



**Protecting the Public,  
Guiding the Profession**

**Une protection  
pour le public, un guide  
pour la profession**

**ANNUAL REPORT | 2017**



## Commonly Used Acronyms

Acronym	Full Name
Agreements	Resolution Agreements
AODA	<i>Accessibility for Ontarians with Disabilities Act</i>
CCO or College	College of Chiropractors of Ontario
CE	Continuing Education
<i>Chiropractic Act</i>	<i>Chiropractic Act, 1991</i>
CMCC	Canadian Memorial Chiropractic College
Code	Health Professions Procedural Code
EHCBC	Extended Health Care Benefits
FHRCO	Federation of Health Regulatory Colleges of Ontario
FSCO	Financial Services Commission of Ontario
HPARB	Health Professions Appeal and Review Board
HPRAC	Health Professions Regulatory Advisory Council
ICRC	Inquiries, Complaints and Reports Committee
MIG	Minor Injury Guideline
ODP	Office Development Project
PPA	Peer and Practice Assessment
QA	Quality Assurance
RHPA	<i>Regulated Health Professions Act, 1991</i>
SCERP	Specified Continuing Education or Remediation Program



“While other professions are concerned with changing the environment to suit the weakened body, chiropractic is concerned with strengthening the body to suit the environment.”

*B.J. Palmer, the “Developer” of Chiropractic*

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“Take care of your body. It’s the only  
place you have to live.”

*Jim Rohn*



## Mission

The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

## Vision

Committed to Regulatory Excellence in the Public Interest in a Diverse Environment

## Values

- Integrity
- Respect
- Collaborative
- Innovative
- Transparent
- Responsive

*Developed at the strategic planning session: September 2017*

## Strategic Objectives

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.
2. Ensure the practice of members is safe, ethical, and patient-centered.
3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.
4. Optimize the use of technology to facilitate regulatory functions and communications.
5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

*Developed at the strategic planning session: September 2017*

# *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.





Dr. Gauri Shankar  
President, CCO Member Since 1992  
président, membre de l'OCO depuis 1992

# Message from the President

**What does it take to be a world-class athlete or organization? I think most people would agree that, among a long list of attributes, it takes focus, motivation, adaptability, and commitment.**

When I reflect on CCO's accomplishments in 2017, I am reminded that Council and staff exhibited many traits that helped us "raise the bar" in regulating chiropractic in the public interest. We focused on collaboration with stakeholders and adapted to shifting priorities. We were committed to best practices in running CCO's operations and ably managed a fulsome agenda – all in support of our mandate.

I believe we accomplished a lot and wish to share important highlights with you:

- Collaboration with stakeholders was evident throughout 2017. In particular, CCO was delighted with the news that Dr. Eric Hoskins, the Minister of Health and Long-Term Care, had approved enhancement of the diagnostic tools with which chiropractors work. This was a "good news" story that benefited the public of Ontario in the delivery of chiropractic care.
- CCO's annual general meeting in June was well-attended by members and guests. Held at the Royal Conservatory of Music in Toronto, this was a wonderful venue for CCO to celebrate the 2016 accomplishments through the reports from all statutory committees. Following the business meeting, the ambience of the historic venue (founded in 1866) provided an elegant backdrop to the reception.
- Continuing the legacy of dedicated and public-minded Council members, two professional members were elected in April 2017: Dr. Peter Amlinger (District 5) and Dr. Kristina Peterson (District 1). Council was also pleased to welcome its newest public member, Ms Karoline Bourdeau. We thank them for agreeing to serve.
- Council was pleased to announce Ms Georgia Allan's re-appointment as a public member on September 8, 2017 for another three-year term. I would like to acknowledge Georgia's continued commitment and dedication.
- Council convened in Kingston in September for a facilitated strategic planning session in conjunction with its regular meeting. Input had been previously solicited from key stakeholders and was considered as part of Council's broader deliberations. The outcomes included minor revisions to CCO's mission, vision, and strategic objectives and, most impressively, a new set of values to complement our strong organizational principles. I was personally very pleased to see the cooperation among all Council members in working to bring us to a new level in delivering on our mandate.
- In November, Ms Jo-Ann Willson and I attended the Council on Licensure, Enforcement and Regulation (CLEAR) Conference in Australia. It was an opportunity for us to learn about best practices in self-regulation in other jurisdictions and to discuss common issues with other delegates.
- Between January and October 2017, CCO offered nine road shows across Ontario. Led by Ms Willson and Dr. J. Bruce Walton, these well-attended events generated positive feedback about the opportunities to learn more about the regulation of chiropractic in Ontario and engage with other chiropractors from their area. CCO continues to receive requests for workshops, so if one comes to your area or is reasonably accessible, I urge you to sign up – you can put it towards your continuing education credits and you won't be disappointed!

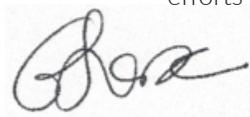
- The launch of CCO’s new website in October was a significant achievement. Key features of the revamped website include a “new look and feel” for easier navigation and access to information for the public, enhanced transparency and communication with all stakeholders, and the ability for members to manage their membership renewals on-line (thereby reducing paper and mailing costs). By year-end, the new site was deemed to be very successful because of the high uptake rate in registering on-line for the first time. I would like to express my appreciation to Mr. Joel Friedman, who was a key player in overseeing the technical and practical implications of this significant project. This was an impressive first step – stay tuned!
- CCO Council meetings are open to the public and this is a good way for members to learn about self-regulation in Ontario. To see the schedule, visit “Upcoming Council Meetings” on the CCO website.
- As a health regulatory body, CCO is committed to the principles of fiscal responsibility in managing its affairs while ensuring that the public has access to safe and ethical chiropractic care. In 2017, CCO continued its diligence in ensuring that appropriate measures were in place to support this. Other related initiatives included Council’s continued examination of options for a new home for CCO and processes to support less dependency on paper (such as e-newsletters and on-line registration for members).

## Acknowledgements

It has been a privilege to serve as President. I am pleased with how well we worked together as a team, and thank my fellow Council members for being engaged and devoted in managing a busy agenda in 2017. The willingness to tackle important agendas enabled us to move our significant workload forward and to achieve several important goals. I also wish to acknowledge our members who continuously strive to deliver the best chiropractic care to their patients and who are an important role model for the next generation of CCO members.

Our experienced and supportive staff team ably managed significant administrative and process activities in 2017. Their dedication demonstrates both an impressive work ethic and the ability to support our mandate in regulating chiropractic. Overseeing this was Ms Jo-Ann Willson, Registrar and General Counsel, and her knowledge, experience, and expert leadership were crucial to our successes. I also wish to recognize the numerous external roles she embraced on our behalf and for acting as a resource, when needed, to help advance the work of the Federation of Health Regulatory Colleges of Ontario and its stakeholders.

Serving on Council and as President in 2017 has been professionally and deeply rewarding for me. The opportunity to serve is alone humbling. I have benefited from working with other chiropractors and our public members from across Ontario – everyone’s passion for chiropractic is evident in all that they do. I trust that our work in 2017 has set the stage for 2018: the delivery of safe and ethical chiropractic care to the public of Ontario and our continued efforts to “raise the bar” for all of us.



**DR. GAURI SHANKAR,**  
PRESIDENT

Celebrate what you have accomplished,  
but raise the bar a little higher each time you succeed.

***Mia Hamm, two-time Olympic medalist and retired American soccer player***

## CCO Presidents and BDC Chairs

Name	Position	Organization	Term	
Dr. Gauri Shankar	President	CCO	April 2017	April 2018
Dr. Clifford Hardick	President	CCO	April 2016	April 2017
Dr. Clifford Hardick	President	CCO	April 2015	April 2016
Dr. Dennis Mizel	President	CCO	April 2014	April 2015
Dr. Peter Amlinger	President	CCO	April 2013	April 2014
Dr. Peter Amlinger	President	CCO	April 2012	April 2013
Dr. Marshall Deltoff	President	CCO	April 2011	April 2012
Dr. Peter Amlinger	President	CCO	June 2009	April 2011
Dr. Dennis Mizel	President	CCO	June 2008	June 2009
Dr. Gilles Lamarche	President	CCO	April 2006	June 2008
Dr. R. Andrew Potter	President	CCO	April 2004	April 2006
Dr. Allan Gotlib	President	CCO	March 2002	April 2004
Dr. Keith Thomson	President	CCO	March 2001	March 2002
Dr. Allan Gotlib	President	CCO	March 1999	March 2001
Dr. Lloyd E. MacDougall	President	CCO	March 1997	March 1999
Dr. Leo K. Rosenberg	President	CCO	March 1995	March 1997
Dr. Bertram L. Brandon	President	CCO	March 1994	March 1995
Dr. Edward R. Burge	Chair	BDC	February 1988	March 1994
Dr. Robert M. Wingfield	Chair	BDC	February 1986	February 1988
Dr. Fred N. Barnes	Chair	BDC	February 1984	February 1986
Dr. Stephen E. West	Chair	BDC	September 1974	February 1984
Dr. Harold W.R. Beasley	Chair	BDC	September 1961	September 1974
Dr. Harry A. Yates	Chair	BDC	August 1952	September 1961

## Message du président

**Quelles qualités doit-on posséder pour être un athlète ou une organisation de classe mondiale? Je pense que la plupart des gens serait d'accord pour dire que, parmi une longue liste d'attributs, il faut de la concentration, de la motivation, de l'adaptabilité et de l'engagement.**

Lorsque je réfléchis aux réalisations de l'OCO de 2017, je pense au fait que le Conseil et le personnel présentaient de nombreux traits qui nous ont aidés à « hausser la barre » en réglementant la chiropractie dans l'intérêt du public. Nous nous sommes concentrés sur la collaboration avec les parties prenantes et nous nous sommes adaptés aux priorités changeantes. Nous nous sommes engagés à appliquer les meilleures pratiques dans la gestion des opérations de l'OCO et à gérer avec compétence un programme complet, tout cela à l'appui de notre mandat.

Je crois que nous avons accompli beaucoup de choses et je souhaite partager avec vous les faits saillants importants :

- La collaboration avec les parties prenantes était évidente tout au long de 2017. En particulier, l'OCO était ravi de l'annonce affirmant que le Dr Eric Hoskins, ministre de la Santé et des Soins de longue durée, avait approuvé l'amélioration des outils de diagnostic utilisés par les chiropraticiens. C'était une « bonne nouvelle » qui a profité au public de l'Ontario dans la prestation des soins chiropratiques.
- L'assemblée générale annuelle de l'OCO en juin a attiré de nombreux membres et invités. Tenue au Royal Conservatory of Music de Toronto, il s'agissait d'un superbe lieu permettant à l'OCO de célébrer ses réalisations de 2017 par l'entremise des rapports de tous les comités statutaires. Suite à la réunion d'affaires, l'ambiance du lieu historique (fondé en 1866) a servi de toile de fond élégante à la réception.
- Poursuivant l'héritage des membres du Conseil dévoués et à l'esprit orienté vers le public, deux membres professionnels ont été élus en avril 2017 : Dr Peter Amlinger (District 5) et Dr Kristina Peterson (District 1). Le Conseil était également heureux d'accueillir sa toute dernière membre du public, Mme Karoline Bourdeau. Nous les remercions d'avoir accepté d'entrer en service.
- Le 8 septembre 2017, le Conseil a eu le plaisir d'annoncer le renouvellement du mandat de Mme Georgia Allan à titre de membre du public pour un autre mandat de trois ans. Je tiens à reconnaître l'engagement et le dévouement continus de Georgia.
- Le Conseil s'est réuni à Kingston en septembre pour une séance de planification stratégique facilitée, en marge de sa réunion ordinaire. Des contributions avaient déjà été sollicitées de la part des parties prenantes clés et ces contributions ont été considérées dans le cadre des délibérations plus générales du Conseil. Les résultats comprenaient des révisions mineures de la mission, de la vision et des objectifs stratégiques de l'OCO et, de façon plus impressionnante, un nouvel ensemble de valeurs pour compléter nos solides principes organisationnels. J'ai été personnellement très heureux de constater la coopération entre tous les membres du Conseil afin de nous puissions atteindre un autre niveau dans la réalisation de notre mandat.
- En novembre, Mme Jo-Ann Willson et moi-même avons assisté à la conférence du Council on Licensure, Enforcement and Regulation (CLEAR) tenue en Australie. Ce fut l'occasion pour nous de découvrir certaines des meilleures pratiques en matière d'autoréglementation dans d'autres juridictions et de discuter de problèmes communs avec d'autres délégués.
- Entre janvier et octobre 2017, l'OCO a offert neuf ateliers sur la tenue de dossiers, partout en Ontario. Sous la direction de Mme Willson et du Dr Bruce Walton, ces événements bien accueillis ont suscité des commentaires positifs sur les possibilités d'en apprendre davantage sur la réglementation de la chiropractie en Ontario et de collaborer avec d'autres chiropraticiens de la région. L'OCO continue de recevoir des demandes pour des ateliers. Donc, si un atelier s'organise dans votre région ou est raisonnablement accessible, je vous invite à vous inscrire. Vous pouvez utiliser vos crédits de formation continue et vous n'en serez pas déçu!

- Le lancement du nouveau site Web de l'OCO en octobre a été une réalisation importante. Parmi les principales caractéristiques du site Web réorganisé, mentionnons une nouvelle apparence facilitant la navigation et l'accès à l'information pour le public, une transparence et une communication accrues avec tous les intervenants et la possibilité pour les membres de gérer leurs renouvellements en ligne (réduisant ainsi l'utilisation de papier et les frais d'envoi). À la fin de l'année, le nouveau site a été jugé très fructueux en raison du taux élevé de participation à une première inscription en ligne. Je tiens à exprimer ma reconnaissance à Mr Joel Friedman, qui a joué un rôle clé dans la supervision des implications techniques et pratiques de ce projet important. C'était un premier pas impressionnant. Restez à l'écoute pour la suite des choses!
- Les réunions du Conseil de l'OCO sont ouvertes au public et il s'agit d'un bon moyen pour les membres de se renseigner sur l'autoréglementation en Ontario. Pour consulter l'horaire, visitez la section « Réunions du Conseil à venir » sur le site Web de l'OCO.
- En tant qu'organisme de réglementation en santé, l'OCO s'engage à respecter les principes de la responsabilité financière dans la gestion de ses affaires, tout en veillant à ce que le public ait accès à des soins chiropratiques sécuritaires et éthiques. En 2017, l'OCO a continué de faire preuve de diligence en veillant à ce que des mesures appropriées soient en place à cette fin. Parmi les autres initiatives connexes, mentionnons l'examen continu des options possibles pour un nouveau domicile pour l'OCO effectué par le Conseil et les processus visant à réduire la dépendance au papier (comme l'inscription en ligne pour les membres et les bulletins électroniques).

