in motor vehicle accidents (“MVA”), are required to use the HCAI system.

• In 2012, chiropractors who treated people in motor vehicle accidents collisions had to be registered with HCAI. Upon registration, the chiropractor was given a facility number, a provider number and a password to their own HCAI account. The health practitioner could submit certain OCFs to an insurer through their account and receive information from an insurer about the status of the claim, such as whether a treatment plan was approved, and whether an invoice would be paid.

• The chiropractor’s HCAI password was intended to be kept secret by the chiropractor. If the chiropractor divulged his/her HCAI password to another person, it would allow that other person to use the chiropractor’s HCAI account to submit OCFs and access confidential patient and financial information found on the account.

• Facilities could also register with HCAI, and, if they did so, would be given a facility number and password. Facilities that registered with HCAI were required to list the health practitioners or providers who provided services at the facility.

• A facility could designate various roles and access levels for HCAI users at the facility, depending on their role within the operation of the facility, including whether they could prepare and/or submit OCFs.

• The following OCFs were transmitted via HCAI: Treatment and Assessment Plan (OCF-18); Pre-approved Treatment Confirmation (OCF-23); and Standard Invoice (OCF-21).

• Insurer decisions on each of the above forms were also recorded in HCAI.

• Any other OCF or insurance document was handled outside of the HCAI system.

• Insurers and health practitioners using HCAI only had access to claims data and documents for their own patients/claimants.

• OCFs that were completed and submitted electronically through HCAI were not signed by either the health practitioner or the claimant.

• Health practitioners/facilities who submitted OCFs via HCAI were required to retain copies of original claim forms signed by the claimant and the health practitioner, as well as the documents that gave rise to a claim.

Minor Injury Guideline (“MIG”)

• In 2012, minor physical injuries such as a sprain, strain, whiplash-associated disorder, contusion, abrasion, laceration, subluxation or clinically-associated sequelae resulting from a motor vehicle accident were treated by insurers and health practitioners in accordance with the Minor Injury Guideline (“MIG”) that was released by the Financial Services Commission of Ontario (“FSCO”). The MIG provided a FSCO-approved process for the treatment of uncomplicated musculoskeletal injuries. The purpose of the MIG was to help expedite treatment by providing a pre-approved process, and as a result avoid delays due to lengthy insurer approval requirements. A health practitioner was required to follow the MIG when treating or supervising the services provided to a claimant when that claimant’s injuries fell within the MIG.

• The first OCF provided to an insurer in such a situation by a health practitioner was an OCF-23 (Treatment Confirmation Form),
which was completed by a claimant and their health practitioner. The OCF-23 was provided through HCAI to the claimant’s insurer, who would review the OCF to ensure that the claimant was covered by an insurance policy and that the injuries described fell within the MIG. An insurer would respond to the OCF-23 electronically through HCAI, who would inform the health practitioner of the response. The maximum initial cost allowable for treatment under an OCF-23 was $2,200.00 (including the fees for the health practitioner to fill in the form).

- The treatment permitted by an OCF-23 occurred over 12 weeks, which was divided into three blocks, each of a duration of four weeks. If an insured person reached maximal recovery within a block, the claimant was discharged from the MIG. If the insured person required additional intervention after the first block, the health practitioner continued to treat under the subsequent block, until the claimant reached maximal recovery.

- The insurer would pay for treatment under the MIG as follows: Fee for initial examination/consultation: $215; Fee for block one: $775 and $200 for monitoring; Fee for block two: $500 and $200 for monitoring; and Fee for block three: $225 and $200 for monitoring.

- When an insured person was discharged from the MIG, the health practitioner completed an OCF-24 (Minor Injury Treatment Discharge Report). The OCF-24 was not sent to an insurer through HCAI, but could be sent by fax or mail.

- If an insured person still required further treatment after completing 12 weeks of treatment, the health practitioner would send an OCF-18 (Treatment and Assessment Plan) via HCAI to the insurer, who could approve or deny the proposed treatment plan. Under the MIG, if an insurer approved further treatment, funds up to a maximum of $3,500.00 (including the original $2,200.00) were available for treatment and services.

- When the treatment under the MIG or the OCF-23 was completed, the health practitioner sent the insurer an OCF-21 (Auto Insurance and Standard Invoice) through HCAI.

The Insurance Claims

- On January 6, 2012, Ro.S., who was the sister of Mr. Shire, self-reported being in a collision on January 6, 2012 in Toronto (the “Collision”). According to the Collision Reporting Centre Report, the front end of Ro.S.’ vehicle was demolished in the Collision. She reported in a Supplementary Information Form that there were two passengers in the vehicle at the time of the Collision: her sister Ra.S. and H.A. Ultimately, Ro.S. claimed for the damage to the car, and Ro.S., Ra.S. and H.A. claimed for treatment for injuries suffered in the Collision (the “AB Claims”).

The AB Claims

- On January 11, 2012, Aviva received two OCF-1s (Application for Accident Benefits) which had been faxed from the Clinic. One was for H. A. and one was for Ro.S. Both OCF-1s indicated treatment for injuries suffered in the Collision had begun and was being provided by the Member.

- On January 11, 2012, Aviva received two OCF-23s (Treatment Confirmation Forms) via HCAI. One was for Ro.S. and one was for H.A. On January 12, 2012, Aviva received an OCF-23 for Ra.S. via HCAI.

- All of the OCF-23s indicated the Member was the initiating health practitioner and that he certified the goods and services listed in the forms were reasonable and necessary for the treatment of the applicant for injuries arising from the Collision and were in accordance with the MIG. Each OCF also indicated that the Member certified the information provided in the OCF-23 was true and correct.

- On January 25, 2012, an Aviva representative called the Member at the Clinic and left him a message to call her regarding the diagnosis of conversion disorder he had made on Ro.S.’ OCF-23. Had the Member testified, he would have said he did not return the call because he was never notified of the message.

- On March 29, 2012, Aviva received OCF-21s (Auto Insurance and Standard Invoice) via HCAI for each of Ro.S., Ra.S., and H.A. Each OCF-21 indicated that the Member had provided treatment to the applicant, and particularly:
  - The OCF-21 for Ro.S. indicated that she had been assessed by the Member on January 12, 2012, had received 20 treatments from the Member between January 12, 2012 and March 22, 2012, and had received $400.00 worth of supplementary goods and services. Her claim was for $2,115.00, to be paid to the Clinic;
  - The OCF-21 for Ra.S. indicated that she had been assessed by the Member on January 12, 2012, had received 20 treatments from the Member between January 12, 2012 and March 22, 2012, and had received $400.00 worth of supplementary goods and services. Her claim was for $2,100.00, to be paid to the Clinic; and
  - The OCF-21 for H.A. indicated that she had been assessed by the Member on January 10, 2012, had received 20 treatments from the Member between January 12, 2012 and March 20, 2012, and had received $400.00 worth of supplementary goods and services. Her claim was for $2,100.00, to be paid to the Clinic.

- As well, on Part 4 of each OCF-21, the Member, as treatment provider, certified that the information contained in the OCF-21s was true and correct.

- On April 2, 2012, Aviva received OCF-18s via HCAI for each of Ro.S., Ra.S., and H.A. Each of the OCF-18s identified the Member as the Health Practitioner in Part 4 of the form, which contained a declaration that the information contained in the form was...
true and accurate, and the treatment proposed was reasonable and necessary.

- The OCF-18s identified the need for further treatment and, in particular:
  - The OCF-18 for Ro.S. indicated she had already received two treatments from the Member in accordance with the proposed Treatment Plan, and would require three weeks of treatment at a cost of $1,358.65;
  - The OCF-18 for Ra.S. indicated she had already received two treatments from the Member in accordance with the proposed Treatment Plan, and would require three weeks of treatment at a cost of $1,313.72; and
  - The OCF-18 for H. A. indicated she had already received two treatments from the Member in accordance with the proposed Treatment Plan, and would require three weeks of treatment at a cost of $1,313.72.

- On April 12, 2012, Aviva received from the Clinic three OCF-24s (Minor Injury Treatment Discharge Form) by fax, one for each of Ro.S., Ra.S., and H.A. Each OCF-24 was signed by the Member in Part 3 of the form, which contained the declaration that the information provided on the form was true and accurate. None of the forms indicated the insured person’s discharge status.

- On April 16, 2012, an Aviva representative called the Member at the Clinic and left a message for him that the OCF-24s for Ro.S. and H.A. were incomplete, as the portion of the form regarding the insured person’s discharge status was not completed. That same day, she sent the Member two letters, one regarding Ro.S.’ incomplete OCF-24, and the other regarding H. A.’s incomplete OCF-24. The Clinic fax machine and telephone were out of service, so the two letters were sent by mail. Had the Member testified, he would have said he never received notice of the messages or copies of the letters.

- On April 18, 2012, Aviva sent letters to each of Ro.S., Ra.S., and H.A., indicating Aviva had received their OCF-18s but would not be able to consider them until it received completed OCF-24s. A copy of each letter was faxed to the Member at the Clinic.

- On April 19, 2012, Aviva received from the Clinic three OCF-24s by fax, one for each of Ro.S., Ra.S., and H.A. Part 4 of each of the forms had been completed to indicate the insured person’s discharge status.

- Based on its analysis of information regarding the Collision, among other things, Aviva decided to exercise its right to examine Ro.S., Ra.S., and H.A. under oath. However, it was unable to do so and, on August 30, 2012, Aviva decided to deny their claims on the basis of misrepresentation, as it was satisfied the Collision had not occurred as reported.

- On September 5, 2012, Aviva sent a letter to each of Ro.S. and H.A., informing them that, as a result of its investigation, Aviva had determined that the Collision had not occurred as reported. Aviva also asked H.A. to repay it $571.22.

- On September 18, 2012, H.A. called Aviva and she agreed to submit to an examination under oath.

- Prior to that examination, the Member was contacted by Aviva, and he was asked to provide his clinical notes and records regarding Ro.S., Ra.S., and H.A. The Member indicated he did not have any notes or records for the three patients because all clinical notes and records for his Clinic patients had been kept at the Clinic. As the Clinic was now closed, the Member said that he had no way to access the files. The Member recalled treating Ro.S. and Ra.S. approximately twice and thought he recalled H.A.’s name.

- During her examination under oath, H.A. gave evidence that the Collision was staged, that she had never been in a car accident in 2012, and that she had never been treated by the Member.

- Aviva then reported the staged accident to the Toronto Police Service and complained to the College of Chiropractors of Ontario (“College” or “CCO”) about the Member’s involvement in submitting insurance documents regarding the Collision and his failure to maintain clinical notes and records for treatments he claimed to have provided.

- Ro.S. and Ra.S. were subsequently criminally charged, and pled guilty to criminal charges regarding their roles in the staged accident and the insurance fraud.

**Admissions**

- The Member agreed that, as a chiropractor, he is responsible for:
  - Complying with CCO Standard of Practice S-002: Record Keeping and Standard of Practice S-022: Ownership, Storage, Security and Destruction of Personal Health Information, which set out the expectations for chiropractors in creating, retaining, storing and destroying personal health records;
  - Ensuring that original OCF forms for his patients are signed by him and the patient, are kept in a secure location, and can be accessed as needed;
  - Reviewing all forms that were to be submitted under his registration number to an insurance company to ensure that the contents of the forms are accurate and truthful;
  - Ensuring that no OCF was submitted to an insurance company under his registration number until he reviewed and approved it. If he delegated the responsibility of submitting OCFs to a third party, he was responsible for having a written agreement in place that provided the third party would not send a document under his name and registration number until he reviewed and approved it;
  - The accuracy of information provided by non-regulated
health professionals, who have been delegated administrative or office functions on his behalf;

- Auditing documents bearing his name and registration number that had been submitted to HCAI;

- If he wanted to delegate his responsibility for the retention and destruction of patient records to a third party who was not a chiropractor, ensuring by way of a written agreement that the third party would honour the expectations in respect of records set out in *Personal Health Information Protection Act* and the CCO’s record keeping standard of practice; and

- Ensuring that he would have appropriate, ongoing access to his patient records, as needed, to fulfill professional obligations.

- Had the Member testified, he would have said he was unaware of the staged accident, that he had no reason to suspect that the accident had been staged, and that he believed Ro.S., Ra.S., and H.A. had suffered minor injuries in the Collision when he assessed them in 2012.

- Had the Member testified, he would have said he did not know, and had no reason to suspect, that the Clinic was submitting falsified OCFs to Aviva regarding Ro.S., Ra.S., and H.A. using his registration and HCAI numbers.

- The Member did not contest that the information contained in the OCFs submitted by the Clinic to Aviva regarding Ro.S., Ra.S., and H.A. was neither truthful or correct.

### Admissions

- The Member admitted that he should have, and failed to, take steps:

  - To put safeguards and controls in place to ensure that the OCFs sent to Aviva by the Clinic in his name were legitimate and accurate;

  - To establish an auditing system of documents submitted through HCAI under his registration number; and

  - Such as having a written agreement with Mr. Shire to ensure that his patient records at the Clinic would be retained and stored in accordance with his professional obligations and that he would have access to the patient records if required for clinical, billing or professional accountability purposes.

- As a result, the Member admitted, and the Panel found, that the Member had committed acts of professional misconduct and, in particular, he:

  - Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and

  - Engaged in conduct 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:

  - Requiring the Member to appear before the panel to be reprimanded;

  - Directing the Registrar to suspend the Member’s certificate of registration for a period of nine (9) months (“Suspension”);

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

    - Within six (6) 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 the business practices portion of the Professional Misconduct Regulation; CCO Guideline G-008: Business Practices; and CCO Standard of Practice S-002: Record Keeping;

    - 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;

    - Directing the Registrar to suspend three (3) months of the Suspension if the Member complies with certain of the Conditions; and

    - Requiring the Member to pay the CCO $15,000.00 in costs.
NAME OF MEMBER: CHARLES GOLDMAN (#1220)

Place of Practice: Mississauga

Agreed Facts

Background

• Dr. Charles Goldman ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1976.

• During the relevant time, the Member owned, operated, and practised chiropractic at Meadowvale Physical Medicine ("Clinic") in Mississauga, Ontario.

• On February 10, 2015, voluntarily and at his own expense, the Member participated in the CCO’s Record Keeping Workshop and successfully completed the Legislation and Ethics Examination.

• The Member has no prior complaints or discipline history at the CCO.

False Invoices and Documentation

• On March 16, 2012, Green Shield Canada ("GSC") received an anonymous letter indicating false claims were being sent from the Clinic to GSC. The letter provided details of false claim submissions to GSC regarding a claimant "D.M." D.M.’s insurance policy provided for $300.00 annually for massage therapy and unlimited physiotherapy. According to the letter, D.M. had received massage therapy treatments which had been invoiced and claimed as physiotherapy treatments.

• GSC investigated the information in the letter and determined that 60 claims for physiotherapy had been submitted by the Clinic for physiotherapy treatments purportedly provided to D.M. GSC contacted D.M. who indicated that she did not receive all of the services claimed, and further, had never met or received treatment from one of the physiotherapists who was named on many of the claims.

• GSC then broadened its review to claims made between January 2010 to December 2012, where claims submitted electronically by the Clinic to GSC and payment for the claims was made directly to the Clinic. It identified 120 occasions where false claims were made. The amount of the claims totalled $7,530.25, of which $6,886.50 had been paid directly to the Clinic. The false claims included: claims for physiotherapy, where the patient at issue had received massage therapy; claims that listed treatment providers who either no longer worked with the Member or who had not provided the claimed treatment; claims where there was missing documentation in the patient file confirming treatment was provided; and claims submitted for non-insured persons using the names of insured patients.

• The Member responded to and cooperated with the GSC investigation. He admitted, after reviewing the evidence collated by GSC, that the claims identified by GSC as false claims were indeed false. He indicated that he took responsibility for the false claims, as it was his Clinic, although he took the position that he had no personal knowledge of, or involvement in, the false claims. The Member voluntarily repaid GSC $6,886.50 and $705.00 (the latter amount being reimbursement for a payment that had been made to the Clinic by GSC for a matter that should have been billed to, and paid by, another insurer).

• GSC then complained about the false claims to the CCO.

• In the course of the CCO investigation, the CCO identified an additional 110 instances where treatments had been invoiced and claims made to GSC by the Clinic but patient records did not contain documentation regarding the treatments.

• Had the Member testified, he would have said that, although he was not aware that false claims were being made to GSC, he accepted responsibility for them because they came from his Clinic. He also would have admitted that he benefited from the money paid by GSC for false claims that went to his Clinic.

• The Member was not the person at the Clinic who administered its online GSC billings.

• The Member has voluntarily taken a number of remedial steps to improve the systems within his office. He has introduced a system of checks and balances requiring the physiotherapists to perform monthly audits cross-referencing the electronic list of patients seen each day with the individual patient file to ensure there are no discrepancies. The physiotherapists are required to conduct this audit monthly, in one of two ways:

  o Option 1- By printing reports from the patient management program: the therapist selects their name and a daily, weekly or monthly option to list the patients they have seen during that period of time. Once the screen is populated with a list of all the patients seen by day, week or month, the therapist prints off and instructs their assistant to pull the physical clinical file/notes for those patients. The therapist then checks the notes for each date to confirm the patient was in, the patient was billed for the service provided and that the notes of the consultation match up; or

  o Option 2- There is also an option for the therapist to check the patient management computer program by individual patients, and examine the computer record of all visits against the patient’s notes to ensure the accuracy of the statements of account. This can be done either by selecting individual patients or by date.
• The Member has also:
  - Voluntarily closely re-reviewed the Professional Misconduct Regulation;
  - Taken immediate remedial action to improve the relevant office protocols and prevent a repeat occurrence of these types of billing irregularities;
  - Hired new office staff and introduced safety netting measures to readily identify any concerning issues in future; and
  - Registered in the College’s Record Keeping Workshop.

Admissions

• The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:
  - Contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession; and
  - Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

Joint Submission on Penalty

• The CCO and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel:
  - Requiring the Member to appear before the panel to be reprimanded;
  - Directing the Registrar to suspend the Member’s certificate of registration for a period of six (6) months (“Suspension”);
  - 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:
      - Review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines, including but not limited to the business practices portion of the Professional Misconduct Regulation; CCO Guideline G-008: Business Practices; and CCO Standard of Practice S-002: Record Keeping, 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;
    - Directing the Registrar to suspend two (2) months of the Suspension if the Member complies with certain of the Conditions; and
    - Requiring the Member to pay the CCO $12,500.00 in costs.

NAME OF MEMBER:
BRIAN LINDFIELD (#5605)

Place of Practice: Toronto

Agreed Facts

Background

• Dr. Brian Lindfield (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in 2008.
• During the relevant period, the Member practised chiropractic at Junction Chiropractic & Wellness Clinic, his chiropractic office in Toronto, Ontario.

Re: Concurrent Sexual and Professional Relationship

• In July 2013, the Member began providing chiropractic treatment to a patient known as “M.B.”
• The Member continued to provide chiropractic treatment to M.B. until November 2013.
• In October 2013, while M.B. was the Member’s patient, the Member and M.B. began having a personal and sexual relationship. The sexual relationship included sexual intercourse and other forms of physical sexual relations.
• In April 2014, the Member put a letter dated October 26, 2013 in M.B.’s chiropractic record, which indicated she had been discharged as his patient as of October 26, 2013. In fact, M.B. had not been discharged as a patient on October 26, 2013.