## Remerciements

Ce fut un privilège d'être en service en tant que président. Je suis ravi de voir à quel point nous avons collaboré ensemble en équipe et je remercie mes collègues membres du Conseil de s'être engagés et dévoués à la gestion d'un programme chargé en 2017. La volonté de s'attaquer à des programmes importants nous a permis de faire progresser notre charge de travail considérable et d'atteindre plusieurs objectifs cruciaux. Je tiens également à remercier nos membres qui s'efforcent continuellement d'offrir les meilleurs soins chiropratiques à leurs patients et qui constituent un modèle important pour la prochaine génération de membres de l'OCO.

Notre équipe expérimentée et attentive a géré avec compétence des activités administratives et opérationnelles importantes en 2017. Leur dévouement démontre à la fois une éthique de travail impressionnante et la capacité de soutenir notre mandat dans la réglementation de la chiropractie. Mme Willson, registraire et avocate générale, a supervisé le tout, tandis que ses connaissances, son expérience et son leadership expert ont été déterminants pour nos réussites. Je tiens également à reconnaître les nombreux rôles externes qu'elle a endossés en notre nom et son rôle en tant que personne ressource, au besoin, pour faire progresser le travail des Ordres de réglementation des professionnels de la santé de l'Ontario et de leurs parties prenantes.

Faire partie du Conseil et être en service en tant que président en 2017 a été professionnellement très gratifiant pour moi. À elle seule, l'opportunité d'être en service me rend très humble. J'ai eu la chance de travailler avec d'autres chiropraticiens et avec nos membres du public de partout en Ontario. Je peux affirmer que la passion de tous pour la chiropractie est évidente dans tout ce qu'ils font. Je suis convaincu que notre travail en 2017 a préparé le terrain pour 2018 : la prestation d'une chiropractie sécuritaire et éthique au public de l'Ontario et nos efforts continus pour « hausser la barre » pour nous tous.



Gauri Shankar, DC  
PRÉSIDENT

Célébrez vos accomplissements, mais placez la barre un peu plus haut à chaque réussite.

**Mia Hamm, double médaillée olympique et joueuse de soccer à la retraite**



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

# Registrar's Report

**"To achieve great things, two things are needed;  
a plan, and not quite enough time."**

**Leonard Bernstein**

I was fortunate to recently attend a fabulous concert at Koerner Hall, just down the street from the CCO offices, where I first heard the above quote from Leonard Bernstein, which perfectly captures 2017. During the year, CCO planned and executed a new strategic plan including revised strategic objectives, refined a plan for a new home for CCO, worked with stakeholders to develop thoughtful submissions to government on regulatory amendments which would better align with patient-centered care and efficiencies in the health care system in Ontario, and participated in both national and international initiatives to learn about and be prepared for changes in health care regulation. It is a mistake to think the current model of self-regulation as envisioned by and articulated in the *Regulated Health Professions Act, 1991* is the only model for self-regulation, or even the best model. Increasingly, for example, discussions are taking place relating to a movement towards competency-based selection criteria for board members, smaller boards, and enhanced oversight.

I was grateful for the opportunity to attend the Council on Licensure Enforcement and Regulation conference in

Australia in November 2017 where regulators from around the English-speaking world reviewed, discussed and debated the merits of different systems and processes, with a focus on determining how best to ensure members of all health professions deliver high quality, safe and ethical health care that not only protects patients but improves health and wellbeing. In 2017 at CCO, these activities all took place on time and on budget, as reflected in CCO's 2017 financial statements which show continued financial health.

I would say 2017 was remarkable in part because of the Executive team at the helm that facilitated positive and trusting relationships, was prepared to make difficult but important decisions in the public interest, kept its focus on CCO's unique mandate to regulate in the public interest, and continued to demonstrate a commitment to public protection. I'm looking forward to 2018 and a refresher of CCO's strategic plan to include both an evaluation of regulatory performance, and enhanced public engagement. Thank you to Council, staff, members and the public for continuing to respect and be engaged in the self-regulation of the chiropractic profession in Ontario.

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**MS JO-ANN WILLSON,  
REGISTRAR AND GENERAL  
COUNSEL**



**Presidents' Lunch, June 22, 2017**

L – R: Dr. Keith Thomson, Dr. Andrew Potter, Dr. Clifford Hardick, Dr. Gilles Lamarche, Ms Jo-Ann Willson, Dr. Ted Burge, Dr. Dennis Mizel and Dr. Gauri Shankar

# Executive Committee

## COMMITTEE MANDATE

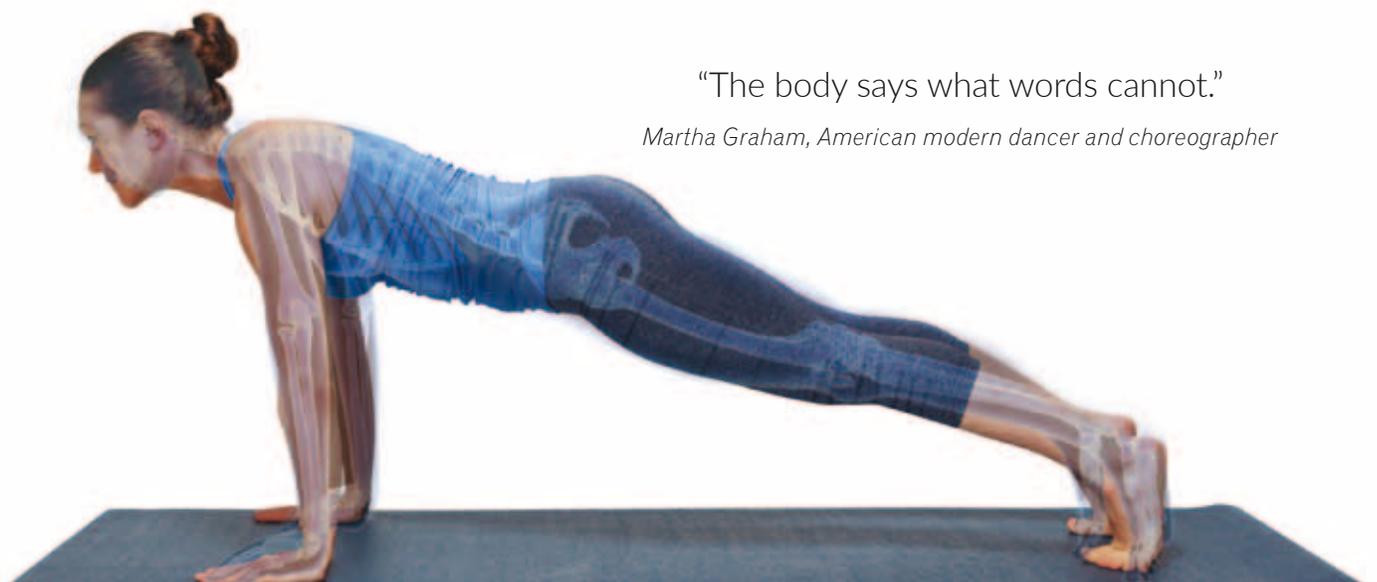
- To exercise the powers of Council between meetings of Council with respect to any matter requiring immediate attention other than the power to make, amend or revoke a regulation or by-law.
- To provide leadership in exercising CCO's mandate to regulate chiropractic in the public interest.

## Committee Activities in 2017

Throughout 2017, the Executive Committee supported Council's initiatives in advancing CCO's strategic objectives. Activities included maintaining and building relationships with key external stakeholders, seeking opportunities for inter-professional collaboration, and engaging with other health care regulators to support the public interest. Ensuring that CCO's public interest mandate was forefront in all actions and decisions, the Committee oversaw CCO's operations in a prudent and fiscally responsible manner.

In 2017, the Executive Committee:

- Convened five face-to-face meetings and two teleconference meetings
- Received reports on the positive progress of the Office Development Project (ODP) and continued to exercise due diligence in assessing viable options for CCO's future home
- Oversaw the planning and execution of a productive strategic planning refresher for CCO Council and staff on September 15/16, 2017
- Continued to enhance options and strategies for implementing systems to move CCO further towards electronic processes and away from dependency on paper to be fiscally responsible and to facilitate communication and processes (such as the ability for members to renew their CCO membership on-line and for the public to access information about chiropractors in their area) with members, stakeholders and the public
- Received positive feedback provided by engaged members who attended Roadshows in 2017 and supported efforts for CCO to reach an even broader group



“The body says what words cannot.”

*Martha Graham, American modern dancer and choreographer*

- Received reports about Ms Jo-Ann Willson's and various Executive Committee members' attendance at external meetings with stakeholders such as the Ministry of Health and Long-Term Care, the Federation of Health Regulatory Colleges of Ontario, and the Federation of Canadian Chiropractic as a way to foster dialogue and uphold the public interest
- Recognized the appointment of Ms Karoline Bourdeau as a new public member on Council, effective July 17, 2017 to July 17, 2020
- Recommended to Council for approval:
  - o Minor amendment to By-law 1: Definitions and Interpretations
  - o Amendments to By-law 6: Elections for distribution to members and stakeholders for feedback
  - o Amendments to By-law 17: Public Register for distribution to members and stakeholders for feedback

### Committee Members and Staff Support

Back L-R

Dr. David Starmer

Ms Wendy Lawrence

Mr. Joel Friedman, Director, Policy & Research

Dr. Elizabeth Anderson-Peacock

Ms Judith McCutcheon

Front L-R

Dr. Cliff Hardick, Vice-President

Ms Jo-Ann Willson,  
Registrar and General Counsel

Dr. Gauri Shankar, President

Mr. Shakil Akhter, Treasurer





“The groundwork for all happiness is good health.”

*Leigh Hunt*



# Fitness to Practise Committee

## A Message from the Chair

Under the *Regulated Health Professions Act, 1991*, CCO is mandated through the Fitness to Practise Committee to address circumstances where a chiropractor's ability to practise is impaired by a physical or mental disorder that poses a risk to the public, as their quality of care may be compromised. In this situation, a determination of what is referred to as "incapacity" can occur.

The Fitness to Practise Committee is responsible for determining whether a chiropractor is incapacitated due to mental or physical health issues. The Committee hears, determines, and may impose terms, conditions, limitations, or restrict or suspend a member's certificate of registration until such time as they no longer pose a risk of harm to the public.

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. 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 of registration was revoked or suspended.

In 2017, the Fitness to Practise Committee convened one teleconference meeting to review its mandate and to ensure that it was appropriately prepared should there be a referral. Additionally a training session for the Committee has been planned for 2018.

## COMMITTEE MANDATE

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

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

## Acknowledgements

I would like to thank the Fitness to Practise Committee members, Ms Georgia Allan and Dr. Peter Amlinger, for their willingness to serve, and our staff support, Ms Jo-Ann Willson, for her able guidance.

## COMMITTEE ACTIVITIES IN 2017

In 2017, the Fitness to Practise Committee:

- Convened one teleconference meeting
- Reviewed the mandate and role of the Committee as well as Policy P-035: Publication of Fitness to Practise Decisions
- Discussed the Committee's preparedness for a referral, including training opportunities for Committee members and the importance of having a panel that can be readily convened if necessary



## Committee Members and Staff Support

Ms Jo-Ann Willson, Registrar and General Counsel  
Dr. Peter Amlinger  
Dr. Kristina Peterson, Chair  
Ms Georgia Allan

# Advertising Committee

## COMMITTEE MANDATE

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

## A Message from the Chair

*The most powerful element in advertising is the truth.*

**William Bernbach (1911 – 1982),  
American advertising executive**

In today's fast-paced world, chiropractors, like other regulated health care professionals, are challenged by the speed at which avenues and opportunities for advertising and marketing change and take root. While at times the pace of technology seems overwhelming, the Advertising Committee is committed to fulfilling its mandate in ensuring compliance with Standard of Practice S-016: Advertising and Guideline G-016: Advertising.

I draw the analogy of executing advertising or marketing campaigns as you would tackle a marathon: be in it for the long run. Focus on building long-term relationships with patients and in your community and, whatever your plan, all of your marketing efforts should be patient-centred, factual, and reliable, and consistent with CCO's advertising standard of practice and guideline. As chiropractors, we strive to be ethical in all we do – and that includes your advertising.

In the years that I have served on Council, I have seen first-hand how the Advertising Committee has upheld its mandate. I have been struck by the fact that the vast majority of our members focus their business development activities on keeping the public interest top-of-mind and deliver ethical and safe chiropractic care to their patients. When this type of proactive thinking is present in a chiropractic practice, it bodes well for both our current and future patients.

## Acknowledgements

It has been a pleasure to serve as the Chair of the Advertising Committee over the past year. Our discussions have been engaging and productive, and I would like to thank Dr. Kristina Peterson, Ms Karoline Bourdeau, public member, and Dr. Colin Goudreau, non-Council member, for the commitment and passion they have brought to our deliberations. I also wish to thank Mr. Joel Friedman for his excellent work in providing support to the Committee. It has been a privilege to work with this team of dedicated people.