Admissions

• The Member admits that, in the Health Professions Procedural Code (“Code”), “sexual abuse” of a patient by a member means sexual intercourse or other forms of physical sexual relations between a member and a patient.
• The Member admitted, and the Panel found, that he sexually abused M.B. and that he committed the following acts of professional misconduct:
  - Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession;
o Signing or issuing, in his professional capacity, a document he knew contained a false or misleading statement regarding M.B.; and

o Engaging 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 revoke the Member’s certificate of registration;
  o Requiring the Member to reimburse the CCO for funding provided to M.B. under the program required under section 85.7 of the Health Professions Procedural Code; and
  o Requiring the Member to pay the CCO $5,000.00 in costs.

NAME OF MEMBER:
CHARLES PRANGE (#4056)

Place of Practice: Kitchener

Agreed Facts

Background

• Dr. Charles Prange (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in May 2001.

• During the relevant time, the Member practised chiropractic at his clinic, Advanced Family Wellness, in Kitchener, Ontario (“Clinic”).

Patient “R.S.”

• R.S. began seeing the Member on June 26, 2012 for back pain caused by snowboarding falls.

• On June 28, 2012, R.S. signed a “Health Investment Plan” with the Member, which was a form providing for a package of 88 adjustments, seven thermal scans, one x-ray, and one complimentary exam. According to the form, the cost of the package was $4,195.00 but R.S. could save money if she paid for it in one, two, or 12 instalments. R.S. chose to pay for the package in one lump sum, paying the Member $2,937.00.

• The Health Investment Plan form also indicated that there would be no charge for additional adjustments if they were deemed necessary by the Member for non-injury/MVA cases, and that any written changes to the account would result in full prorated fees and other administrative fees. As well, any absence of three months or more without written notice of the return date or account change would forfeit any possibility of account changes.

  • Had R.S. testified, she would have said the Member never told her that she could cancel the block fee arrangement.

  • The Member did tell R.S. of the treatment frequency he recommended and told her to attend his clinic for treatments when possible.

  • R.S. also signed a “Chiropractic Office Policies for Patients” form on June 28, 2012. That form provided, among other things, that a missed appointment without proper notification would be subject to an additional and full fee, and that R.S. would be provided with a personal appointment schedule with dates and times reserved especially for her.

  • However, R.S. never received a personal appointment schedule. The Member ran a “drop-in clinic” several times a week where patients could drop in when the Clinic was open and received treatment on a first-come, first-serve basis. R.S. received her treatments from the Member on a drop-in basis.

  • Between June 28, 2012 and April 9, 2013, R.S. received almost 50 chiropractic treatments.

  • In April 2013, R.S. was in a car accident. She experienced whiplash, pain, swelling and stiffness after the accident. According to a Disability Certificate, she suffered a WAD II, L-Spine WAD and pelvic strain/sprain in the accident. She was off work for three days following the accident, and returned to work on modified duties. It was expected that she would be disabled as a result of the accident for nine – 12 weeks.

  • R.S. received a chiropractic treatment from the Member on April 9, 2013, five days after the accident. R.S. found the Member’s treatment to be very aggressive and forceful and told the Member, who said he would note that for further treatments. However, on subsequent treatments, and despite reminders of the accident and her condition, the treatments remained too forceful. After a few treatments, R.S. decided to stop seeing the Member until she felt better.

  • R.S. received nine chiropractic treatments from the Member in May 2013, three in June 2013, and two in July 2013.

  • On September 10, 2013, R.S. received an email from the Member asking her to attend at his clinic on Thursday afternoon between 4pm – 6pm for an adjustment. R.S. responded by indicating she was not available and asking how many sessions she had left on her account. The Member replied with an email saying that her account change would forfeit any possibility of account changes.

  • He said that no matter how much treatment she had received, “subluxation fully relapses to original condition and then continues to progress as before without 3 months of care.”
On September 12, 2013, R.S. emailed the Member that she had simply been asking for the balance for future financial planning but, given his response, wanted to know how many sessions she had left, a copy of the dates she had already attended, a copy of the plan, and receipts for all of the sessions she had attended. The Member responded that his previous email had simply been a “pep talk” and that he “could certainly close up her file at this point as she requested.” He indicated he would send her final statement to her by mail.

On September 19, 2013, R.S. emailed the Member, indicating she had not asked for her file to be closed, but simply had requested information about how many treatments she had on her prepaid plan, receipts for treatments she had already received, and a copy of the plan. The Member responded he would send all of the requested documents “in due course”, and indicated he was “fairly certain we still are in the prepaid range.”

On September 20, 2013, R.S. indicated she wanted the requested information about remaining sessions as soon as possible by email, that she had asked for it four times, and that she “was beginning to feel that you are withholding information from me which I’m more than confident is not a practice that is approved of by the College of Chiropractors of Ontario.”

The Member responded with a lengthy email in which he indicated he would forward the account information by mail in due time, and that, along with the account letter would be a letter of discharge. The Member indicated R.S. could receive treatments from him until October 21, 2013 to allow her time to find another chiropractor. The Member indicated R.S. could receive treatments from him until October 21, 2013 to allow her time to find another chiropractor. According to the Member, closing the file early would involve his converting all services to full fee services, and to charge for all correspondence. He explained he could waive the fees if he chose to, and recommended that she not contact him anymore as, if she did, that would be reflected in administrative fees if he decided to charge her.

On September 23, 2013, R.S. sent an email to the Member, asking when she could expect to receive the statement. There was no response to the email.

On October 8, 2013, R.S. again sent the Member an email asking when she would receive her statement, and offering to pick it up.

On October 4, 2013, the Member sent a letter to R.S., enclosing the documentation she requested, and indicating he had “prorated” his services to “full fee”. He indicated there was an amount owing of $1,013.00 on her account, which she may or may not be required to pay, depending on whether he decided to require her to pay it.

In the Statement of Account included with the letter, the Member charged R.S. $40.00 for each treatment she had received to date and for 19 “missed visits.” He also charged her $50.00 for each of four PE/Scans, $200.00 for replying to an email on September 20, 2012 when there was no such email, $35.00 for reading an email on September 24, 2013, and a $200.00 “administrative fee” for the October 4, 2013 letter.

The $200.00 charged for replying to an email on September 20, 2012 was erroneously included in the Statement of Account due to a typographical error. The Member had never indicated to R.S. that she could be charged administrative fees or fees for reviewing and responding to emails.

CCO’s Standards of Practice and Guidelines

The CCO Standard of Practice S-002: Record Keeping requires a member to maintain a daily appointment record. It also requires a member to maintain a patient record for each patient and that it contains a consent to treatment, documentation of a sufficient assessment to demonstrate the need for treatment, a plan for treatment, reasonable information about each treatment, and a reassessment, which includes an evaluation and assessment and discussion with the patient about their treatment. Financial records for each patient need to contain the date of service, services billed, payment received and the balance on the account.

The CCO Guideline G-008: Business Practices requires a member who charges a block fee to, among other things: disclose to the patient the unit cost per services provided by the block fee; inform the patient of their right to a refund of any unused portion of the block fee, calculated by reference to the number of services provided multiplied by the block fee cost per service; and refund to the patient any unused portion of the block fee calculated by multiplying the services provided by the block fee for the service if the patient opts out of the agreement, regardless of the agreement signed.

Admissions

The Member admitted the Statement of Accounts he sent to R.S. on October 4, 2012 contained a number of charges, including charges for “missed visits”, the conversion of block fees to full fees, and charges for administrative items that he did not intend to actually charge. The Member acknowledged that sending R.S. the Statement of Accounts as he did was misleading and could reasonably be taken by R.S. to be threatening and bullying.

The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:

- Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
- Signed or issued, in his professional capacity, a document that he knew contained misleading statements;
o Submitted an account or charges for services that he knew were 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.

Other

• Prior to the Discipline Committee hearing, the Member wrote a letter of apology to R.S. and provided her with a cheque for $1,300.00 to reimburse her for the portion of the block fee that had not been used. The Member also successfully completed the Legislation and Ethics Examination and attended the CCO Record Keeping Workshop prior to his Discipline Committee hearing.

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 two (2) months (“Suspension”);
  
  o Directing the Registrar to impose the following terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:
    • Within one (1) month of the start of the date of the Order, the Member must:
      • Review, and agree in writing to comply with, all CCO regulations, standards of practice and guidelines, including but not limited to the business practices portion of the Professional Misconduct Regulation; CCO Guideline G-008: Business Practices; and CCO Standard of Practice S-002 Record Keeping, and
      • 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;
    
    o Directing the Registrar to suspend one (1) month 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:
HANS TESCHL (#2752)

Place of Practice: Barrie

Agreed Facts

Background

• Dr. Hans Teschl (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in 1993.

• During the relevant time, the Member owned, operated, and practised chiropractic at the Barrie South Chiropractic Centre in Barrie, Ontario (“Clinic”).

• The Member has no prior complaints or discipline history at the CCO.

• The Member voluntarily and at his own expense took the CCO’s Record Keeping Workshop and successfully completed the Legislation and Ethics Examination on June 10, 2014.

False Invoices and Documentation

• In 2013, as part of a routine audit of electronic claims, Manulife Financial (“Manulife”) flagged claims submitted by insured “C.M.” because of the amount that C.M. had claimed for chiropractic treatment provided by the Member for himself, his wife, and his two children.

• Manulife called the Clinic and confirmed that C.M. and his wife were patients of the Member. The Clinic verified that C.M. and his spouse were patients of the Clinic and confirmed the dates they had received treatment from the Member. The Clinic confirmed that neither of C.M.’s children were patients of the Member.

• Manulife conducted further investigation, which included contacting the Clinic again for further information. The Member responded to the Manulife request for further information by letter. In that letter, the Member admitted that he had issued invoices for services not performed for C.M. and his wife, in exchange for payment from C.M. for future services. The Member offered to, and subsequently did (before Manulife filed its complaint to the CCO), repay Manulife $350.00 for nine false claims that C.M. had made for chiropractic treatment for himself and his wife for which the Member had supported with false invoices.

• Had the Member testified, he would have said C.M. approached him on September 6, 2013 and asked the Member to provide receipts to support false on-line claims that C.M. had already made to Manulife. The Member asked his office administrator to issue false receipts, which she did. The Member asked C.M. to pay him for the amounts falsely claimed, which he intended to hold as a credit to apply against future treatments.
• According to the Member, he had acquiesced to C.M.’s request on compassionate grounds because C.M. told him he was about to lose his job and had submitted the claims to get money before he lost his insurance coverage.

• Had the Member testified, he would have said that he had no knowledge at any time of claims submitted by C.M. for treatment of his children.

• In addition to issuing false invoices, the Member made entries on the charts of C.M. and his wife in support of the false claims, documenting nine treatments he had not provided. Before Manulife submitted its complaint to the CCO, the Member put an “x” through each of the false entries.

Admissions
• The Member admitted, and the Panel found, that he committed acts of professional misconduct because he:
  o Contravened a standard of practice of the profession and failed to maintain the standard of practice expected of members of the profession;
  o Falsified a record relating to his practice;
  o Signed or issued, in his professional capacity, a document he knew contained a false or misleading statement; 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 Ordering the Registrar to suspend the Member’s Certificate of Registration for a period of eight (8) months, with a start date to be agreed to by the Registrar;
  o Ordering the Registrar to suspend four (4) months of the suspension if the Member signs an undertaking to the Registrar within four (4) months of the date of this hearing confirming that he has reviewed, and will 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; and CCO Standard of Practice S-002: Record Keeping, and
    • The Member will be peer assessed at his own expense within six (6) months after he returns to practice.
  o Requiring the Member to pay a portion of CCO’s investigative and legal costs in the amount of $7,500.00.

3. CASES INVOLVING AGREED STATEMENTS OF FACTS AND PARTIAL ADMISSIONS

NAME OF MEMBER:
WAYNE WOODLAND (#2794)

Place of Practice: Cobourg

Agreed Facts

Background
• Dr. Wayne Woodland (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in July 1993.
• During the relevant period, the Member practised chiropractic at Spring Street Chiropractic, his chiropractic office in Cobourg, Ontario.
• The Member has no prior complaints or discipline history at the CCO.

Re: Concurrent Sexual and Professional Relationship with L.S.
• In May 2006, the Member began providing chiropractic treatment to a patient known as “L.S.”
• In or about November 2008, while L.S. was still the Member’s patient, the Member and L.S. began having a personal and sexual relationship. The sexual relationship included sexual intercourse and other forms of physical sexual relations, and continued until April 2013.
• L.S. and the Member resided together from approximately August 2009 to April 2013.
• In 2008, CCO Standard of Practice S-014: Prohibition Against a Sexual Relationship with a Patient was in effect.
• The definition of “sexual abuse” in the Health Professions Procedural Code (“Code”) is different than the definition of “sexual abuse” in either a civil or criminal law context. Under the Code, “sexual abuse” of a patient by a member means sexual
intercourse or other forms of physical sexual relations between a member and a patient. “Patient” is not defined, and courts have determined that “patient” includes spouses if the chiropractor treats his or her spouse. As a matter of law, a concurrent sexual and professional relationship with a patient constitutes “sexual abuse” even if the patient consents to the sexual intercourse.

- Given the definition of sexual abuse in the Code, the Member admitted that he sexually abused L.S., and that he also committed the following acts of professional misconduct:
  - He contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
  - He 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.

**Re: Administering a Substance by Injection**

- During the period 2009 – 2013, on one or more occasions, the Member administered Twin-Rx (a vaccine against Hepatitis A and Hepatitis B) by way of injection to L.S. and her children.

- Had the Member testified, he would have said that he administered the Twin-Rx at the request of L.S.

- Administering a substance by injection is a controlled act, as that term is defined in subsection 27(2) of the Regulated Health Professions Act, 1991. The Member admits that he was not legally authorized to perform this controlled act, and that it was outside of the scope of practice of chiropractic.

- The Member admitted that, by administering the Twin-Rx by injection, as set out above, he committed acts of professional misconduct, and in particular, he:
  - Contravened a standard of practice of the profession or failed to maintain the standards of practice of the profession;
  - Failed to advise L.S. and her children to consult with another health professional when he knew or ought to have known that they required the care of another health professional;
  - Contravened the Regulated Health Professions Act, 1991; and
  - Engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be regarded by members as unprofessional.

**Re: L.H.**

- In November 2000, the Member began providing chiropractic treatment to a patient known as L.H. The last treatment the Member documented providing to L.H. was on March 30, 2010.

- In 2004, L.H. became an employee of the Member’s. She remained an employee until 2008.

- The Member and L.H. had a brief sexual relationship in the spring of 2008 (April or May 2008) that included sexual intercourse and other forms of physical sexual relations. At the time, L.H. was still the Member’s employee.

- The Member documented treating L.H. on September 27, 2007 and his note from that date indicates:

  “The patient entered the office complaining of pain in the neck. Treatment today consisted of A.R.T. and adjustment C456C67 T12 T456. The patient should return as needed.”

- The next documented treatment in L.H.’s record is dated July 22, 2008, and the Member’s note from that date indicates:

  “The patient was seen today for stiffness soreness shoulder left side. Treatment today consisted of hydrocollator, electric stimulation, motion palpation, and an adjustment C456 C67 T12 T456 L45 SI (R) SIl(L) with stretching. The patient should return in one week.”

- The Member did not document providing any treatment to L.H. between September 27, 2007 and July 22, 2008.

- The Member’s relationship with L.H. was brought to the attention of the CCO by L.S. in 2013.

- The Member took the position that L.H. was not a patient during the period he had a sexual relationship with her. As a result, he denied committing any acts of professional misconduct with respect to L.H. and required the CCO to prove the allegations of professional misconduct against him concerning L.H. Counsel for the CCO and the Member provided oral and written submissions to the Panel regarding the conclusions it could draw from the Agreed Statement of facts and the patient’s records.

- The Panel found that L.H. was a patient during the period that the Member had a sexual relationship with her because:
  - She became the Member’s patient on November 2, 2000 and a patient file was created and consent to chiropractic care was signed;
  - The Member treated L.H. on various dates between November 2, 2000 and March 30, 2010;
  - The Member described L.H. in various documents in the patient’s file as a “patient”, including in the last note in the record before the start of the sexual relationship in which he invited “The patient to return as needed”;
  - There was no discharge letter or discharge note in the file, and L.H. was never referred to another chiropractor;
  - A patient is not automatically discharged simply because the
patient has not come in for care for a period of time; and

- A patient who has not come in for care for a period of time
  is not limited from resuming care.

- Based on its finding that there was a concurrent sexual and
  professional relationship, and that the Member’s care of L.H.
  was not incidental, the Panel found that the Member committed
  acts of professional misconduct because he:

  - Sexually abused L.H.;
  - Contravened a standard of practice of the profession or failed
    to maintain the standards of practice of the profession; and
  - Engaged in conduct or performed an act that, having regard
    to all of the circumstances, would reasonably be regarded
    by members as unprofessional.

**Penalty**

- The CCO and the Member submitted the following joint
  submission on penalty, which was accepted and ordered by
  the Panel:

  - Requiring the Member to appear before the panel to be
    reprimanded;
  - Directing the Registrar to revoke the Member’s certificate of
    registration; and
  - Requiring the Member to reimburse the CCO for funding
    provided to L.H. under the program required under section
    85.7 of the Health Professions Procedural Code.

- In addition, based on the Panel’s findings of professional
  misconduct regarding L.H., the Panel required the Member
  to reimburse the CCO for funding provided to L.H. under the
  program required under section 85.7 of the Health Professions
  Procedural Code.

- The CCO and the Member submitted that costs of $12,500.00
  should be ordered against the Member and the Panel made
  that order.

4. **CONTESTED HEARINGS**

**NAME OF MEMBER:**

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

**Place of Practice: Ottawa**

- In 2014, Dr. Reid (“Member”) was the subject of a Discipline
  Committee hearing in which he was found to have committed
  acts of professional misconduct, and in particular, he:

  - Contravened a standard of practice of the profession or failed
    to maintain the standard of practice expected of members
    of the profession;
  - Engaged in conduct or performed an act, that, having regard
    to all the circumstances, would reasonably be regarded by
    members as unprofessional; and
  - Contravened the Chiropractic Act, 1991, the Regulated
    Health Professions Act, 1991, or the regulations under either of
    those Acts.

- On February 2, 2015, a hearing was held to determine the issue
  of penalty.

- On March 18, 2015, the Panel made the following Penalty Order:

  - The Registrar to suspend the Member’s Certificate of
    Registration for a period of 12 months or until such later
    time as he reviews and agrees in writing to comply with the
    CCO’s standards of practice, regulations, guidelines and
    policies. The suspension is to take effect upon the lifting of
    the suspension currently in effect as a result of the Member’s
    failure to complete his annual renewal form and pay his
    annual fees;
  - The Member to appear before the Panel to be reprimanded;
  - Directing the Registrar to impose the following specified
    terms, conditions and limitations on the Member’s Certificate of
    Registration:

    - Prior to returning to practice after the lifting of the
      Suspension, the Member must have reviewed and
      agreed in writing to comply with all CCO regulations,
      standards of practice, policies and guidelines;
  - The Member must respond promptly and fully to
    CCO correspondence and requests for information,
  - The Member must provide CCO with current contact
    information, including address, telephone and
    email, and must update that information as soon as
    practicable after it changes, and
  - The Member must be peer assessed at his own
    expense within six (6) months after returning to
    practice; and
  - Requiring the Member to pay the CCO $166,194.50 in costs.

- The Panel then asked the parties to make written submissions
  regarding costs. After receiving the written submissions, the Panel
  ordered the Member to pay the CCO $166,194.50 in costs.

- The Member has appealed the findings of professional
  misconduct, the penalty and the cost order to the Divisional
  Court. The appeal will be heard in 2016.
**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 (the “Member”).