## Committee Members and Staff Support

Back L-R:

Dr. Colin Goudreau, non-Council Member

Mr. Joel Friedman, Director, Policy & Research

Front L-R:

Ms Karoline Bourdeau (and Fenton)

Dr. Peter Amlinger, Chair

Dr. Kristina Peterson



## COMMITTEE ACTIVITIES IN 2017

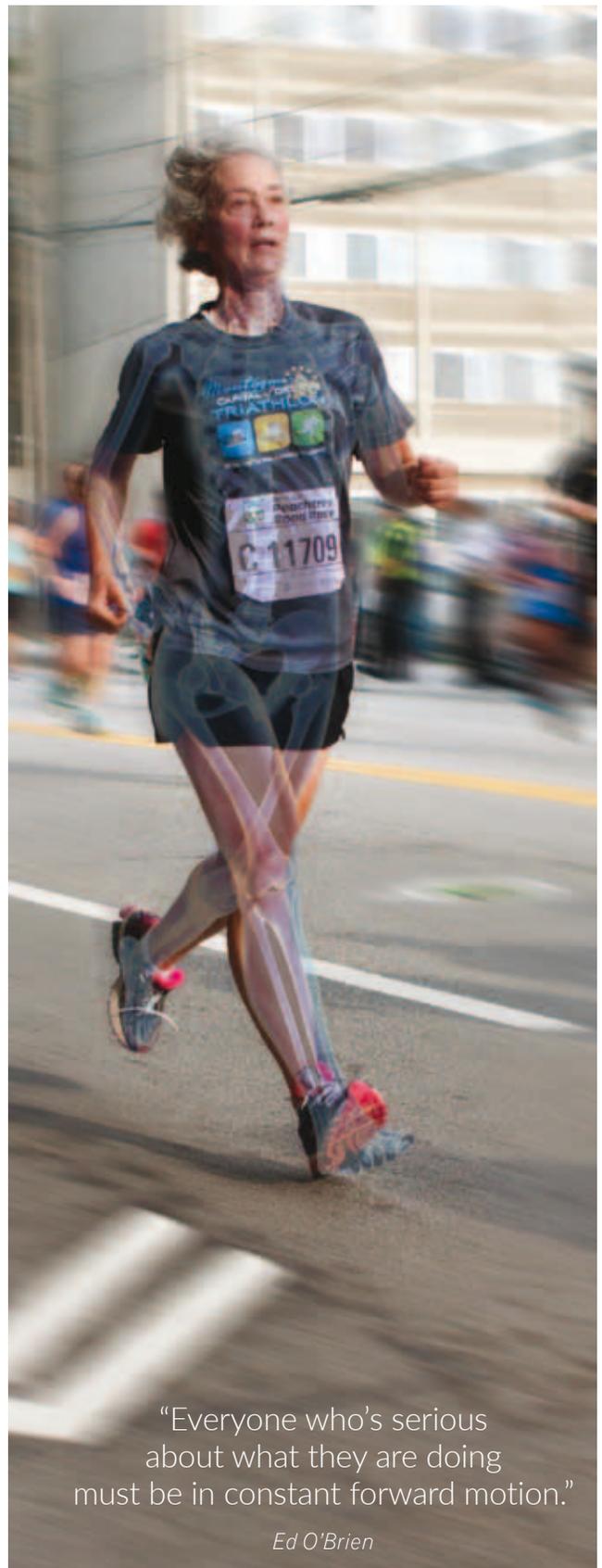
CCO is unique among the health regulatory colleges in that it has a committee with the sole focus of advertising. The Advertising Committee's mandate is to review proposed advertisements voluntarily submitted by members to ensure compliance with CCO's Standard of Practice S-016: Advertising and Guideline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

The Advertising Committee continued to review and provide input to members who submitted their advertisements prior to publication or to respond to complainants about members' advertisements. The rapid advancements in technology and social media – as well as increasingly complex websites – have resulted in the Committee looking more closely as to how to guide members and to ensure the protection of the public interest.

In 2017, the Advertising Committee:

- Convened one face-to-face meeting and one teleconference meeting
- Reviewed and responded to proposed advertisements submitted by members for review prior to publication, and successfully met the goal of providing feedback within 10 business days
- Recommended to Council for approval, following distribution for feedback:
  - o Amendments to Standard of Practice S-016: Advertising and Guideline G-016: Advertising

The Advertising Committee encourages all members who are interested in launching an advertising campaign to submit their advertisements for approval prior to publishing them. At no cost to members, the review process helps ensure compliance with Standard of Practice S-016: Advertising and applicable privacy laws when advertising through any media. It is the Advertising Committee's goal to provide a response within 10 business days.



# Inquiries, Complaints and Reports Committee

## COMMITTEE MANDATE

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

## A Message from the Chair

*We cannot accomplish all that we need to do without working together.*

**Bill Richardson, politician, author and diplomat**

The Inquiries, Complaints and Reports Committee (ICRC) continued to have a full agenda throughout 2017. The implementation of Bill 87, *Protecting Patients Act, 2017*, has resulted in an increase in our caseload due to this legislation mandating that regulatory colleges practise a zero tolerance approach in all aspects of sexual abuse, as outlined in the Bill.

The Committee is a team, comprised of three professional members, a public member, and two staff members. Our monthly meetings have busy, diverse agendas that result in thorough deliberations and always with the best interest of the public in mind while at the same time respecting the profession of chiropractic care. Committee meetings go the distance, with each case diligently reviewed and examined to reach a unanimous recommendation.

I extend my sincere appreciation for the Committee's hard work. The members and staff attend each meeting, well-prepared and fully committed to CCO's mandate. Each Committee member also consistently participates to the highest ethical standards and, at all times, maintains a level of competency based on honesty, integrity, and accountability.

## Acknowledgements

I would like to thank the professional members of the Committee for their dedication and commitment: Dr. Gauri Shankar and Dr. Brian Schut, Council members, and Dr. Steve Gillis, non-Council member, who provided their professional knowledge and insight and ably demonstrated their strong commitment to upholding CCO's public interest mandate. Also, the Committee was well supported by CCO staff members, Ms Tina Perryman and Ms Christine McKeown.

## Committee Activities in 2017

The ICRC ably fulfilled its mandate during 2017:

- Convened 11 face-to-face meetings
- Received 47 complaints, 23 inquiries and 12 reports (total: 82)
- Completed 70 decisions

## Committee Members and Staff Support

Back L-R:

Dr. Steve Gillis, non-Council Member

Dr. Gauri Shankar

Dr. Brian Schut

Front L-R:

Ms Wendy Lawrence, Alternate

Ms Tina Perryman, Manager, Inquiries, Complaints, Reports

Ms Patrice Burke, Chair

Ms Christine McKeown,

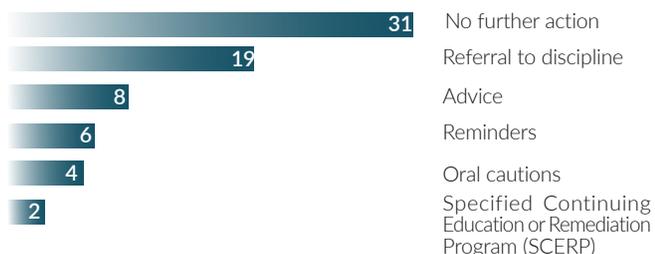
Inquiries, Complaints and Reports Officer



# SUMMARY OF COMPLAINTS, INQUIRIES AND REPORTS IN 2017

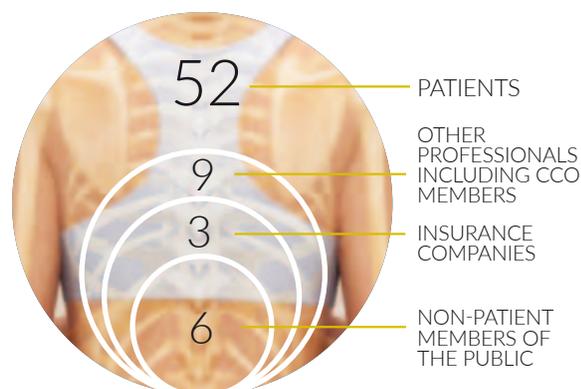
Received **47** Complaints    **23** Inquiries    **12** Reports

## Outcome of Complaints and Reports



*Note: Not all outcomes of complaints relate to complaints or reports received in 2017.*

## Origin of Inquiries/Complaints Received in 2017



## Outcome of Inquiries



## Main Areas of Concerns Identified by the Complainant for a Complaint or Inquiry in 2017

**Total: 70**

Patient harm/consent	18
Billing practices	7
Independent chiropractic evaluation	7
Sexual abuse – touching, communication and boundary	6
Advertising	4
Block fees	4
Conduct unbecoming	4
Misinformation or lack of information	4
Failure to advise a patient to consult with another health professional	3
Failure to provide information	3
Insurance fraud	3
Scope of practice	2
Breach of confidentiality	1
Orthotics	1
Immunization	1
Inappropriate office staff	1
Social media	1

## Decisions Reviewed by the Health Professions Appeal and Review Board (HPARB)

HPARB is an independent adjudicative board that, on request, reviews certain 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 2017, HPARB issued decisions on five reviews of decisions of the ICRC and confirmed the Committee decisions, deeming the investigations to be adequate and/or the decision reasonable.

# Discipline Committee

## COMMITTEE MANDATE

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

## A Message from the Chair

In order to work together as an effective team, the Discipline Committee needs to consistently follow a simple, but important game plan. The plan is to listen carefully, deliberate objectively and collegially, and to adjudicate fairly. This can be a challenge when, for reasons of availability or conflict of interest, team members change. Even the committee chair is often not chair of a panel. Although this results in needing to adjust to a variety of leadership styles, it also strengthens the “depth” of the team. Panels of any composition of chair and members can be effective when there is a strong commitment to the overall game plan.

Previous teams have worked hard to establish solid game plans, and this year’s team benefited from that good work. The Discipline Committee did not meet in 2017 other than as panels when they were convened. There is a plan for the new Committee to meet in the spring of 2018 to review and refine our procedures and determine how much we need to alter our game plan to keep up with new legislation and best practices.

## Committee Members and Staff Support

Ms Judith McCutcheon, Chair

Mr. Douglas Cressman

Dr. David Starmer

Dr. Patricia Tavares

Dr. Daniela Arciero, non-Council Member

Dr. Angela Barrow, non-Council Member

Dr. Liz Gabison, non-Council Member

Dr. Colin Goudreau, non-Council Member

Dr. Roberta Koch, non-Council Member

Dr. Matt Tribe, non-Council Member

Outside training opportunities exist and the College continues to support both public and professional members who wish to participate in these opportunities. All members of Council can be asked to serve on a discipline panel and I would like to thank Council members – and non-Council-appointed professional members – for their willingness to serve.

## Acknowledgements

I wish to thank the members of the Discipline Committee for their service and professionalism, which are evident each and every time a panel is convened: Council members, Mr. Douglas Cressman, Dr. David Starmer and Dr. Patricia Tavares, and non-Council members, Dr. Daniela Arciero, Dr. Angela Barrow, Dr. Liz Gabison, Dr. Colin Goudreau, Dr. Roberta Koch, and Dr. Matt Tribe.

The Committee chair convened several discipline panels to hear disciplinary matters before CCO. As all Council members are potentially members of a discipline panel, they are encouraged to participate in the discipline training workshops conducted by the Federation of Health Regulatory Colleges of Ontario (FHRCO). In 2017, FHRCO conducted discipline training sessions, which were attended by several CCO Council members. All discipline hearings are open to the public.

## Joint Submissions and Resolution Agreements

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

- Are recommended by the pre-hearing conference chair who conducts the pre-hearing conference;

- Require any dispute with respect to the interpretation and implementation of the Agreement to be referred to a panel of the Committee, which has the power to resolve the dispute;
- Require that the member not appeal or request a review of the decision, with the exception of any interpretation/implementation disputes; and
- Provide that the results of the proceedings be recorded in the public portion of the register and published in the annual report or other publications at the discretion of CCO.

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

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

### Discipline Decisions in 2017

CCO publishes summaries of discipline decisions for several reasons:

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

Under the *RHPA*, the name of the member who is the subject of a hearing is published if there has been a finding of professional misconduct or incompetence. Discipline decisions are posted on the CCO website. The decisions govern to the extent of any inconsistency with the decision summaries.

## Summary of 2017 Discipline Committee Decisions

### 1. OVERVIEW

In 2017, panels of the Discipline Committee held hearings regarding 13 Notices of Hearing involving eight members. In seven cases, the hearings proceeded by way of Agreed Statements of Facts and Joint Submissions on Penalty. There was one contested hearing.

### 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 cooperated with the CCO and accepted responsibility for their actions, avoiding unnecessary delay and the expense of a contested hearing.

## NAME OF MEMBER: BYRON ATCHISON (#1712)

### Place of Practice: London

There were three Notices of Hearing regarding Dr. Atchison. The CCO and Dr. Atchison agreed that, because the Notices of Hearing involved similar questions of fact and law, they should be heard in one combined hearing. At the hearing, the CCO withdrew one of the Notices of Hearing as it contained allegations that duplicated allegations in another Notice of Hearing.

### Agreed Facts

#### Background

- Dr. Byron Atchison ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in 1981.
- During the relevant period, the Member practised chiropractic at his chiropractic office, Huron and Highbury Chiropractic Clinic ("Clinic"), in London, Ontario.

#### *Re: Notice of Hearing #1, dated March 29, 2017 re: May 24, 2016 Complaint*

- In July 2010, the Member began treating a patient known as "Patient C". In August 2013, Patient C suffered catastrophic injuries in a motor vehicle accident. The Member continued to treat Patient C after the accident.
- On July 11, 2014, as part of a personal injury legal proceeding, Patient C's lawyer requested the Member provide her with a copy of Patient C's complete chiropractic record. The Member provided Patient C's chiropractic record as requested on September 11, 2014.
- On July 7, 2015, Patient C's lawyer requested the Member provide updated chiropractic records for Patient C. The Member did not respond to the request.
- On September 17, 2015 and December 22, 2015, Patient C's lawyer again requested the Member provide Patient C's updated chiropractic records. The Member never responded to these requests.
- On January 25, 2016, Patient C's lawyer requested a fourth time that the Member provide a copy of Patient C's updated chiropractic records. The Member provided the records on February 2, 2016, seven months after the first request for the updated chiropractic records was made.
- On reviewing the updated chiropractic records, Patient C's lawyer discovered they were significantly different from the records initially provided by the Member on September 11, 2014. Specifically, there were eight treatments documented for the period January 2014 – April 2014 in the updated chiropractic records that had not appeared in the original records.