**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 Hearing and Findings**

- The Member did not attend the hearing. The Panel was satisfied, after reviewing evidence and hearing submissions, that he had received the Notice of Hearing and had sufficient notice of the proceeding. As a result, the Panel ordered the hearing to proceed in the Member’s absence, and deemed him to have denied all of the allegations of professional misconduct.

- The Panel received six exhibits and heard evidence from one witness. The Panel considered the witness to be credible and relied on her evidence.

- Based on the evidence, the Panel found that:
  - L.K. became a patient of the Member in 2009, when she went to him for medical advice and treatment for her daughter and treatment for herself;
  - Sexual contact between the Member and L.K. began in April 2011. The sexual contact was unwanted by L.K. and included masturbation of the Member in her presence, and the Member touching L.K.’s breasts and private parts;
  - The Member also abused L.K. verbally, physically and emotionally, and his actions humiliated her;
  - L.K. was particularly vulnerable at the time of the sexual, physical, verbal, and emotional abuse; and
  - During the period of the sexual contact, L.K. was the Member’s patient. She had appointments to see him in his office, he examined and treated her, and he billed her for chiropractic services.

- Based on those findings of fact, the Panel found the Member committed acts of professional misconduct, and in particular, he:
  - 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;
  - Verbally, physically, and emotionally abused L.K.; and
  - Engaged in conduct or performed an act or acts, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful.

- Based on its findings, the Panel made an Order:
  - Requiring the Member to appear before the panel to be reprimanded;
  - Directing the Registrar to revoke the Member’s certificate of registration;
  - Requiring the Member to reimburse the CCO for funding provided to L.K. under the program required under section 85.7 of the Health Professions Procedural Code up to $11,600.00;
  - Requiring the Member to post security acceptable to the CCO to guarantee the reimbursement for funding; and
  - Requiring the Member to pay the CCO $17,500.00 in costs.

5. **APPEALS**

**NAME OF MEMBER:**
**DR. JOHN BAIRD (#2354)**

**Place of Practice:** Markham

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

- Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
- Failed to keep records as required;
• Contravened the Chiropractic Act, the Regulated Health Professions Act, 1991 or the regulations under those Acts; and

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

• The Panel imposed a penalty consisting of:

  • Requiring the Member to appear before the Panel to be reprimanded;

  • Directing the Registrar to suspend the Member’s Certificate of Registration for a period of fifteen (15) months (“Suspension”), with three (3) months of the suspension to be suspended if he complies with certain terms, conditions and limitations (“Conditions”) within a specified timeframe.

  • Directing the Registrar to impose the following Conditions on the Member’s Certificate of Registration;

    • Prior to returning to practice after the lifting of the Suspension, the Member 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;

    • The Member must be peer assessed at his own expense within six (6) months after returning to practice; and

    • For a three-year period after the Member returns to practice, the CCO may, at its discretion and the Member’s expense, monitor his practice up to six (6) times, and he 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 the Member to pay the CCO $80,000.00 in costs.

  • The Member appealed the findings of professional misconduct, penalty and costs to the Divisional Court.

  • On March 19, 2015, the Divisional Court dismissed the Member’s appeal and ordered him to pay costs of $20,000.00 to the College.

  • The Member then brought a motion for leave to appeal the Divisional Court decision to the Ontario Court of Appeal.

  • On October 19, 2015, the Ontario Court of Appeal dismissed the Member’s motion for leave to appeal and ordered him to pay costs of $1,500.00 to the College.

6. MOTIONS

NAME OF MEMBER: DR. ROBERT BEATON

Place of Practice: Georgetown

On July 15, 2015, the CCO brought a motion before the Discipline Committee, on consent, to withdraw allegations of professional misconduct that had been made against Dr. Robert Beaton. Dr. Beaton’s Certificate of Registration had been suspended on March 1, 2012 for failure to pay annual fees and complete annual renewal forms. His certificate of registration was revoked on March 1, 2014 for those administrative reasons. Specified allegations of professional misconduct regarding Dr. Beaton were referred to the Discipline Committee. The allegations concerned Dr. Beaton’s provision of chiropractic treatment to patients during the period when his certificate of registration was suspended. In the extraordinary circumstances of his case, which included Dr. Beaton’s severe health problems, his full co-operation with the CCO, and his undertakings to never apply for membership with the CCO in the future and to take steps to ensure patient records were made available to former patients and were retained and stored in an appropriate manner, the Discipline Committee granted the motion and stayed the allegations of professional misconduct.

NAME OF MEMBER: DR. DIETER HARDTKE

Place of Practice: Manotick

On March 24, 2015, the CCO brought a motion, on consent, to the Discipline Committee for an order staying the allegations of professional misconduct against Dr. Dieter Hardtke.

The Panel was provided with the following agreed statement of facts:

• Dr. Dieter Hardtke (“Member”) became a member of the College of Chiropractors (“CCO”) on May 31, 1997.

• At the relevant time, the Member practised chiropractic at the Manotick Chiropractic Centre in Manotick, Ontario. The Member is the owner and sole chiropractor at Manotick Chiropractic Centre.

• The Member also owns and operates the Winchester Chiropractic Clinic in Winchester, Ontario.

• On December 8, 2013, a patient named V.R. complained to the
CCO that, during the course of a chiropractic treatment provided by the Member, he put his hand between her legs and left it there until she asked him to remove it.

- The Member denied touching V.R. inappropriately.
- Following an investigation, the Inquiries, Complaints and Reports Committee referred specified allegations of professional misconduct to the Discipline Committee on December 4, 2014. The CCO issued a Notice of Hearing on December 11, 2014.
- The Member advised the CCO that he wished to resign his membership with the CCO.
- The CCO and the Member agreed that the CCO would seek a conditional stay of the allegations of professional misconduct against the Member if he entered into a formal undertaking with the CCO to resign his certificate of registration permanently and to not seek registration with the CCO or any other chiropractic regulator in the future, as well as take other measures the CCO considered necessary to protect the public interest.
- Further to that agreement, the Member executed an Undertaking & Agreement (“Undertaking”) on March 19, 2015.
- In the Undertaking, the Member undertook and agreed that:
  - He would permanently resign from membership in the CCO on May 1, 2015, and thereafter, having irrevocably surrendered his Certificate of Registration, he would not seek membership in the CCO or with any other authority that regulates the practice of chiropractic in any jurisdiction;
  - As of May 1, 2015, he would no longer use the restricted title, “chiropractor” or any of the other restricted titles in the Chiropractic Act, 1991, hold himself out as a chiropractor, engage in the practice of chiropractic, or work or be employed as a chiropractor, in any capacity whatsoever;
  - Until he resigned his membership with the CCO on May 1, 2015, the Member would ensure there is a third party present when he assessed or treated female patients and the third party may not be his wife;
  - The Member will reimburse the CCO for any money it pays for V.R.’s therapy and counselling through the program required under section 85.7 of the Health Professionals Procedural Code;
  - The Member would pay the CCO $5,000.00 in costs by December 31, 2015;
  - The CCO was authorized to provide information about the allegations of professional misconduct in response to any inquiries it receives from any authority that regulates the practice of chiropractic in any other jurisdiction;
  - The register maintained by the CCO will reflect the fact that the Member entered into the Undertaking while a discipline hearing into the allegations of professional misconduct against him was pending, and that the Agreed Statement of Facts, Undertaking, and a summary of the disposition of the motion, will be posted on the CCO’s website and published in the annual report and may be published in any other CCO publication at the discretion of the CCO; and
  - The CCO can take legal proceedings against the Member to enforce the Undertaking if he breaches or fails to comply with any of its terms. Furthermore, the CCO reserves the right to prosecute the allegations of professional misconduct set out in the Notice of Hearing dated December 11, 2014, if the Member fails to comply with the Undertaking.
- The Panel granted the motion and stayed the allegations of professional misconduct. Dr. Hardtke resigned his membership with the CCO on May 1, 2015.
Stephen Dies (“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, Dies has been illegally using the title “chiropractor”, carrying on practising chiropractic, holding himself out as a chiropractor, and performing controlled acts in 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 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, 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 Dies held in contempt of court. On December 30, 2014, Justice Stewart found that Dies was in contempt of court.

The sentencing portion of the application was heard in March 2015. On May 1, 2015, Justice Stewart ordered Dies to comply fully with the May 19, 2006 Order of Justice Smith. She also sentenced Dies to house arrest for a period of six months. During that period, he may only leave his house for the following reasons:

(a) to work at an occupation that does not violate any Court orders and as approved by the Court and counsel for the applicant;

(b) for necessary medical and dental treatment for himself or his wife;

(c) for household shopping for no more than 4 hours a week; or

(d) for the purpose of fulfilling any other conditions of his sentence.

Justice Stewart also ordered Dies to comply with an Undertaking he gave on April 23, 2015 to:

(a) close his Clinic;

(b) not make any appointments with any customers or patients;

(c) not perform any treatment or see any customers or patients;

(d) ensure all signage for the Clinic is removed;

(e) not advertise the Clinic in any manner; and

(f) refer any customer or patient seeking treatment or diagnosis to a licensed chiropractor.

Dies is also required to remain in the jurisdiction of the Court unless he obtains written permission to go outside the jurisdiction, and to comply with a number of other conditions, including completing 150 hours of community service and notifying the Court and the CCO of any change in address or employment. He was ordered to pay the CCO $35,000.00 in costs.

Dies appealed Justice Stewart’s finding of contempt and the sentence to the Ontario Court of Appeal. That appeal was heard on January 4, 2016, and dismissed by the Ontario Court of Appeal on the same day. Dies was ordered to pay the CCO $15,000.00 in costs for the appeal.

Mr. Chris Paliare, Paliare Roland, addressing the public including CMCC students at a discipline hearing. March 2015
Patient Relations Committee

A Message From The Chair

During 2015, the Patient Relations Committee finalized a new standard of practice permitting the treatment of spouses, which was submitted, along with the necessary changes to the Regulations, to the Ontario government. The Ministry of Health and Long-Term Care has since refrained from moving forward with a “spousal exemption” for colleges, pending the release of the Report on Sexual Abuse. While it is still prohibited to treat a spouse, CCO has the necessary documents in place should the law change to permit a spousal exemption.