- The lawyer's office contacted the Member on March 9, 2016 regarding the discrepancies and the Member advised the lawyer's office to discard the records provided on September 11, 2014. The Member was informed that the lawyer's office could not discard records, and, in any event, they had already been disclosed to the parties in Patient C's personal injury litigation. The Member then requested the office to disregard the records provided on February 2, 2016. He said his staff was having some issues regarding billing and that Patient C's chart had been amended to match the billings.
- Later that day, the Member called the lawyer's office. He advised he had been angry because Patient C had missed chiropractic appointments and the statutory scheme for accident benefits did not permit the Member to bill the insurer for missed appointments. He stated he therefore billed the insurer for appointments that Patient C had missed and re-created Patient C's chiropractic records to include false documentation indicating Patient C had attended appointments that he had actually missed.
- On March 17, 2016, at Patient C's lawyer's request, the Member paid Patient C \$411.04 for the eight billed missed visits.

- Patient C complained to the CCO and to the Financial Services Commission of Ontario ("FSCO") regarding the Member's conduct. The Member consented to the revocation of his provider licence by the Superintendent of FSCO.

### Admissions

- The Member admitted that in 2014, he billed the insurer for at least seven appointments that Patient C missed between January 22, 2014 and April 9, 2014 and accepted payment from the insurer for those appointments.
- The Member admitted that, after he provided a copy of Patient C's original chiropractic records to Patient C's lawyer in September 2014, he altered Patient C's original chiropractic records to document providing treatment on the dates Patient C had missed appointments, so it would appear that Patient C actually attended the Clinic and received chiropractic treatment from the Member on the missed appointment dates. The Member then burned the original chiropractic treatment notes.
- The Member also admitted that he received correspondence from Patient C's lawyer requesting updated chiropractic records for Patient C on July 7, 2015, September 17, 2015, December 22, 2015 and January 25, 2016, but did not provide the updated chiropractic records until February 2, 2016.

### Findings of Professional Misconduct

- Given the Agreed Facts and the Member's admissions, the Panel found that the Member committed acts of professional misconduct as described in the Notice of Hearing dated March 29, 2017, and in particular, he:
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession;
  - o Failed to keep records as required by the regulations;
  - o Falsified a record relating to his practice;
  - o Failed, without reasonable cause, to provide a report or certificate relating to an examination or treatment he performed within a reasonable time after it was requested;
  - o Signed or issued, in his professional capacity, a document that he knew contained a false or misleading statement;
  - o Submitted an account or charge for services that he knew was false or misleading; and
  - o Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

### **Re: Notice of Hearing #2 dated March 29, 2017 re: March 23, 2016 complaint**

- The Member admitted that he used profanity, and made comments that were extremely unprofessional and offensive in front of, and to, patients known as "Patient A" and "Patient B" and an employee known as "Employee Z".
- The Member therefore admitted that he committed acts of professional misconduct as set out in the Notice of Hearing dated March 29, 2017 re: March 23, 2016 complaint.

### Findings of Professional Misconduct

- Given the Agreed Facts and the Member's admissions, the Panel found that the Member committed acts of professional misconduct as described in the Notice of Hearing dated March 29, 2017, and in particular, he:
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; 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 and Costs

- Based on the findings of professional misconduct regarding allegations from the two Notices of Hearing, the CCO and the Member submitted the following joint submission on penalty, which was accepted by the Panel. The Panel ordered:
  - o The Member to appear before the Panel to be reprimanded;
  - o The Registrar and General Counsel ("Registrar") to suspend the Member's certificate of registration for a period of twelve (12) months ("Suspension");
  - o The Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
    - Prior to June 2, 2018, the Member must:
      - Successfully complete the Legislation & Ethics examination at his own expense and provide evidence of successful completion to the Registrar,
      - 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 Misconduct Regulation, CCO Guideline G-008: Business Practices; CCO Standard of Practice S-002: Record Keeping; CCO Standard of Practice S-022: Ownership, Storage, Security and Destruction of Records of Personal Health Information; and CCO Policy P-003: Principles of Zero Tolerance,
      - Provide evidence that he has successfully passed, without conditions and at his own expense, the ProBe Ethics and Boundaries Program with a focus on recognizing and maintaining appropriate patient relationships and professional boundaries, and
      - Provide evidence that he has successfully completed, at his own expense, the Legislation & Ethics examination and the Record Keeping Workshop, and
    - The Member must be peer assessed at his own expense within six (6) months of returning to practice after the lifting of the suspension; and
  - o Directing the Registrar to suspend two (2) months of the Suspension if, by June 2, 2018, the Member complied with certain of the Conditions.
- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of \$15,000.00.

**NAME OF MEMBER: CONRAD COWHERD (#2888)****Place of Practice: St. Catherines****Agreed Facts****Background**

- Dr. Conrad Cowherd ("Member") became a member of the College of Chiropractors of Ontario ("CCO") in July 1994. The Member practises at the Cowherd Chiropractic Office in St. Catharines, Ontario ("Clinic").
- The Member has no prior complaints or discipline history at the CCO.

**Patient "A"**

- Patient A began receiving chiropractic treatment from the Member in 2000 for lower back pain. She continued to receive chiropractic treatment on a regular basis from the Member until October 6, 2015.
- In approximately 2003, the Member began socializing with Patient A outside of the Clinic and they developed a personal relationship. In early 2005, the Member and Patient A met at a bar and kissed. Thereafter, they engaged in a consensual sexual relationship intermittently over a four-year period, which ended in the fall of 2009.
- The consensual sexual relationship did not include sexual intercourse or any of the other acts described in subsection 51(5)2 of the Health Professions Procedural Code.
- The consensual sexual relationship did include touching of a sexual nature of Patient A by the Member and behaviour or remarks of a sexual nature by the Member towards Patient A, including kissing, hugging, telephone conversations with sexual content in which one or both touched their genitals when talking and told each other they were doing so, and MSN sexting. On one occasion, the Member showered naked in front of Patient A. The in-person sexual behaviour and touching took place in the Member's private office in his Clinic and at his home.
- The Member told Patient A that he could lose his license with the CCO as a result of having a sexual relationship with a patient.
- In the fall of 2009, Patient A ended the consensual sexual relationship with the Member and no longer spent personal time with him outside of the Clinic. She continued to receive regular chiropractic treatments from the Member until October 2015.
- In October of 2015, the Member, during the course of seeking personal help, disclosed to his therapist that he had had an extramarital affair with Patient A. The disclosure precipitated a Mandatory Report to the CCO. Patient A never made a complaint to the CCO regarding the Member.

**Admissions**

- The Member admitted that he was in a concurrent sexual and professional relationship with Patient A from 2005 until the fall of 2009 and he admitted to having committed acts of professional misconduct as set out in the Notice of Hearing.

**Findings of Professional Misconduct**

- Based on the Agreed Facts, and the Member's admissions, the Panel found that the Member committed acts of professional misconduct as described in the Notice of Hearing, and in particular, he:
  - o Sexually abused Patient A;
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his conduct towards Patient A; and
  - o Engaged in conduct or performed an act or acts that, having regard to all of the circumstances would reasonably be regarded by members as disgraceful, dishonourable and unprofessional with respect to his conduct towards Patient A.

**Joint Submission on Penalty and Costs**

- Based on the findings of professional misconduct, the CCO and the Member submitted the following joint submission on penalty, which was accepted by the Panel. The Panel ordered:
  - o The Member to appear before the Panel to be reprimanded;
  - o The Registrar and General Counsel ("Registrar") to suspend the Member's certificate of registration ("Certificate") for a period of twenty-four (24) months. Eighteen (18) months of the suspension to be served starting on February 16, 2017. Six months of the suspension were to be suspended if, by August 16, 2018, the Member complied with certain specific terms, conditions and limitations imposed on his Certificate. Otherwise, the Member would serve the remaining six (6) months of the suspension starting on August 17, 2018;
  - o The Registrar to impose the following Conditions on the Member's Certificate:
    - By August 16, 2018, the Member must:
      - Provide a written Undertaking to the Registrar confirming that he has reviewed, and will comply with, all CCO regulations, standards of practice, policies and guidelines including but not limited to Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient, and Policy P-003: Principle of Zero Tolerance,

- Provide written evidence to the Registrar that he has successfully completed the CCO's Legislation & Ethics examination and taken the Record Keeping Workshop at his own expense,
  - Provide written evidence to the Registrar that he has successfully and unconditionally passed the ProBe Ethics and Boundaries Course, and
  - Provided a letter to the Registrar from an Expert ("Expert") containing the opinion of the Expert as to whether the Member is likely to sexually abuse patients in the future and the basis of that opinion; and
- The Member to be peer assessed, at his own expense, within six (6) months of returning to practice after the lifting of the suspension.
- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of \$15,000.00.

## **NAME OF MEMBER: LIZA EGBOGAH (#5414)**

### **Place of Practice: Toronto**

There were two Notices of Hearing regarding Dr. Egbogah. The CCO and Dr. Egbogah agreed that, because the Notices of Hearing involved similar questions of fact and law, they should be heard in one combined hearing.

### **Agreed Facts**

#### **Background**

- Dr. Liza Egbogah ("Member") became a member of the College of Chiropractors of Ontario ("CCO") on September 4, 2007.
- During the relevant time, she practised chiropractic at the [clinic] in Toronto ("Clinic").
- Prior to October 2014, the Member owned and operated the Clinic. She sold the Clinic on October 1, 2014 and continued to work at the Clinic as a chiropractor until November 28, 2014.
- The Member has no previous discipline history at the CCO.

### **Notice of Hearing #1 dated June 2, 2016**

#### **Re: H.L.**

- On December 6, 2011, the Member saw a patient known as "H.L." who was complaining of low back pain and arch pain. H.L. had a prescription for one pair of custom orthotics. At the time, H.L.'s insurance covered orthopedic shoes and orthotics up to a maximum of \$500.00. The Member conducted a gait analysis. The Member ordered orthopedic shoes for her patients at the Clinic from either The Orthotic Group ("TOG") or Walking on a Cloud. In H.L.'s case, the Member ordered a pair of orthotics and a pair of boots for H.L. on December 6, 2011 from TOG. The Member billed the insurer \$150.00 for the December 6, 2011 assessment, \$500.00 for orthotics and \$80.00 for a subsequent assessment on December 21, 2011, when she documented the patient picked up the orthotics and orthotic boots. The insurer paid the Member \$657.00.
- On November 6, 2012, the Member submitted a claim for \$80.00 to the insurer for a chiropractic assessment for November 6, 2012 for H.L. On November 8, 2012, the Member submitted claims to the insurer for two chiropractic visits (\$80.00 and \$70.00) and a pair of custom orthotics (\$500.00) for H.L. On January 25, 2013, the Member submitted claims totalling \$150.00 to the insurer for two chiropractic treatments for H.L. that took place on the same day. The insurer paid the Member \$777.00. There are no patient records for the November 6, 2012 assessment. There are no records indicating the Member ever ordered orthotics for H.L. There are no records indicating the patient received chiropractic treatment on any of the 2012 or 2013 dates. There is a record that the Member ordered a pair of "off the shelf" boots in March 2013 for H.L.
- On December 24, 2013, the Member submitted a claim to the insurer for a chiropractic assessment and treatment (\$150.00), orthotics (\$500.00) and orthopedic shoes (\$500.00) for H.L. The Member provided the insurer with the same gait analysis for H.L. that she submitted in 2011 (with the original date whited out with what appears to be liquid paper, and a new date written over the whited out portion), and a receipt that is the same as the 2012 receipt (with the original date whited out and a new date written over the whited out area). There is no documentation in the patient record regarding the assessment or treatment, and there are no records indicating orthotics or orthopedic shoes were ever ordered. The insurer paid the Member \$494.50.

- On October 8, 2014, the Member submitted two claims to the insurer regarding H.L.: a \$250.00 claim for a chiropractic assessment and treatment, and a \$500.00 claim for orthotics. The insurer paid \$449.50 directly to the Member. There is no evidence the Member ordered any orthotics for H.L. The Member provided the insurer with the same gait analysis she submitted in 2011 (with the date whited out and a new date written over the whited out area and handwritten notes), and a receipt that is the same as the receipt submitted in 2012 (with the date whited out and a new date written over the whited out area). She also submitted an authorization from H.L. directing the insurer to pay the Member directly. The authorization is the same authorization signed by H.L. in 2013, with the date whited out and a new date written over the whited out area. The Expenses Statement, which is signed by H.L., is the same Expenses Statement submitted to the insurer in 2013, with certain information and the date whited out and a new date written in.

#### **Re: F.F.**

The Member saw patient F.F. in 2012 for plantar fasciitis. She ordered orthopedic shoes for him at that time.

- The Member documented assessing F.F. on July 9, 2014. She made a claim to the insurer for \$100.00 for the assessment and was paid \$100.00 directly by the insurer.
- On July 11, 2014, the Member submitted a claim to F.F.'s insurer for \$500.00 for orthotics and \$600.00 for orthopedic shoes. Both claims were denied by the insurer. On September 18, 2014, the insurer paid the Member \$500.00 for the orthotics.
- The Member documented seeing F.F. on October 7, 2014, noting he was "sore after last treatment but after that better". The Member billed the insurer for two separate appointments on October 7, 2014, one for assessment and one for treatment, each costing \$250.00. The insurer paid the Member \$500.00 directly on October 7, 2014.
- On October 24, 2014, the Member ordered two pairs of non-custom shoes and one pair of orthotics from TOG for F.F., which she documented he picked up on October 28, 2014.

#### **Admissions**

- The Member admitted, based on the facts set out above, that she committed certain of the acts of professional misconduct set out in the Notice of Hearing dated June 2, 2016.

#### **Findings of Professional Misconduct**

- Based on the Agreed Facts and the Member's admissions, the Panel found the Member committed acts of professional misconduct as described in the June 2, 2016 Notice of Hearing, and in particular that:

#### **Re: Allegation #1:**

- o During the period 2012 – 2014, she contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to her assessment, treatment, documentation and billing of professional services and products for a patient of the [clinic] known as "H.L."; and
- o In 2014, she contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to documentation and billing of professional services and products for a patient of the [clinic] known as "F.F."

#### **Re: Allegation #3:**

- o During the period 2012 to 2014, she failed to keep records as required by the regulations regarding a patient of the [clinic] known as "H.L."; and
- o In 2014, she failed to keep records as required by the regulations regarding a patient of the [clinic] known as "F.F."

#### **Re: Allegation #4:**

- o During the period 2012 – 2014, she falsified a record or records relating to her practice regarding the assessment, treatment, and billing for professional services for a patient of the [clinic] known as "H.L."