The Committee spent considerable time developing a public education radio campaign. While Council ultimately decided not to proceed with this program, the conversation was opened to discuss a variety of social media education opportunities. Work on this initiative will continue in 2016.

I would like to thank the members of the Committee: Dr. Daniela Arciero, Dr. Lisa Cadotte, Dr. Patricia Tavares, and Ms Patrice Burke, public member. Our work is made easier by the ongoing support of Ms Jo-Ann Wilson, Mr. Joel Friedman, Ms Andrea Szametz, and Ms Jackie Ranahan.

Committee Activities In 2015

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

In 2015, the Committee:

- Convened four meetings
- Monitored the funding available for therapy for victims of sexual abuse
- Recommended to Council a change to the regulations to permit chiropractors to treat their spouses
- Recommended to Council that the “Who is Your Chiropractor?” document be posted to the CCO website
- Recommended to Council that information about members on the public register be increased in alignment with other professions that hold the doctor title, including college of graduation and year graduated, work locations, year of first registration, and languages spoken, and circulated to members and stakeholders for feedback
- Recommended to Council a public education campaign on radio and other public education options
- Recommended the following Regulation, standard of practice and guideline to Council for approval:
  - Draft Regulation R-013 Spousal Exception to Sexual Abuse Provisions for submission to government and approval of Standard of Practice S-023: Providing Chiropractic Care to a Spouse once the Regulation is proclaimed
  - Guideline G-001: Communication with Patients, followed by the revocation of Guideline G-001: Prevention of Sexual Abuse of Patients

Committee Members and Staff Support

Ms Patrice Burke  
Dr. Lisa Cadotte,  
non-Council Member  
Ms Jo-Ann Wilson,  
Registrar and General Counsel  
Dr. Patricia Tavares  
Ms Judith McCutcheon,  
Chair  
Dr. Daniela Arciero,  
non-Council Member  
Mr. Joel Friedman,  
Director, Policy & Research
Communicating the role, mandate and mechanism of CCO to key internal and external stakeholders.

In 2015, CCO participated in initiatives with other chiropractic stakeholders.
L-R: Dr. Clifford Hardick, President, CCO, Dr. David Wickes, President, CMCC, Dr. Bob Haig, Chief Executive Officer, OCA, Dr. Silvano Mior, Senior Advisor to the President, Professor, CMCC.

Peer Assessor Workshop
January 2015

FCC Regulatory Council Meeting
April 2015
Quality Assurance Committee

A Message from the Chair

Under the Regulated Health Professions Act, 1991 (RHPA), regulatory colleges have several duties and objects. Over the past year, the Quality Assurance (QA) Committee has specifically aligned its activities to meet several of these duties and objects.

Specifically, one of the duties under the RHPA is “to develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.”

In 2015, the QA Committee began discussions on enacting a guideline on the use of social media (such as Facebook, Twitter and SnapChat). Social media is a very recent phenomenon, unknown even a decade ago, but its use by members for purposes of advertisement and communication with patients and the world-at-large has exploded and is fraught with potential dangers. The QA Committee felt it was its duty to assist members in the appropriate use of this emerging technology, and drafted a guideline entitled “Use of Social Media”; it was approved by Council for distribution for feedback from members and stakeholders (in February 2016).

The RHPA also requires colleges to “develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession” as well as “promote continuing evaluation, competence and improvement among the members”. To accomplish these goals, the QA Committee amended Standard of Practice S-003: Professional Portfolio and now requires members to obtain at least five hours of continuing education each CE cycle and that aligns with one or more of the controlled acts granted to chiropractors under the RHPA. This has the collateral benefit of aligning with one of the CCO’s strategic objectives, which is to “optimize chiropractic services in the public interest”.

I would like to thank our professional members, Dr. Bryan Wolfe and Dr. Joel Weisberg, and our public members, Ms Georgia Allan and Ms Judith McCutcheon, for their contribution to the Committee’s work. I would also like to thank Dr. J. Bruce Walton, Mr. Joel Friedman, and Ms Jo-Ann Willson for their guidance and support.

Committee Activities in 2015

In fulfilling its mandate in helping to continuously improve the quality of the health care provided to the public of Ontario by chiropractors, the QA Committee ably managed a significant workload in 2015, 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 (PPA 2.0). In 2015, the Committee:

• Convened seven meetings
• Presented a well-attended and dynamic Peer Assessor Workshop on January 31, 2015 to update the peer assessors on the anticipated completion of the first round of peer and practice assessments, review changes in CCO’s standards of practice, policies and guidelines, and to present and receive feedback on the proposed scope of the second round of peer and practice assessments (PPA 2.0)

• Continued discussion about and oversaw content development for PPA 2.0

• Oversaw the distribution of 600+ peer assessment packages to members, with a high rate of return and participation

• Recommended to Council the following standards of practice, guidelines and policies for approval:
  - Standard of Practice S-003: Professional Portfolio
  - Standard of Practice S-009: Chiropractic Care of Animals
  - Standard of Practice S-021: Assistive Devices
  - Policy P-051: Peer Assessors
  - Policy P-055: Process for Quality Assurance Committee to Address Members who are Non-Compliant with Continuing Education Requirements
  - Guideline G-008: Business Practices
Registration Committee

A Message from the Chair

This year has flown by and, as usual, the Registration Committee has been meeting monthly to review applications to ensure a fair, transparent and timely registration. The Committee prides itself with the ability to ensure a timely response to all applicants who apply for registration.

CCO is focused on continuing to regulate in a fiscally responsible manner and to support that objective, the Registration Committee has become an entirely paperless committee, and has been meeting almost exclusively via teleconference calls.

Also, to help optimize chiropractic services in the public interest, the Registration Committee has spent a lot of time ensuring we continue to improve our policies and procedures to ensure our licensing processes are transparent, objective, impartial, and fair, and comply with the requirements of Ontario’s Office of the Fairness Commissioner.

We would like to remind members that if you plan on taking a break from practice for a maternity or parental leave, returning to school, or travelling, be sure to contact CCO to see if a change to the inactive class of registration for the break in practice will benefit you.

Committee Activities in 2015

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 2015, 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
• Discussed and implemented amendments to the Legislation and Ethics Examination to ensure it reflects the current legislation and is psychometrically sound
• Recommended to Council the following amended policy for approval:
  o Policy P-053: Returning to the General Class of Registration

Committee Members and Staff Support

Mr. Shakil Akhter
Ms Maria Simas, Registration Coordinator
Mr. Joel Friedman, Director, Policy & Research
Dr. David Starmer, Chair
Dr. Bruce Lambert
Ms Jo-Ann Willson, Registrar and General Counsel
Registration Statistics Snapshot
(as of December 31, 2015)

<table>
<thead>
<tr>
<th>College of Graduation</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Memorial Chiropractic College</td>
<td>76</td>
<td>74</td>
<td>150</td>
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<tr>
<td>New York Chiropractic College</td>
<td>5</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>D’Youville College</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Life University</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Logan College of Chiropractic</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Anglo-European College of Chiropractic</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>L’Université du Québec à Trois-Rivières</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>MacQuarie University</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>National University of Health Sciences</td>
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<td>1</td>
</tr>
<tr>
<td>New Zealand College of Chiropractic</td>
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<td>1</td>
</tr>
<tr>
<td>Palmer College of Chiropractic (California)</td>
<td>0</td>
<td>1</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>90</strong></td>
<td><strong>88</strong></td>
<td><strong>178</strong></td>
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</tbody>
</table>

### Ages of Active Members
Total: 4,254

- **25-35**: 1,181
- **36-45**: 1,515
- **46-55**: 850
- **55-65**: 547
- **OVER 66**: (151)
- **UNDER 25**: (10)

### CCO Members by Registration Class
Total: 4,587

- **ACTIVE**: 4,211
- **ACTIVE NON-RESIDENT**: 43
- **INACTIVE**: 143
- **INACTIVE NON-RESIDENT**: 64
- **RETIRED**: 126

### Registration Statistics Snapshot
(as of December 31, 2015)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35</td>
<td>1,181</td>
</tr>
<tr>
<td>36-45</td>
<td>1,515</td>
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<tr>
<td>46-55</td>
<td>850</td>
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<tr>
<td>55-65</td>
<td>547</td>
</tr>
<tr>
<td>OVER 66</td>
<td>(151)</td>
</tr>
<tr>
<td>UNDER 25</td>
<td>(10)</td>
</tr>
</tbody>
</table>
College of Chiropractors of Ontario
Financial Statements
for the year ended

December 31, 2015
(with 2014 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, 2015, 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, 2015, 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 20, 2016
## Statement of Financial Position

**December 31, 2015**  
*(with 2014 comparisons)*

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$596,250</td>
<td>$219,262</td>
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<tr>
<td>Short-term investments, at amortized cost (Note 2)</td>
<td>1,963,675</td>
<td>3,029,614</td>
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<tr>
<td>Prepaid expenses and sundry assets</td>
<td>8,739</td>
<td>18,778</td>
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<tr>
<td><strong>Total Current</strong></td>
<td>2,568,664</td>
<td>3,267,654</td>
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<tr>
<td>Cash - internally restricted for Office Development Project (Note 5)</td>
<td>–</td>
<td>497,565</td>
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<tr>
<td>Term deposits - internally restricted for Office Development Project (Note 2, 5)</td>
<td>1,552,215</td>
<td>–</td>
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<tr>
<td>Capital assets (Note 3)</td>
<td>2,918,661</td>
<td>2,766,946</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>7,039,540</td>
<td>6,532,165</td>
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### Liabilities