#### **Re: Allegation #5:**

- o During the period 2012 – 2014, she signed or issued, in her professional capacity, a document or documents that she knew contained false or misleading statements regarding the assessment, treatment, and billing for professional services for a patient of the [clinic] known as "H.L."

#### **Re: Allegation #6:**

- o During the period 2012 – 2014, she submitted an account or charge for services that she knew was false or misleading regarding a patient of the [clinic] known as "H.L."

#### **Re: Allegation #7:**

- o During the period 2012 – 2014, she 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 with respect to her assessment, treatment, documentation and billing regarding a patient of the [clinic] known as "H.L."; and

- o In 2014, she engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional with respect to her documentation and billing regarding a patient of the [clinic] known as “F.F.”

### **Notice of Hearing #2 dated October 28, 2016**

#### **Background**

- On August 12, 2013, a patient known as “Patient X” started receiving physiotherapy at the Clinic from a registered physical therapist (“RPT”). Patient X had been in a motor vehicle accident and injured her back and neck. She also had massage therapy treatments from the Clinic’s registered massage therapist. Patient X was not treated by the Member, who owned and operated the Clinic.
- Patient X paid for her treatments personally, and was reimbursed for her treatment from the Clinic by her private insurer. On occasion, the Clinic billed the private insurer directly and was paid directly by the private insurer. Patient X had unlimited physical therapy and massage therapy benefits through her private insurer.
- In November 2013, the RPT from the Clinic moved to another clinic. Patient X had her file transferred to the new clinic so she could continue receiving treatment from the RPT. Patient X’s account at the Clinic was fully paid before her file transferred to the new clinic.
- Patient X continued to receive physiotherapy treatments from the RPT at the new clinic, and continued to have her treatments paid for by her private insurer until November 2014, when she divorced her husband and her extended private health coverage ended. Thereafter, she relied on her auto insurance to pay for her treatments.
- When Patient X starting relying on her auto insurance, she discovered that on April 22, 2014, the Member had, without her knowledge or consent, submitted an invoice to her auto insurer and been directly paid \$490.00 by the auto insurer for treatment she had received at the Clinic.
- The Member never met or treated Patient X. However, as the owner of the Clinic, the Member admits she was responsible for submitting insurance claim forms and for the billing at the Clinic.

#### **The MIG**

- In 2013, minor physical injuries 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.
- The first document 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 to the claimant’s insurer, an insurer would respond to the OCF-23, and inform the health practitioner whether the claimant was covered by an insurance policy and whether the injuries described fell within the MIG. The treatment permitted by an OCF-23 occurred over 12 weeks, which was divided into three (3) blocks, each of a duration of four (4) weeks.
- The insurer would pay for treatment under the MIG as follows:
  - o Fee for initial examination/consultation: \$215
  - o Fee for block one: \$775
  - o Fee for block two: \$500
  - o Fee for block three: \$225
- When the treatment under the OCF-23 was completed, the health practitioner would send the insurer an OCF-21 (Standard Invoice).
- Section 47 (2) of the *Statutory Accident Benefits Schedule* provides that an auto insurer was not obliged to pay for the portion of an expense allowable under the MIG if payment was reasonably available under other insurance or health care coverage (“extended health care benefits” or “EHCBs”). All EHCBs are deducted from amounts otherwise payable by the auto insurer.

#### **Patient X’s Treatment and Billing at the Clinic**

- Patient X had an initial visit at the Clinic on August 12. She paid for that visit and three subsequent treatments on August 14, 16, and 19, 2013 for a total of \$360.00. When Patient X started going to the Clinic, she was charged the Clinic’s regular rate for an assessment and treatment. However, after her third treatment, when the Clinic realized she had been injured as the result of a motor vehicle accident, the Clinic increased the cost per treatment to the fee allowed by FSCO, and applied that increased amount retroactively.

- On August 16, 2013, the Clinic sent a Treatment Confirmation Form (OCF-23) to Patient X's auto insurer. That OCF-23 was not signed by Patient X, although her signature was required on the document. The auto insurer approved the OCF-23 on August 20, 2013 and confirmed the maximum that would be paid pursuant to the MIG was \$2,200.00.
- The Clinic sent extended health care claims to Patient X's private insurer on August 21, August 23, August 30, September 4, September 6 and September 9, 2013, each for \$100.00.
- On September 23, 2013, the Clinic issued a Statement of Accounts showing that between the first visit on August 12, 2013 and the treatment on September 11, 2013, Patient X had incurred \$1,215.00 in fees, and had paid \$360.00. This period coincides with the assessment and Block 1 of the MIG.
- On September 24, 2013, the Clinic sent an explanation of benefits to the auto insurer which indicated claims had been paid by the private insurer for \$500.00 for Patient X's treatments on August 21, 23, and 30, and September 6 and 9, 2013.
- On September 24, 2013, the Clinic also sent an Auto Insurance Standard Invoice ("OCF-21") to the auto insurer. The OCF-21 indicated that the initial visit had been on August 12, 2013 and that Patient X had received 10 physical rehabilitation treatments between August 14, 2013 and September 11, 2013 for a total under the MIG of \$990.00. The OCF-21 indicated that another insurer had paid \$500.00 and it requested the auto insurer pay the difference, \$490.00. The OCF-21 did not indicate that \$360.00 had also been paid by Patient X, who was then reimbursed by the private insurer.
- The auto insurer did pay the Clinic \$490.00 by cheque, but later cancelled the cheque because Patient X advised her auto insurer that her private insurer was paying for her treatment.
- Patient X paid the Clinic an additional \$2,920.00 for treatment between September 23 and November 28, 2013. When Patient X attended the Clinic for the last time on November 8, 2013, her account was paid in full, and the Clinic had received \$3,780.90 for her treatment.
- The maximum that the Clinic could bill pursuant to the MIG was \$2,200.00. Therefore, as of November 8, 2013, the Clinic had been paid more than the maximum it was entitled to under the MIG and it had no claim against the auto insurer for Patient X's treatment.

- However, despite the fact that Patient X's account had been fully paid, the Clinic re-submitted the OCF-21 for \$490.00 (dated September 24, 2013) to the auto insurer on December 9, 2013, December 19, 2013, January 15, 2014, and April 22, 2014.
- On April 25, 2014, the auto insurer paid the Clinic \$490.00 by cheque. The Clinic kept the payment, despite the fact that Patient X's available money for treatment under the MIG had been depleted by \$490.00 as a result of the payment.
- Had she testified, the Member would have said that she does not know why the September 24, 2013 OCF-21 was re-submitted by the Clinic or why the \$490.00 cheque was accepted on April 25, 2014, but she accepts responsibility for the mistakes as the owner of the Clinic at the time.

#### **Admissions**

- The Member admitted, based on the Agreed Facts, that she committed certain of the acts of professional misconduct set out in the Notice of Hearing dated October 28, 2016.

#### **Findings of Professional Misconduct**

- Based on the Agreed Facts and the Member's admissions, the Panel found the Member committed acts of professional misconduct as described in the October 28, 2016 Notice of Hearing, and in particular:

##### **Re: Allegation #1**

- o During the period 2013 – 2014, she contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to her billing for professional services for a patient of the [clinic] known as "Patient X"; and

##### **Re: Allegation #5**

- o During the period 2013 – 2014, she engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable and unprofessional with respect to her billing regarding a patient of the [clinic] known as Patient X.

#### **Joint Submission on Penalty and Costs**

- Based on the findings of professional misconduct regarding allegations in the two Notices of Hearing, the CCO and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel. The Panel ordered:

- o The Member to appear before the Panel to be reprimanded;
- o The Registrar and General Counsel (“Registrar”) to suspend the Member’s certificate of registration for a period of nine (9) months;
- o The Registrar to impose the following terms, conditions and limitations (“Conditions”) on the Member’s certificate of registration:
  - By November 19, 2017, the Member must:
    - Sign an undertaking to the Registrar confirming that she has reviewed and will agree to comply with, all CCO regulations, standards of practice, policies and guidelines, including but not limited to the business practices portion of the Misconduct Regulation, CCO Guideline G-008: Business Practices; CCO Standard of Practice S-002: Record Keeping; and CCO Standard of Practice S-012: Orthotics, and
    - Successfully complete an educational program conducted by an expert chiropractor approved of in advance by the Registrar regarding the standard of practice expected of members of the profession with respect to billing practices, record keeping and orthotics.
  - The Member must be peer assessed at her own expense within six (6) months of returning to practice after the lifting of the suspension; and
  - The Member must have her practice monitored by the CCO by means of inspection(s) by a representative or representatives of the CCO to a maximum of four (4) times during the twenty-four (24) months following the lifting of the suspension. The Member shall co-operate with the CCO during the inspections and, further, shall pay to the CCO \$600.00 per inspection in respect of its costs in monitoring her, with the costs to be paid within thirty (30) days of the completion of each inspection;
- o The Registrar to suspend two (2) months of the suspension if the Member completed certain of the Conditions by November 19, 2017; and
- The Panel ordered the Member to pay a portion of CCO’s investigative and legal costs in the amount of \$15,000.00.

**NAME OF MEMBER: BARBARA ELLIS (#2865)**

**Place of Practice: Ajax**

**Agreed Facts**

*Background*

- Dr. Barbara Ellis (“Member”) became a member of the College of Chiropractors of Ontario (“CCO”) in 1994.
- During the relevant period, the Member practised chiropractic at Westney Heights Chiropractic Clinic, a chiropractic office in Ajax, Ontario.
- The Member has no prior complaints or discipline history at the CCO.

***Re: Concurrent Sexual and Professional Relationship with Patient “A”***

- In February 1996, the Member began providing chiropractic treatment to a patient known as “Patient A”. She continued to treat Patient A until February 2016. During that 20-year period, the Member also treated Patient A’s wife and his children.
- In 2014, during a treatment at the Member’s chiropractic office, the Member and Patient A kissed. Following that, Patient A and the Member began having a sexual relationship. The sexual relationship included sexual intercourse and other forms of physical sexual relations and continued until February 2016.

***Admissions***

- The Member admitted that she had a concurrent sexual and professional relationship with Patient A and that she therefore sexually abused Patient A as alleged in the Notice of Hearing.
- The Member also admitted that she committed certain of the other acts of professional misconduct alleged in the Notice of Hearing.

**Findings of Professional Misconduct**

- Based on the Agreed Facts and the Member’s admissions, the Panel found the Member committed acts of professional misconduct as alleged in the Notice of Hearing, and in particular, she:
  - o Sexually abused a patient;

- o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
- o Engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional.

### Victim Impact Statement

- After the Panel made findings of professional misconduct, the Panel was provided with a Victim Impact Statement and an email from Patient A, appointing a representative. The Panel heard submissions regarding the admissibility of the Victim Impact Statement and, after redacting two portions of the Victim Impact Statement, admitted it as an exhibit.

### Joint Submission on Penalty and Costs

- Based on the findings of professional misconduct, the CCO and the Member submitted the following joint submission on penalty, which was accepted and ordered by the Panel. The Panel ordered:
  - o The Member to appear before the Panel to be reprimanded,
  - o The Registrar to revoke the Member's certificate of registration, and
  - o The Member to reimburse the CCO for funding provided to Patient A under the program required under section 85.7 of the Health Professions Procedural Code, and
- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of \$7,500.00.

### NAME OF MEMBER: BENJAMIN J. HARDICK (#4051)

#### Place of Practice: London

There were two Notices of Hearing regarding Dr. Hardick. The CCO and Dr. Hardick agreed that, because the Notices of Hearing involved similar questions of fact and law, they should be heard in one combined hearing. At the hearing, the CCO withdrew one of the Notices of Hearing as it contained allegations that duplicated allegations in the other Notice of Hearing.

### Agreed Facts

#### Background

- Dr. B.J. Hardick ("Member") has been a member of the College of Chiropractors of Ontario ("CCO") since 2001. During the relevant time, he co-operated and practised chiropractic at Hardick Chiropractic Centre in London, Ontario. The Member also owned and operated Hardick Seminars and Coaching Inc., which conducts nutrition seminars, sells products, and maintains a website regarding natural health.
- The Member has not been the subject of a previous Discipline Committee hearing.

#### The Complaint

- In Ontario, the obtaining and testing of human blood samples is regulated under Regulations 682 and 683 of the *Laboratory and Specimen Collection Centre Licensing Act*. According to these regulations, the owner and operator of a laboratory must ensure that human specimens are only examined at the request of a legally qualified medical practitioner, a dentist, a midwife, a specially qualified registered nurse, or a naturopath. Test results can only be provided directly to the person who requested the test.
- During the relevant period, the Member knew that medical laboratory tests had to be ordered and interpreted by a legally qualified medical practitioner or other regulated health professional authorized to do so by regulation. He admits he knew that, as a chiropractor, he could not order or interpret blood tests.
- As part of his nutrition seminars, the Member offered his seminar clients the opportunity to have hormone and nutritional testing done. Seminar clients could go to Hardick Chiropractic Centre on specified dates. Staff from Gamma-Dynacare Medical Laboratories would attend at the Hardick Chiropractic Centre and take blood samples from seminar clients. The blood samples would then be analysed by Gamma-Dynacare Medical Laboratories.
- Prior to 2014, the blood sampling and laboratory tests conducted on the Member's seminar clients were done pursuant to laboratory requisitions that listed a physician known as "Dr. A" on the requisition. Gamma-Dynacare Medical Laboratories had contracted with Dr. A to review the results of blood samples submitted to Gamma-Dynacare Medical Laboratories by clients who were not medical physicians, such as naturopathic doctors.