<table>
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<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$211,611</td>
<td>$291,782</td>
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<tr>
<td>Government remittances payable</td>
<td>3,970</td>
<td>6,926</td>
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<td>Deferred revenue</td>
<td>747,475</td>
<td>577,321</td>
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<tr>
<td>Deferred lease inducement - current portion (Note 6)</td>
<td>6,804</td>
<td>6,804</td>
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<tr>
<td><strong>Total Current</strong></td>
<td>969,860</td>
<td>882,833</td>
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<tr>
<td>Deferred lease inducement - non-current portion (Note 6)</td>
<td>14,180</td>
<td>20,986</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>984,040</td>
<td>903,819</td>
</tr>
</tbody>
</table>

### Net Assets (per Statement 2)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internally restricted for Office Development Project (Note 5)</td>
<td>1,552,215</td>
<td>497,565</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>4,503,285</td>
<td>5,130,781</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$6,055,500</td>
<td>$5,628,346</td>
</tr>
</tbody>
</table>

### Total Liabilities and Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$7,039,540</td>
<td>$6,532,165</td>
</tr>
</tbody>
</table>

Approved on behalf of the College:

**MS Judith McCutcheon,**  
Treasurer  
**Dr. Clifford Hardick,**  
President

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

**For the Year Ended December 31, 2015**

*(With 2014 Comparisons)*

<table>
<thead>
<tr>
<th>INCOME</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal fees</td>
<td>$ 4,331,689</td>
<td>$ 4,244,000</td>
</tr>
<tr>
<td>Registration fees</td>
<td>59,500</td>
<td>58,275</td>
</tr>
<tr>
<td>Examination fees</td>
<td>38,398</td>
<td>37,440</td>
</tr>
<tr>
<td>Incorporation fees</td>
<td>167,800</td>
<td>162,550</td>
</tr>
<tr>
<td>Recovery of discipline costs</td>
<td>81,836</td>
<td>100,060</td>
</tr>
<tr>
<td>Interest and sundry</td>
<td>99,915</td>
<td>87,604</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>4,779,138</td>
<td>4,689,929</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits (Note 4)</td>
<td>1,221,235</td>
<td>1,216,498</td>
</tr>
<tr>
<td>Rent and utilities (Note 6)</td>
<td>490,107</td>
<td>497,924</td>
</tr>
<tr>
<td>Office and general</td>
<td>366,067</td>
<td>431,687</td>
</tr>
<tr>
<td>Printing and postage</td>
<td>192,925</td>
<td>164,133</td>
</tr>
<tr>
<td>Insurance</td>
<td>12,412</td>
<td>12,492</td>
</tr>
<tr>
<td>Meetings, fees and expenses (Schedule 1)</td>
<td>258,516</td>
<td>272,738</td>
</tr>
<tr>
<td>Audit</td>
<td>25,764</td>
<td>29,873</td>
</tr>
<tr>
<td>Seminars and conferences</td>
<td>30,619</td>
<td>21,525</td>
</tr>
<tr>
<td>CFCREAB dues</td>
<td>126,228</td>
<td>126,228</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>310,507</td>
<td>166,471</td>
</tr>
<tr>
<td>Consulting fees - peer assessors</td>
<td>220,216</td>
<td>183,015</td>
</tr>
<tr>
<td>Consulting fees - complaints</td>
<td>158,655</td>
<td>118,515</td>
</tr>
<tr>
<td>Legal fees - complaints</td>
<td>3,250</td>
<td>11,007</td>
</tr>
<tr>
<td>Legal fees - discipline</td>
<td>696,394</td>
<td>599,035</td>
</tr>
<tr>
<td>Legal fees - executive</td>
<td>15,688</td>
<td>–</td>
</tr>
<tr>
<td>Legal fees - general</td>
<td>157,552</td>
<td>317,389</td>
</tr>
<tr>
<td>Equipment lease</td>
<td>28,520</td>
<td>30,221</td>
</tr>
<tr>
<td>Media advertising</td>
<td>–</td>
<td>3,293</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>4,314,655</td>
<td>4,202,044</td>
</tr>
</tbody>
</table>

Excess of income over expenditures before amortization: 464,483

Amortization: 37,329

**EXCESS OF INCOME OVER EXPENDITURES**

$ 427,154  $ 445,514

The accompanying notes form an integral part of these financial statements.
## Statement of Changes in Net Assets

**For the Year Ended December 31, 2015**

<table>
<thead>
<tr>
<th></th>
<th>Internally restricted for Office Development Project</th>
<th>Unrestricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BALANCE: January 1,</strong></td>
<td>$497,565</td>
<td>$5,130,781</td>
<td>$5,628,346</td>
</tr>
<tr>
<td><strong>Excess of income over expenditures (per Statement 3)</strong></td>
<td>–</td>
<td>$427,154</td>
<td>$427,154</td>
</tr>
<tr>
<td><strong>Interfund transfer to (from) (Note 5)</strong></td>
<td>$1,054,650</td>
<td>(1,054,650)</td>
<td>–</td>
</tr>
<tr>
<td><strong>BALANCE: December 31,</strong></td>
<td>$1,552,215</td>
<td>$4,503,285</td>
<td>$6,055,500</td>
</tr>
</tbody>
</table>

**For the Year Ended December 31, 2014**

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

The accompanying notes form an integral part of these financial statements.
**Statement of Cash Flows**  
FOR THE YEAR ENDED DECEMBER 31, 2015  
(WITH 2014 COMPARISONS)

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of income over expenditures (per Statement 3)</td>
<td>$ 427,154</td>
<td>$ 445,514</td>
</tr>
<tr>
<td>Amortization – capital assets</td>
<td>37,329</td>
<td>42,371</td>
</tr>
<tr>
<td>Decrease (Increase) in prepaid expenses and sundry assets</td>
<td>10,039</td>
<td>(2,593)</td>
</tr>
<tr>
<td>(Decrease) Increase in accounts payable and accrued liabilities</td>
<td>(80,172)</td>
<td>44,781</td>
</tr>
<tr>
<td>(Decrease) in government remittances payable</td>
<td>(2,956)</td>
<td>(24,957)</td>
</tr>
<tr>
<td>Increase in deferred revenue</td>
<td>170,154</td>
<td>115,022</td>
</tr>
<tr>
<td>(Decrease) Increase in deferred lease inducement</td>
<td>(6,806)</td>
<td>27,790</td>
</tr>
<tr>
<td></td>
<td>554,742</td>
<td>647,928</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Purchase) of capital assets</td>
<td>(189,043)</td>
<td>(82,666)</td>
</tr>
<tr>
<td>(Increase) in short-term investments</td>
<td>(486,276)</td>
<td>(300,171)</td>
</tr>
<tr>
<td></td>
<td>(675,319)</td>
<td>(382,837)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(120,577)</td>
<td>265,091</td>
</tr>
</tbody>
</table>

| **CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR** | 716,827 | 451,736 |
| **CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR** | 596,250 | $ 716,827 |

Cash and cash equivalents consist of the following:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$ 546,156</td>
<td>$ 149,262</td>
</tr>
<tr>
<td>Cash - internally restricted for Office Development Project (Note 5)</td>
<td>–</td>
<td>497,565</td>
</tr>
<tr>
<td>Term deposits</td>
<td>50,094</td>
<td>70,000</td>
</tr>
<tr>
<td></td>
<td>$ 596,250</td>
<td>$ 716,827</td>
</tr>
</tbody>
</table>

The accompanying notes form an integral part of these financial statements.
### SCHEDULE OF MEETINGS FEES AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2015
(WITH 2014 COMPARISONS)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Peter Amlinger</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 32,513</td>
<td></td>
<td>$ 32,513</td>
</tr>
<tr>
<td>Dr. Elizabeth Anderson-Peacock</td>
<td>$ 12,100</td>
<td>$ 6,159</td>
<td>$ 18,259</td>
<td>$ 23,664</td>
<td></td>
<td>$ 23,664</td>
</tr>
<tr>
<td>Dr. Reginald Gates 4,8</td>
<td>$ 7,050</td>
<td>$ 393</td>
<td>$ 7,443</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Brian Gleberzon 2,6</td>
<td>$ 21,600</td>
<td>$ 1,459</td>
<td>$ 23,059</td>
<td>$ 22,077</td>
<td></td>
<td>$ 22,077</td>
</tr>
<tr>
<td>Dr. Clifford Hardick 1</td>
<td>$ 31,850</td>
<td>$ 10,658</td>
<td>$ 42,508</td>
<td></td>
<td></td>
<td>$ 20,711</td>
</tr>
<tr>
<td>Dr. Bruce Lambert 4, 7, 8</td>
<td>$ 6,675</td>
<td>$ 825</td>
<td>$ 7,500</td>
<td>$ 5,073</td>
<td></td>
<td>$ 5,073</td>
</tr>
<tr>
<td>Dr. James Laws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Dennis Mizel</td>
<td>$ 37,250</td>
<td>$ 5,826</td>
<td>$ 43,076</td>
<td>$ 49,604</td>
<td></td>
<td>$ 49,604</td>
</tr>
<tr>
<td>Dr. Gauri Shankar 1, 2</td>
<td>$ 27,250</td>
<td>$ 26,803</td>
<td>$ 54,053</td>
<td>$ 51,214</td>
<td></td>
<td>$ 51,214</td>
</tr>
<tr>
<td>Dr. David Starmer 3, 7</td>
<td>$ 9,700</td>
<td>$ 725</td>
<td>$ 10,425</td>
<td>$ 14,845</td>
<td></td>
<td>$ 14,845</td>
</tr>
<tr>
<td>Dr. Patricia Tavares 3, 5</td>
<td>$ 13,300</td>
<td>$ 583</td>
<td>$ 13,883</td>
<td>$ 19,709</td>
<td></td>
<td>$ 19,709</td>
</tr>
<tr>
<td>Dr. Bryan Wolfe 1, 6</td>
<td>$ 24,300</td>
<td>$ 14,010</td>
<td>$ 38,310</td>
<td>$ 31,978</td>
<td></td>
<td>$ 31,978</td>
</tr>
<tr>
<td>Ms. Jo-Ann Willson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total:**

|                             | $ 191,075 | $ 67,441     | $ 258,516  | $ 272,738 |

**Note:** Committee membership changed in April

Numbers refer to committee/project membership (April – December 2015)

<table>
<thead>
<tr>
<th>Committee</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive</td>
<td>1</td>
</tr>
<tr>
<td>Inquiries, Complaints &amp; Reports</td>
<td>2</td>
</tr>
<tr>
<td>Discipline</td>
<td>3</td>
</tr>
<tr>
<td>Fitness to Practise</td>
<td>4</td>
</tr>
<tr>
<td>Patient Relations</td>
<td>5</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>6</td>
</tr>
<tr>
<td>Registration</td>
<td>7</td>
</tr>
<tr>
<td>Advertising</td>
<td>8</td>
</tr>
</tbody>
</table>

**SCHEDULE 1**
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2015

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

(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, 2015, 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

<table>
<thead>
<tr>
<th>Interest rate</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>1.30%</td>
<td>$2,025,430</td>
</tr>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>1.00%</td>
<td>$987,446</td>
</tr>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>1.10%</td>
<td>$503,014</td>
</tr>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>1.30%</td>
<td>$ –</td>
</tr>
<tr>
<td>The Bank of Nova Scotia, GIC</td>
<td>1.30%</td>
<td>$ –</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,515,890</strong></td>
<td><strong>$3,029,614</strong></td>
</tr>
</tbody>
</table>

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.