- In 2009, Dr. Polevoy complained to the CCO regarding the Member's practice. Part of the complaint dealt with the blood sampling that was taking place at Hardick Chiropractic Centre and the subsequent lab analysis. The investigation into the complaint was reviewed by the CCO's Inquiries, Complaints and Reports Committee ("ICRC"). In its Decision and Reasons dated March 27, 2012, the ICRC noted that as of January 12, 2011, Dr. A's certificate of registration with the College of Physicians and Surgeons of Ontario ("College") was restricted so that he could only:
  - o Teach naturopathic students, medical students and/or residents;
  - o Review laboratory results for laboratory testing requested by naturopaths for no more than an hour per day;
  - o Perform other laboratory work approved by the College in its sole discretion; and
  - o Act as a physician on duty during stress testing undertaken by a technician under very specific conditions.
- The ICRC noted that the Member had been entitled to assume that Gamma-Dynacare Medical Laboratories had satisfied itself regarding Dr. A's scope of practice. It also noted that the restrictions on Dr. A's certificate of registration came into effect after Dr. Polevoy's 2009 complaint. However, on a going forward basis, the ICRC drew the Member's attention to restrictions on Dr. A's certificate of registration.
- The Member received a copy of the ICRC Decision and Reasons dated March 27, 2012.
- Despite the information contained in the ICRC Decision and Reasons dated March 27, 2012 regarding the restrictions on Dr. A's certificate of registration, the Member took inadequate steps to satisfy himself that Dr. A's scope of practice included ordering and interpreting blood sample test analysis. In fact, given the restrictions on his certificate of registration, Dr. A was not legally permitted to order blood sample tests and could only review laboratory results for laboratory testing requested by naturopaths or other laboratory work approved by the College in its sole discretion.
- During the period March 27, 2012 to March 2014, nutrition seminar clients continued to attend at Hardick Chiropractic Centre to have blood samples taken and to have testing done on the blood samples pursuant to laboratory requisitions that listed "Dr. A" on the requisition. No other physician or other health care professional who was authorized by regulation to order blood tests and to receive the results of such testing was involved in the obtaining of blood samples, ordering laboratory tests, interpreting blood sample analysis, or advising clients of the results of the testing.

- Since 2016, the Member has not offered his nutrition seminar clients with the option of having blood samples taken for hormone and nutritional testing.

#### **Admissions**

- The Member admitted that he failed to take sufficient steps to ensure that blood sample test ordering, analysis, and communication of test results for his nutrition seminar clients was being done in accordance with Ontario law.
- The Member further admitted this failure constituted professional misconduct.

#### **Findings of Professional Misconduct**

- Based on the Agreed Facts and the Member's admissions, the Panel found the Member committed acts of professional misconduct as alleged in the Notice of Hearing, and in particular, he:
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession; and
  - o Engaged in conduct or performed an act that, having regard to all of the circumstances, would reasonably be regarded by members as unprofessional.

#### **Joint Submission on Penalty and Costs**

- Based on the findings of professional misconduct, the CCO and the Member submitted a joint submission on penalty, which was accepted and ordered by the Panel. The Panel ordered:
  - o The Member to appear before the Panel to be reprimanded;
  - o The Registrar and General Counsel ("Registrar") to suspend the Member's certificate of registration for a period of three (3) months;
  - o The Registrar to impose the following terms, conditions and limitations ("Conditions") on the Member's certificate of registration:
    - By March 21, 2018, the Member must:
      - Review, and agree in writing to comply with, all CCO regulations, standards of practice, and guidelines, including but not limited to CCO Standard of Practice S-001: Chiropractic Scope of Practice,
      - Successfully complete the Legislation & Ethics examination and the CCO's Record Keeping Workshop at his own expense and provide evidence of successful completion to the Registrar, and

- Requiring the Member to be peer assessed at his own expense within six (6) months of returning to practice after the lifting of the suspension; and
- The Registrar to suspend two (2) months of the suspension if the Member completes certain of the Conditions by March 21, 2018.
- The Panel ordered the Member to pay a portion of CCO's investigative and legal costs in the amount of \$12,500.00.

## NAME OF MEMBER: PAUL MARANDO (# 989)

### Place of Practice: Welland

#### Background

- Dr. Paul Marando ("Member") has been a member of the College of Chiropractors of Ontario ("CCO") since 1971. During the relevant time, he practised chiropractic at his clinic, Lincoln Centre, in Welland, Ontario ("Clinic").
- The Member has not been the subject of a previous Discipline Committee hearing.

#### Patient A

- On November 25, 2011, "Patient A" was in an accident while shopping for groceries at a local grocery store. She fell after being hit by a "pump car" in the store and, as a result, suffered headaches, and shoulder, neck and back pain.
- Patient A started receiving chiropractic treatment from the Member on December 1, 2011. She continued to receive treatment from the Member on a regular basis until August 31, 2013. Patient A had surgery on her shoulder on September 4, 2013 and did not return for treatment from the Member after the surgery.
- During the period December 1, 2011 to the end of 2012, Patient A received chiropractic adjustments from the Member.
- In November 2012, Patient A had medical tests which showed a rotator cuff injury with a tear of the left shoulder tendon. Her medical doctor diagnosed the injury and scheduled her to have shoulder surgery.
- Once the Member found out in early 2013 that surgery was planned for Patient A, he generally ceased providing adjustments, and primarily treated her with ultrasound and laser.
- Patient A retained a local lawyer on November 30, 2011 to represent her in litigation against the grocery store. She started an action against the grocery store in early 2012.

- Patient A did not pay for the chiropractic treatment provided by the Member. The Member sent his accounts directly to Patient A's lawyer, and it was understood by all that payment for the Member's treatment for Patient A was to come out of the settlement of her legal action against the grocery store. The Member never provided Patient A with his accounts.

#### The Member's Accounts

- On March 31, 2014, almost a year after Patient A's treatment with the Member ended, the Member requested she sign a Direction and Authorization directing her lawyer and his law firm to pay the Member all of his outstanding account of \$11,272.00 out of the settlement of Patient A's litigation against the grocery store.
- The litigation against the grocery store was settled in July 2015. Patient A's lawyer took his fees and other costs out of the settlement but did not pay the Member's outstanding account. Instead, the lawyer provided the remainder of the settlement funds to Patient A.
- On August 31, 2015, the law firm that represented Patient A paid the Member \$11,272.00 for his outstanding account and, in exchange, received an assignment of the account. Patient A's lawyer confirmed in correspondence to the Member that, by paying the outstanding account and receiving an assignment of the account, the law firm bought the Member's claim against Patient A.
- The law firm then threatened Patient A with enforcement proceedings. Patient A agreed to a payment plan to avoid such proceedings in which she paid the law firm \$20.00/week, a significant hardship as her only income is a monthly disability pension.
- On November 24, 2015, Patient A requested from the Member a copy of his accounts and other documents he had sent to her lawyer. On review of the documents, Patient A discovered that the Member had charged her for services she never received. For example, she saw, for the first time, that the Member had routinely billed her for both chiropractic treatment and laser treatment during the period January 27, 2012 to August 27, 2013, although she had not received both adjustments and ultrasound/laser with every treatment during this period.

#### The Member's Records

- According to the Member's Statement of Accounts, Patient A received treatment from the Member on hundreds of occasions between December 1, 2011 and August 31, 2013. The Member documented an extremely cursory initial assessment on December 1, 2011, failing to complete most sections of the patient assessment form.

There is no treatment plan or consent to chiropractic treatment in the file.

- Thereafter, Patient A's chiropractic record indicates that, generally, Patient A received treatment from the Member approximately three or four times a week until August 27, 2013. Generally, the notes made by the Member for each treatment simply describe Patient A's subjective complaints with no reference to treatment or tests. There is no evidence that Patient A was re-assessed at any time during the years she received treatment from the Member. There is no evidence in the Member's notes that Patient A's condition improved with treatment.
- There are also a number of inconsistencies in the Member's records:
  - o According to the Member's Statement of Accounts for Patient A, she was charged \$100.00 for her initial visit with the Member and only a very cursory initial assessment is documented. However, according to the Member's fee schedule, an initial visit is \$35.00;
  - o Patient A was charged \$100.00 for cervical x-rays, two views, on December 9, 2011. According to the Member's fee schedule, an x-ray is \$20.00/view. In addition, Patient A could have had x-rays for free from her local hospital;
  - o Patient A was charged \$70.00 for a dorsal series of x-rays on December 23, 2011. There is no documentation in the patient record regarding the results of the x-rays;
  - o The Statement of Accounts indicates that Patient A was billed for only chiropractic treatments between December 2, 2011 and January 24, 2012, although the chiropractic records indicate she received ultra sound/laser on December 13, 2011, December 20, 2011, and January 19, 2012;
  - o After January 24, 2012, Patient A was billed for both chiropractic treatment and laser treatment at every appointment, although the progress notes indicate she received chiropractic adjustments and ultrasound/laser treatments during the same appointment on only three occasions: February 3, 2012, February 24, 2012, and August 1, 2013;
  - o The Member's progress notes contain different information than his travel cards, both in respect of dates treated and treatments provided; and
  - o Initially, chiropractic treatments were billed at \$28.00/treatment and laser at \$19.00/treatment. The price for both increased in 2013 with no explanation for the increase.

### **CCO Regulations, Standards of Practice and Guidelines**

- CCO Standard of Practice S-002: Record Keeping requires a member to maintain a patient health record and financial record for a patient that are complete, accurate, and comprehensive. The initial examination should be sufficiently comprehensive to document evidence of the patient's condition, diagnosis and plan of care. The patient's consent should be recorded, and there should be reasonable information regarding all treatment, advice, procedures, and reports. A re-assessment must be done when clinically necessary and in any event, no later than the 24<sup>th</sup> visit.
- CCO Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs requires x-rays only be ordered or taken when clinically indicated, and that the results of the radiograph must be analyzed, reported, and conclusions documented in the health record and reported to the patient.
- CCO Standard of Practice S-013: Consent requires patient consent to an examination or treatment be obtained and recorded.
- CCO Guideline G-008: Business Practices, requires a member to provide accurate, complete information to patients regarding fees and payment plans. As well, fees must be fair and reasonable, be for care that is necessary, and billing practices must be disclosed to patients in advance of any care. A reassessment must be conducted no later than the 24<sup>th</sup> visit.
- Paragraph 27 of Ontario Regulation 852/93 (the professional misconduct regulation) defines professional misconduct as "Selling any debt owed to the member for professional services."

### **Admissions**

- Based on the facts set out above, the Member admitted that he committed a number of the acts of professional misconduct as set out in the Notice of Hearing.

### **Findings of Professional Misconduct**

- Based on the Agreed Facts and the Member's admissions, the Panel found the Member committed acts of professional misconduct as alleged in the Notice of Hearing, and in particular, he:
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his assessment, treatment, documentation, billing, business practices, and/or account collection regarding Patient A;

- o Did anything for Patient A for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose in situations in which consent was required by law, without such consent;
- o Provided diagnostic or therapeutic services that were not necessary for Patient A;
- o Failed to keep records as required by the regulations regarding Patient A;
- o Failed to disclose to Patient A the fee for a service before the service was provided;
- o Sold a debt owed to him by Patient A for professional services; 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 with respect to his assessment, treatment, documentation, billing, business practices, and account collection regarding Patient A.

#### Joint Submission on Penalty and Costs

- Based on the findings of professional misconduct, the CCO and the Member submitted a joint submission on penalty, which was accepted and ordered by the Panel. The Panel ordered:
  - o The Member to appear before the Panel to be reprimanded;
  - o The Registrar and General Counsel (“Registrar”) to suspend the Member’s certificate of registration for a period of nine (9) months;
  - o 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:
      - Review, and agree in writing to comply with, all CCO regulations, standards of practice, and guidelines, including but not limited to CCO Standard of Practice S-002: Record Keeping; CCO Standard of Practice S-006: Ordering, Taking and Interpreting Radiographs; CCO Standard of Practice S-013: Consent; the business practices portion of the Misconduct Regulation; and CCO Guideline G-008: Business Practices, and
      - Successfully complete the Legislation & Ethics examination and the CCO’s Record Keeping

Workshop at his own expense and provide evidence of successful completion to the Registrar; and

- The Member must be peer assessed at his own expense within six (6) months of returning to practice after the lifting of the suspension; and
- o The Registrar to suspend three (3) months of the suspension if the Member completed certain of the Conditions by a prescribed date.
- The Panel ordered the Member to pay a portion of CCO’s investigative and legal costs in the amount of \$15,000.00.

#### NAME OF MEMBER: KENNETH OLDAKER (#1166)

#### Place of Practice: Kapuskasing

There were two Notices of Hearing regarding Dr. Oldaker. The CCO and Dr. Oldaker agreed that, because the Notices of Hearing involved similar questions of fact and law, they should be heard in one combined hearing.

#### Agreed Facts

##### Background

- Dr. Kenneth Oldaker became a member of the College of Chiropractors of Ontario (“CCO”) in 1975. He maintained chiropractic offices in Kapuskasing, Ontario, and Hearst, Ontario.
- Dr. Oldaker was the subject of a Discipline Committee hearing on February 15, 2012 as a result of a failure to be peer assessed when required and a failure to co-operate with the Inquiries, Complaints and Reports Committee when it required an explanation for his failure to be peer assessed. The Discipline Committee made findings of professional misconduct and ordered, among other things, a suspension and remedial measures.
- In February 2012, prior to the Discipline Committee hearing, Dr. Oldaker signed an Undertaking to the Registrar in which he undertook to respond in a timely way to all CCO correspondence and co-operate fully with all CCO investigations.
- On March 1, 2012, as a result of his failure to pay his annual renewal fees for 2012 or complete an annual renewal form, Dr. Oldaker’s Certificate of Registration (“Certificate”) was administratively suspended and remained suspended until February 2017, at which time his Certificate was administratively revoked.

### **The Complaint and the Complaint Investigation**

- On December 14, 2015, the CCO received a complaint that Dr. Oldaker was practising chiropractic despite the suspension of his Certificate.
- The CCO conducted an investigation which disclosed that after March 2012, Dr. Oldaker continued to practise chiropractic out of his two chiropractic offices as though he was a member of the CCO. He continued to see patients, including diagnosing patients and providing them with chiropractic adjustments.
- As well, from 2012 to June 2017, Dr. Oldaker continued to advertise himself as a chiropractor. As of June 2017, the sign outside of Dr. Oldaker's clinic in Kapuskasing read:

Chiropractic Centre  
Ken Oldaker DC  
Chiropractor

- As of June 2017, the sign outside of Dr. Oldaker's clinic in Hearst read:

Chiropractor  
KJ Oldaker  
Chiropracticien

- Dr. Oldaker identified himself on his invoices as a chiropractor, and his invoices indicated he provided patients with adjustments.
- After March 1, 2012, Dr. Oldaker never told his patients his Certificate was suspended or revoked, and he never told his patients he was not a chiropractor and could not legally perform the controlled acts, including diagnosing and adjustments, that chiropractors are entitled to provide.

### **The Registrar's Investigation**

- On January 27, 2016, the CCO sent a letter to Dr. Oldaker, notifying him that a complaint had been made about him and requesting a written response to the complaint in 30 days. After that letter was sent, the CCO:
  - o Sent three more letters requiring Dr. Oldaker to respond in writing to the complaint; and
  - o Called Dr. Oldaker, confirmed he received the CCO correspondence regarding the complaint, and advised him to respond in writing to the complaint.
- Dr. Oldaker never responded in writing to the complaint as he was required to do.

- On September 20, 2016, the CCO investigator who was investigating the complaint requested Dr. Oldaker provide her with the original patient records for patients he had treated during the period 2012 – 2016. He was given a week and a half to provide the records but he did not provide them.
- The CCO investigator followed up with a request on October 3, 2016 and on October 17, 2016 but Dr. Oldaker did not provide the requested records.
- A CCO investigator attended at Dr. Oldaker's clinic in Kapuskasing on November 8, 2016 with a summons for the patient records. Dr. Oldaker refused to obey the summons and provide the patient records.
- Dr. Oldaker was advised that he had until November 18 to provide the records, or the CCO investigator would obtain a search warrant and seize the patient records.
- Dr. Oldaker ultimately provided the CCO investigator with the patient records on November 21, 2016.

### **CCO Legislation and Standards of Practice**

- While Dr. Oldaker's Certificate was suspended during the period March 1, 2012 to February 2017, he remained subject to the CCO's jurisdiction for professional misconduct that occurred during the period of the suspension, as a result of section 14(2) of the Health Professions Procedural Code (the "Code").
- Section 13(2) of the Code states a person whose certificate of registration has been suspended is not a member of the CCO.
- Under the *Chiropractic Act, 1991*, only members of the CCO can use the title "chiropractor" and can hold themselves out as persons who are qualified to practise chiropractic in Ontario. Persons are prohibited by the *Chiropractic Act, 1991* and the *Regulated Health Professions Act, 1991* from performing controlled acts such as diagnosing and adjusting, unless they are members of specific regulated health profession colleges.
- Section 76(3.1) of the Code requires a member to cooperate fully with a CCO investigator.
- CCO Standard of Practice S-020: Cooperation and Communication with CCO required Dr. Oldaker to cooperate with the CCO and its statutory committees. According to that Standard, it was Dr. Oldaker's professional responsibility to cooperate in a timely manner when CCO made requests for information and when it required a specific action such as providing a written response to a complaint to the Inquiries, Complaints and Reports Committee.

**Admissions**

- Based on the above facts, Dr. Oldaker admitted he breached the *Regulated Health Professions Act, 1991* and the *Chiropractic Act, 1991* by:
  - o Using the title “chiropractor” contrary to subsection 9.(1) of the *Chiropractic Act, 1991*;
  - o Holding himself out as a person who is qualified to practise in Ontario as a chiropractor contrary to subsection 9.(2) of the *Chiropractic Act, 1991*;
  - o Performing controlled acts authorized to chiropractic, contrary to section 4 of the *Chiropractic Act, 1991*;
  - o Performing a controlled act or acts in the course of providing health care services to an individual contrary to subsection 27.(1) of the *Regulated Health Professions Act, 1991*;
  - o Using the title “doctor” in the course of providing or offering to provide health care to individuals, contrary to subsection 33.(1) of the *Regulated Health Professions Act, 1991*;
  - o Treating or advising persons with respect to his or her health in circumstances where it was reasonably foreseeable that serious physical harm may result from the treatment or advice or from the omission from them, contrary to subsection 30.(1) of the *Regulated Health Professions Act, 1991*; and
  - o Failing to co-operate with the CCO investigator contrary to Section 76(3.1) of the Code.
- Dr. Oldaker also admitted he failed to respond in a timely way when required to provide a written response to the complaint and that this was in breach of the Undertaking he provided to the Registrar in 2012. He also breached the Undertaking by not co-operating fully with the CCO investigation. Dr. Oldaker admitted he committed acts of professional misconduct as set out in both Notices of Hearing.

**Findings of Professional Misconduct**

- Based on the Agreed Facts and Dr. Oldaker’s admissions, the Panel found that Dr. Oldaker had committed acts of professional misconduct, and in particular:
  - o With respect to the Notice of Hearing dated March 27, 2017, he:
    - Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession,

- Contravened a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the *Public Hospitals Act*, and the contravention was relevant to his suitability to practise, and
- Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable and unprofessional; and
- o With respect to the Notice of Hearing dated March 27, 2017, 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 carry out an agreement entered into with the College, 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 and Costs**

- Based on the findings of professional misconduct, the CCO and Dr. Oldaker submitted a joint submission on penalty. It was accepted, and the Panel ordered the Registrar and General Counsel to revoke Dr. Oldaker’s certificate of registration.
- The Panel ordered Dr. Oldaker to pay a portion of CCO’s investigative and legal costs in the amount of \$2,500.00.

### 3. CONTESTED HEARING

#### NAME OF MEMBER: DR. X

- A Panel held a hearing regarding Dr. X concerning allegations that, with respect to a patient identified as “Patient “A”, he:
  - o Sexually abused the patient;
  - o Contravened a standard of practice of the profession or failed to maintain the standard of practice expected of members of the profession with respect to his behaviour towards the patient;
  - o Abused the patient verbally, physically, psychologically or emotionally; and
  - o Engaged in conduct or performed an act, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional regarding his behaviour towards the patient.
- The Panel heard evidence from Patient A that, on several non-sequential occasions, the Member pressed his crotch against her hand while she was receiving a chiropractic treatment. It also heard evidence from Patient A’s husband regarding what Patient A told him and his own treatment and interactions with the Member.
- The Member denied the allegations and testified as to how he conducted his treatments and his relationship with Patient A and her family.
- The Panel determined that if contact occurred between the Member’s crotch and the patient, it was incidental or accidental and was not of a sexual nature.
- The Panel determined the CCO had not met the required burden of proof and it did not find that Dr. X had committed an act of professional misconduct as alleged in the Notice of Hearing.

### 4. COURT CASES

#### NAME OF MEMBER: DR. MICHAEL REID (#2639)

- On August 26, 2015, following a Discipline Committee hearing, a Panel ordered Dr. Reid to pay the CCO \$166,194.50 in costs (“Cost Order”). Dr. Reid appealed the Cost Order to the Divisional Court and, after that appeal was dismissed, brought a motion for an extension of time to file a notice of motion seeking leave to appeal the Divisional Court decision to the Court of Appeal for Ontario. On October 24, 2016, the Court of Appeal for Ontario dismissed Dr. Reid’s motion with costs of \$5,000.00 to be paid to the CCO.
- Dr. Reid did not pay the Cost Order or the costs ordered by the Court of Appeal.
- Dr. Reid is currently residing in Virginia, USA.
- The CCO petitioned the Henrico Circuit Court in Virginia to recognize and enforce the Discipline Committee Cost Order and the Court of Appeal cost order, in order for it to undertake collection proceedings against Dr. Reid in Virginia. As of December 31, 2017, the result of that litigation had not been decided.

# Patient Relations Committee

## COMMITTEE MANDATE

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

## A Message from the Chair

In 2017, the Patient Relations Committee continued to work on initiatives relating to its regulatory mandate and activities reflected on the changing nature of our members' professional practice. The Committee continued to maintain programs to assist individuals in exercising their rights under the *Regulated Health Professions Act, 1991 (RHPA)* to develop programs and guidelines to enhance the doctor-patient relationship, and to develop and implement measures for preventing and dealing with sexual abuse of patients. As a result, revisions and amendments were made to the relevant standards of practice, policies and guidelines to reflect the new professional practice environment and legislation.

The Patient Relations Committee would like to remind members that our behaviours must be at all times with the utmost respect for our patients who we serve and our communities in which we practise. This was reflected in the memorial tribute to Johnny Bower when, as Ron Ellis, part of Toronto's 1967 Cup team with Johnny Bower, produced an answer for what pushed the beloved goalie: "Johnny considered it a privilege, not a right, to be a Maple Leaf. Gratitude is what drove him to become the best he could be."

The Committee also completed work after the Royal Assent of Bill 87, *Protecting Patients Act, 2017* and how it relates to the *RHPA*. The purpose of the provisions of this Code with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counselling in connection with allegations of sexual abuse by members and, ultimately, to eradicate the sexual abuse of patients by members.

This resulted in minor amendments to our Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient, as well as Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members.

Previously, a member's certificate of registration would be revoked for sexual intercourse, masturbation of the member or the patient, or in their presence, genital to genital, genital to anal, oral to genital or oral to anal contact. The new Bill expands this to include touching of a sexual nature of the patient's genital, anus, breast or buttocks, and other conduct of a sexual nature prescribed in the regulations made pursuant to clause 43 (1) (u) of the *RHPA*.

## Committee Members and Staff Support

Back L-R:

Dr. Matt Tribe, non-Council Member

Mr. Joel Friedman, Director, Policy & Research

Dr. Janit Porter, non-Council Member

Ms Georgia Allan

Front L-R:

Ms Karoline Bourdeau (and Fenton)

Dr. Reginald Gates, Chair

Ms Jo-Ann Willson, Registrar and General Counsel

For the purposes of the sexual provisions, the *RHPA* defines “patient” as:

“patient”, without restricting the ordinary meaning of the term, includes,

- (a) an individual who was a member’s patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member’s patient, and
- (b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the *Regulated Health Professions Act, 1991*; (“patient”).

These changes better define a patient as well as increase the definition of sexual abuse. This should provide doctors with more direction in their personal interactions with patients and former patients. The intent is to identify and avoid situations that could lead to boundary crossing or violations, the most serious of which could result in allegations of sexual abuse. The College remains committed to zero tolerance of sexual abuse.

The Committee recommended amendments to Council for Policy P-018: Funding for Therapy and Counselling for Patients Sexually Abused by Members. This ensures that there is more timely access for therapy or counselling and is consistent with legislative amendments for those eligible to receive funding for therapy.

This year, the Committee considered minor amendments to Guideline G-001: Communication with Patients. The intent is to help identify and avoid situations that would lead to boundary crossings or violations, the most serious of which would result in allegations of sexual abuse. We were able to use this information to better define the terms of reference for our Committee as well as provide potential questions for the CCO’s Legislation & Ethics examination, including incorporating social media presence, boundaries, and the new legislation.

The Committee continued to review costs associated with counselling for victims of sexual abuse, approved new applications for funding, and worked on public education awareness and social media as it relates to the relationship between a chiropractor and their patients.

As part of its regulatory mandate to protect the public interest, the Committee also revised the public document entitled “Do you know your Patient Rights?”, reviewed and re-formatted the popular *Partnership of Care/Partenariat de soins de Santé*, and updated *Maintaining Professional Boundaries*. These documents reflect today’s professional practice environment and will assist members and the public to self-assess whether there is an appropriate professional boundary between the doctor and the patient. In addition, the Committee (as it does every year) reviewed all the relevant standards of practice, policies, and guidelines to determine if any revisions were necessary.

### **Acknowledgements**

As this is my final year as Chair of the Patient Relations Committee, I want to express my thanks and gratitude to a very dedicated and committed committee team of professional and public members and an extremely hard-working staff. Thank you to Dr. Janit Porter, Dr. Matt Tribe, Ms Georgia Allan, and Ms Karoline Bourdeau for your time and commitment to this committee. I would also like to recognize Ms Patrice Burke who left the Committee in August 2017. As well, none of these initiatives would have been possible without the contribution of the staff support, with many thanks to Ms Jo-Ann Willson and Mr. Joel Friedman. I extend my sincere thanks to all.

### **COMMITTEE ACTIVITIES IN 2017**

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

In 2017, the Patient Relations Committee:

- Convened four face-to-face meetings and one teleconference meeting
- Monitored the funding available for therapy for victims of sexual abuse, including extensively reviewing the funding mechanisms for victims of sexual abuse

Patient Relations Committee (Continued from page 41)

- Discussed potential communications initiatives and strategies to enhance engagement with and educate the public in heightening awareness about safe and ethical chiropractic care, including use of social media, videos, and e-learning modules as components of a potential public education campaign
- Recommended to Council updated wording for and reformatting of the *Partnership of Care* document
- Reviewed the Committee’s vision statement, committee terms of reference, standards of practice, policies and guidelines, including the incorporation of wording about boundary crossings and examples of grooming behaviour in Guideline G-001: Communication with Patients
- Developed potential questions for the CCO Legislation & Ethics examination
- Revised “Do you Know your Patient Rights?” and posted it to the CCO website
- Discussed the implications of Bill 87: *Protecting Patients Act, 2017*, introduced by the government to reinforce its zero tolerance policy on the sexual abuse of patients by regulated health professions through various amendments to the *Regulated Health Professions Act, 1991*, including potential communications initiatives
- Recommended minor amendments to the following standard of practice and policy to Council for approval:
  - o Standard of Practice S-014: Prohibition of a Sexual Relationship with a Patient
  - o Policy P-018: Funding for Therapy or Counselling for Patients Sexually Abused by Members

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“Lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save it and preserve it.”

*Plato*

# Quality Assurance Committee

## A Message from the Chair

*The formula for success is simple: Practice and concentration. Then more practice and more concentration.*

**Mildred "Babe" Didrikson Zaharias, 1932 Olympic medalist in hurdles, javelin and high jump, and famous golfer**

If we use the analogy of sports applied to the quality assurance program, we see activities that ensure the profession applies, practises and demonstrates a performance that shows knowledge, specific skills, and sound judgement. This is to benefit patient protection and to enhance patient outcomes. As with any high-performing athlete, the same would apply for chiropractors, namely knowing and complying with the rules, self-assessing one's own performance, understanding where one needs to train further to optimize performance, and then implementing the training with fine-tuning from the feedback. This is not done a few times. It is a lifelong endeavour. One also wants to empower the culture of promoting excellence and a fair playing field. This nicely parallels the new strategic plan and the mandated objectives of the Quality Assurance (QA) Committee.