These investments have been presented on the financial statements as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term investments</td>
<td>$1,963,675</td>
<td>$3,029,614</td>
</tr>
<tr>
<td>Term deposits – internally restricted for Office Development Project</td>
<td>1,552,215</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,515,890</strong></td>
<td><strong>$3,029,614</strong></td>
</tr>
</tbody>
</table>

3 CAPITAL ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Accumulated Amortization</th>
<th>2015 Net</th>
<th>2014 Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture &amp; Office Equipment</td>
<td>$318,675</td>
<td>$302,273</td>
<td>$16,402</td>
<td>$20,503</td>
</tr>
<tr>
<td>Computer &amp; Software</td>
<td>$527,228</td>
<td>$449,696</td>
<td>$77,532</td>
<td>$86,906</td>
</tr>
<tr>
<td>Land</td>
<td>$2,824,727</td>
<td>–</td>
<td>$2,824,727</td>
<td>$2,659,537</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,670,630</strong></td>
<td><strong>$751,969</strong></td>
<td><strong>$2,918,661</strong></td>
<td><strong>$2,766,946</strong></td>
</tr>
</tbody>
</table>

4 SALARIES AND BENEFITS

This expense includes payments for current service pension plans.

5 INTERNALLY RESTRICTED FOR OFFICE DEVELOPMENT PROJECT

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 (ODP). The $445,514 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2014.

In addition, on December 4, 2015, the Council of the College passed a motion to internally restrict the use of $609,136 in order to fund future disbursements for the ODP. This amount represents the Excess of Income Over Expenditures (surplus) of $178,548 and $430,588 for the years ended December 31, 2011 and December 31, 2012 respectively.

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 four years are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>$184,821</td>
</tr>
<tr>
<td>2017</td>
<td>185,197</td>
</tr>
<tr>
<td>2018</td>
<td>189,338</td>
</tr>
<tr>
<td>2019</td>
<td>15,810</td>
</tr>
</tbody>
</table>

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 2015.

8 SUBSEQUENT EVENT

On April 19, 2016, the Council of the College passed a motion to internally restrict the use of $427,154 in order to fund future disbursements for the Office Development Project. The $427,154 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2015. 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.
Excerpts from Federation’s “2015 2016 Highlights”:

Initiating Work on a Public Portal Project
The Federation’s Communications Committee has initiated a project that will provide a common source of information about health care regulators and practitioners through an online presence focused solely on the public.

Divisional Court Challenge—Intervenor Status
The Federation was granted intervenor status in a Divisional Court case (CNO v Dumchin) which could have had a significant impact on all RHPA Colleges. The Challenge related to an interpretation of the juristic person of a College has over a resigned member. In its decision in April 2016, the Court agreed with the views of CNO’s counsel and the Federation that a College does have that jurisdiction.

Auto Insurance Regulatory Practices Working Group and the Service Provider Business Licensing Implementation Forum
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.

Federation members were offered a number of opportunities to interact with key stakeholders, enhance their regulatory expertise, and train both College staff as well and Council and Committee members. Here is a sample from the past year:

Discussions with the Ministry of Health and Long-Term-Care
Meetings with Deputy Minister Bob Bell, Assistant Deputy Minister Denise Cole, with Directors Allison Henry and David Lamb, and Director John Amodeo and his team at the Corporate Services Branch

Presentation by the Health Professions Appeal and Review Board
Discussions with Board Chair Janice Vauthier and Registrar Sara van der Vliet; statistics from previous years’ appeals and reviews were analyzed
Council on Licensure, Enforcement and Regulation (CLEAR) Federation Regulatory Council Member Training

In person educational opportunities for Council members and staff to focus on effective governance within the RHPA

Discipline Orientation Workshops (Basic and Advanced Sessions)

Managed by the Discipline Orientation Committee with Faculty Brian Gover/Luisa Ritacca and Richard Steinecke

Public Awareness Campaign, “We Care about Your Care”

Regular articles are written for use by Ontario media outlets (see www.regulatedhealthprofessions.on.ca)

Investigations and Hearings Network Symposia

Topics included: the discipline process, decision writing, panel discussion on prior history, and roundtable on investigation issues

Training for the Prevention of Sexual Abuse of Patients Working Group

Providing members with opportunities for training of their Councils, Committees and Staff related to the prevention of and response to the sexual abuse of patients

Education for Health Professional Regulators of Ontario (EHPRO)

Federation members are now able to access videos and supporting material to help educate Council, Committee members, and staff in five key areas of a College’s regulatory mandate:

• Foundational Concepts (including issues such as the public interest, accountability)
• Fiduciary Duties (including issues such as confidentiality, conflict of interest)
• Governance
• Core Regulatory Activities of the Code
• Specific Duties and Functions of the College (including issues such as risk management, equity).

The “question and answer” format between the Federation President and legal counsel Richard Steinecke provides for endless educational opportunities.
Ms Jo-Ann Willson (Registrar and General Counsel), Dr. J. Bruce Walton (Director, Professional Practice),
Ms Sarah Oostrom (Receptionist), Ms Tina Perryman (Manager, Inquiries, Complaints and Reports),
Mr. Joel Friedman (Director, Policy and Research), Ms Anda Vopni (Financial Officer),
Ms Rose Bustria (Administrative Assistant), Ms Madeline Cheng (Administrative Assistant),
Ms Christine McKeown (Inquiries, Complaints and Reports Officer) and Ms Maria Simas (Registration Coordinator).
On an annual basis, CCO Council and staff review CCO’s mission and strategic objectives to ensure consistency with CCO’s statutory mandate and practices. The strategic planning sessions take place outside of Toronto in September, and coincide with an open Council meeting which members and the public are encouraged to attend to learn more about CCO and its role in regulating chiropractic in the public interest. The strategic planning session and Council meeting in September 2015 took place in Niagara Falls, Ontario.
# Council Member Terms

(as of December 31, 2015)

<table>
<thead>
<tr>
<th>Name</th>
<th>District</th>
<th>Date First Elected/ Appointed</th>
<th>Date Re-elected/ Reappointed</th>
<th>Date of Expiry of Term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elected Members</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Liz Anderson-Peacock</td>
<td>3 (Central East)</td>
<td>April 2013</td>
<td>N/A</td>
<td>April 2016</td>
</tr>
<tr>
<td>Dr. Reginald Gates</td>
<td>5 (Central West)</td>
<td>April 2015</td>
<td>N/A</td>
<td>April 2018</td>
</tr>
<tr>
<td>Dr. Brian Gleberzon</td>
<td>4 (Central)</td>
<td>April 2007</td>
<td>April 2010</td>
<td>April 2016</td>
</tr>
<tr>
<td>Dr. Cliff Hardick</td>
<td>6 (Western)</td>
<td>May 2011</td>
<td>April 2014</td>
<td>April 2017</td>
</tr>
<tr>
<td>Dr. Bruce Lambert</td>
<td>5 (Central West)</td>
<td>April 2014</td>
<td>N/A</td>
<td>April 2017</td>
</tr>
<tr>
<td>Dr. Gauri Shankar</td>
<td>2 (Eastern)</td>
<td>April 2010</td>
<td>April 2013</td>
<td>April 2016</td>
</tr>
<tr>
<td>Dr. David Starmer</td>
<td>4 (Central)</td>
<td>April 2014</td>
<td>N/A</td>
<td>April 2017</td>
</tr>
<tr>
<td>Dr. Pat Tavares</td>
<td>4 (Central)</td>
<td>April 2012</td>
<td>April 2015</td>
<td>April 2018</td>
</tr>
<tr>
<td>Dr. Bryan Wolfe</td>
<td>1 (Northern)</td>
<td>December 2008 (by-election)</td>
<td>April 2009</td>
<td>December 2017</td>
</tr>
</tbody>
</table>

| **Appointed Members**       |                 |                              |                              |                        |
|-----------------------------|-----------------|------------------------------|------------------------------|                        |
| Mr. Shakil Akhter           | Toronto         | May 2008                     | May 2011                     | May 2017               |
| Ms Georgia Allan            | Smiths Falls    | September 2014               | N/A                          | September 2017         |
| Ms Patrice Burke            | Brantford       | April 2015                   | N/A                          | April 2018             |
| Ms Wendy Lawrence           | Toronto         | September 2015               | N/A                          | September 2018         |
| Ms Judith McCutcheon        | Unionville      | August 2009                  | August 2012                  | August 2018            |
| Mr. Scott Sawler            | Ottawa          | November 2012                | November 2013                | November 2016          |
| Vacant                      |                 |                              |                              |                        |
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