As an example, in 2017 we saw, through the QA Committee, the next iteration in monitoring practice environments and competencies profession-wide with the rollout of Peer and Practice Assessment 2.0 (PPA 2.0). The Committee oversaw the appointment and training of eight new peer assessors in

## COMMITTEE MANDATE

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

2017, and this filled the gap from peer assessors retiring in 2016 and 2017. Of particular interest and demonstrative of proactive maturity and an understanding of lifelong learning was that many chiropractors requested their practice be "2.0 assessed" prior to being picked in a random sampling. Technological updates to the CCO website in 2017 allowed availability and transparency through the uploading of all the materials for Professional Portfolio completion and both PPA 1.0 and PPA 2.0 assessments under the QA program.

As with an elite athlete, in promoting excellence there is ongoing feedback received through various ways to monitor and improve performance. Our performance is, of course, what we do as chiropractors. In fulfilling its mandate, the QA Committee strives for meaningful engagement between the

## Committee Members and Staff Support

Back L-R:

Ms Patrice Burke

Dr. Joel Weisberg, non-Council Member

Mr. Joel Friedman, Director, Policy & Research

Mr. Douglas Cressman

Front L-R:

Dr. J. Bruce Walton, Director, Professional Practice

Dr. Elizabeth Anderson-Peacock, Chair

Dr. Kristina Peterson



## Quality Assurance Committee (Continued from page 43)

College and registrants, and is self-reflective, representative of changing practice environments, and respecting different styles of practice all the while being effective in public protection.

Additional connection points exist through QA initiatives such as the ongoing record keeping workshops and Roadshows, which were delivered in the following nine locations in 2017: Niagara Falls (January 11), Kitchener-Waterloo (February 8), Ottawa (March 31), Timmins (April 20), Sudbury (April 21), North Bay (April 22), Halton Peel/Oakville (May 10), Sault Ste. Marie (October 26) and Thunder Bay (October 28).

Remember: quality assurance is not a “one-time” event, as the QA Committee considers components that can span one’s professional career.

### Acknowledgements

As with any successful team, it is through the contribution of dedicated and prepared individuals, robust discussion, and constructive feedback that builds success. As nothing gets done in isolation, a huge debt of gratitude goes to Dr. Kristina Peterson, elected professional member, Ms Patrice Burke and Mr. Douglas Cressman, appointed public members, and Dr. Joel Weisberg, appointed professional member.

Special thanks go to Dr. J. Bruce Walton, Director of Professional Practice, Mr. Joel Friedman, Director, Policy & Research, and Ms Jo-Ann Willson, Registrar & General Counsel. They are the backbone of the team offering institutional knowledge and experience, and ensure excellence for the team in meeting its objectives.

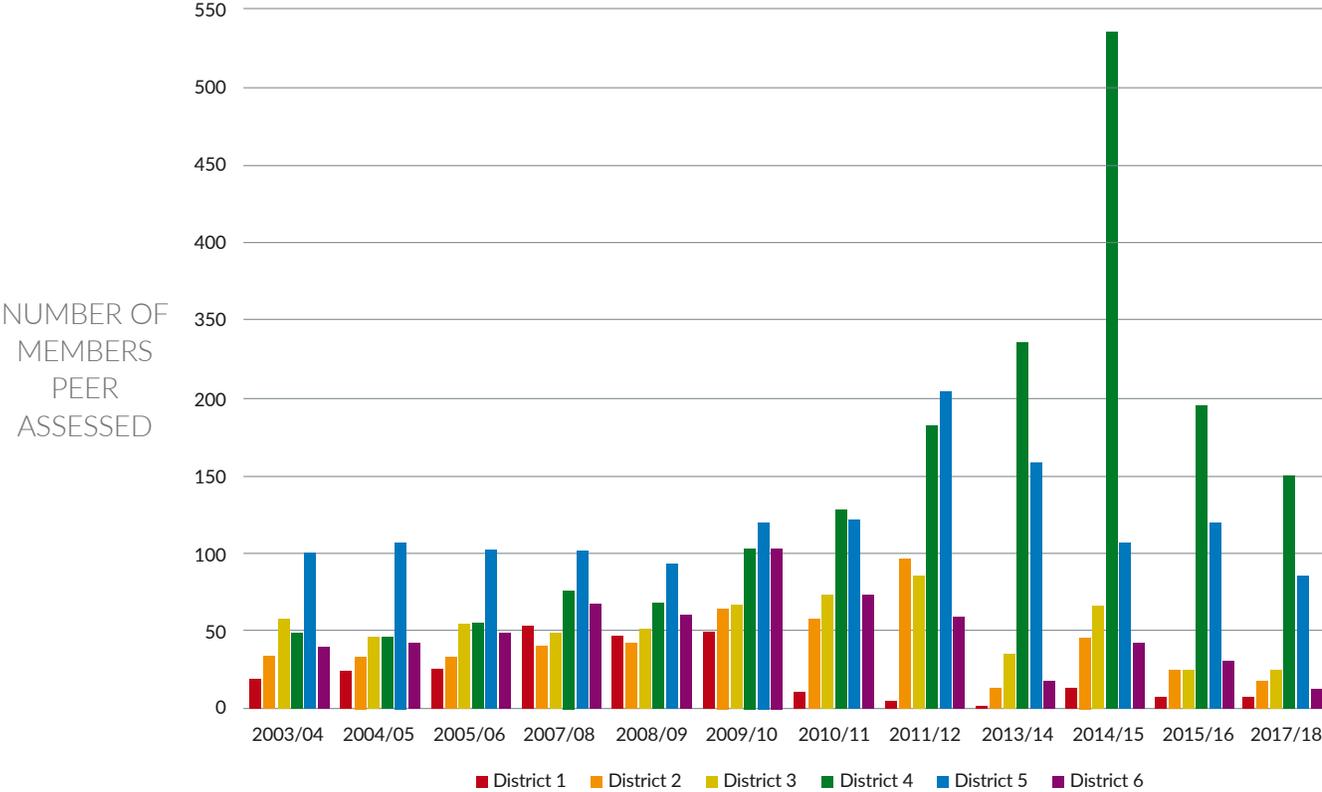
### COMMITTEE ACTIVITIES IN 2017

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 2017, including recommending numerous standards of practice, guidelines and policies to Council for approval, and overseeing both the first round of peer assessments (PPA 1.0) (largely for new graduates and chiropractors from other jurisdictions) and the second round of peer and practice assessments (PPA 2.0).

In 2017, the QA Committee:

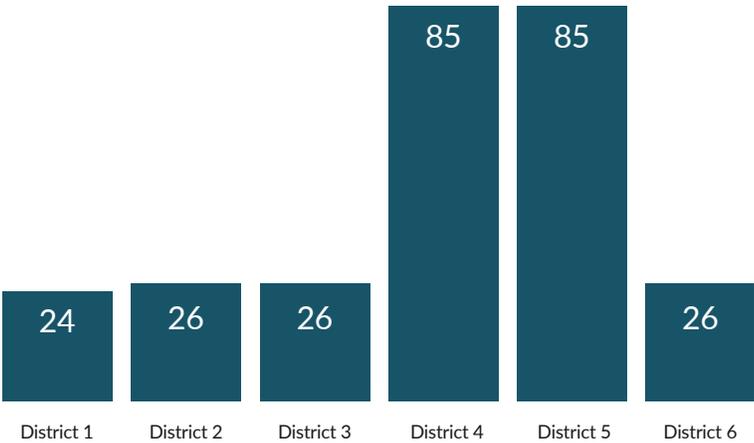
- Convened six face-to-face meetings
- Presented an interactive, informative, and well-received peer and practice assessor workshop on January 27, 2017 to update the peer and practice assessors on the second round of peer and practice assessments (PPA 2.0), provide updates on standards of practice, policies, and guidelines, current events, and collect feedback from the peer assessors on their observations and trends
- Continued to oversee content development for PPA 2.0
- Oversaw the distribution of 219 PPA 1.0 and 272 PPA 2.0 peer and practice assessment packages to members, with a high rate of return and participation, including a significant number of members volunteering to be assessed under PPA 2.0
- Reviewed and discussed feedback on the use of social media from the Inquiries, Complaints and Reports Committee and the Advertising Committee, and recommended to Council a guideline on its use by members
- Recommended a draft guideline to Council entitled “Delegation, Assignment and Referral of Care”
- Recommended to Council minor amendments to the following standard of practice and guidelines for approval:
  - o Standard of Practice S-003: Professional Portfolio
  - o Guideline G-008: Business Practices
- Recommended to Council Guideline G-012: Use of Social Media
- Recommended to Council draft Guideline G-013: Chiropractic Assessments for distribution and feedback from members and stakeholders
- Recommended to Council draft Guideline G-014: Delegation, Assignment and Referral of Care for distribution and feedback from members and stakeholders

# PEER & PRACTICE ASSESSMENT 1.0



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# PEER & PRACTICE ASSESSMENT 2.0



# Registration Committee

## COMMITTEE MANDATE

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

## A Message from the Chair

*Excellence is the gradual result of always striving to do better.*

**Patrick Riley, American professional basketball executive, former National Basketball Association coach and player**

The Registration Committee serves an important function at CCO. It meets regularly to review applications from chiropractors who wish to practise in Ontario and ensure that each candidate is treated with the appropriate blend of fairness and flexibility within CCO's legislative framework. The Committee consistently strives to ensure a timely response to all applicants and to regulate in a fiscally responsible manner. Further efforts are also expended to ensure that licensing processes are transparent, objective, impartial, and comply with the requirements of Ontario's Office of the Fairness Commissioner.

Following on the work of previous committees, the Committee's efforts in 2017 included the annual review of the relevant standards of practice, policies, and guidelines and updating CCO's registration forms to ensure compliance with relevant regulations and legislation. The Committee also continued to oversee the registration practices to ensure that all potential registrants are treated fairly and transparently.

The Committee was pleased with the results of the audit conducted by the Office of the Fairness Commissioner, which concluded that the CCO's registration practices are proactive in appropriately increasing the amount of information accessible to the public.

The Committee's comprehensive work plan in 2017 included the following:

- Updating of the CCO Legislation & Ethics examination to include the new requirements under Bill 87: *Protecting Patients Act, 2017*, and *Accessibility for Ontarians with Disabilities Act, 2005*
- Exploring options around the use of technology to improve accessibility to chiropractic care
- Researching the practices of other health regulatory colleges in the area of police criminal record checks for international applicants

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## Committee Members and Staff Support

Back L-R:

Dr. Patricia Tavares, Chair

Mr. Joel Friedman, Director, Policy & Research

Mr. Douglas Cressman

Ms Madeline Cheng, Registration Coordinator

Front L-R:

Ms Jo-Ann Willson, Registrar and General Counsel

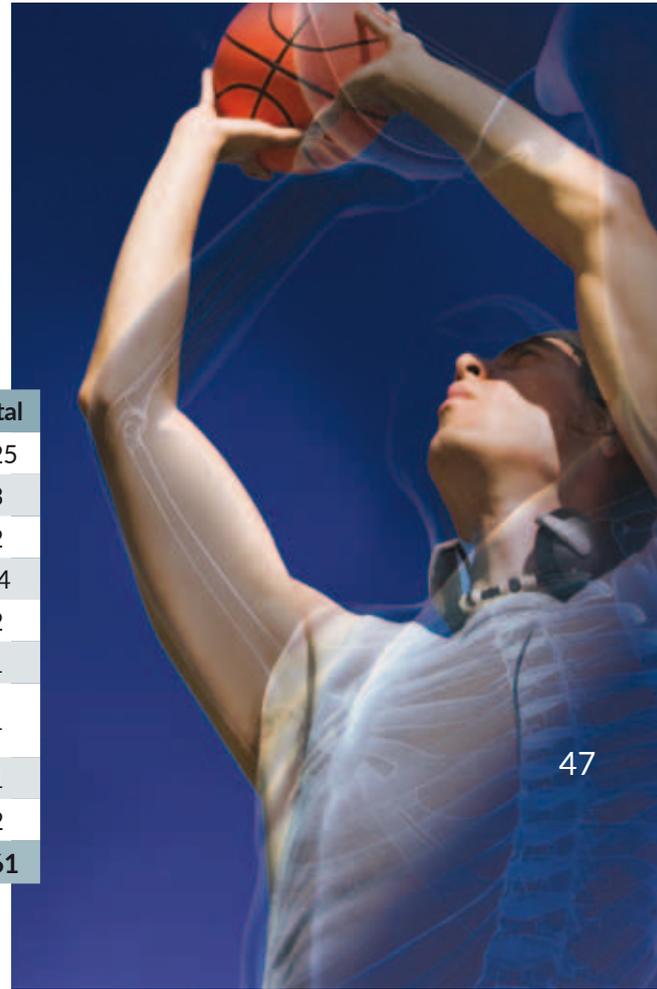
Dr. Reginald Gates

Mr. Shakil Akhter

## REGISTRATION STATISTICS SNAPSHOT

### Colleges of Graduation for Members Registered in the Active Category in 2017

College of Graduation	Female	Male	Total
Canadian Memorial Chiropractic College	65	60	125
D'Youville College	2	1	3
Logan University	2	0	2
New York Chiropractic College	13	11	24
New Zealand College of Chiropractic	0	2	2
Northwestern Health Sciences University	1	0	1
Palmer College of Chiropractic (various campuses)	0	1	1
Parker University	1	0	1
Université du Québec à Trois-Rivières	1	1	2
<b>Total</b>	<b>85</b>	<b>76</b>	<b>161</b>



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- Enhancing the Committee's internal decision-making processes and policies to support CCO's transparent registration policies and to facilitate the work of future Registration Committees

Joel Friedman, Director, Policy & Research, for providing support and direction in enabling the Committee to make decisions on any matter related to registration, and to Ms Madeline Cheng, Registration Coordinator, for ensuring the registration process stays on track.

### Acknowledgements

It was a privilege to serve as Chair in 2017.

I wish to recognize the efforts of the Registration Committee members, who were highly engaged in our deliberations at all meetings, and each brought important perspectives to the table. It was a pleasure to serve with Dr. Reginald Gates, and Mr. Shakil Akhter and Mr. Douglas Cressman, our public members.

Behind the scenes, the dedicated staff team at CCO is to be commended for their efforts in ensuring that the registration processes function efficiently. Thanks to Ms Jo-Ann Willson, Registrar and General Counsel, and Mr.

### COMMITTEE ACTIVITIES IN 2017

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 reviewed all registration forms to ensure compliance with relevant regulations and legislation, oversaw CCO's registration practices in the public interest, and ensured that all potential registrants were treated fairly and transparently.

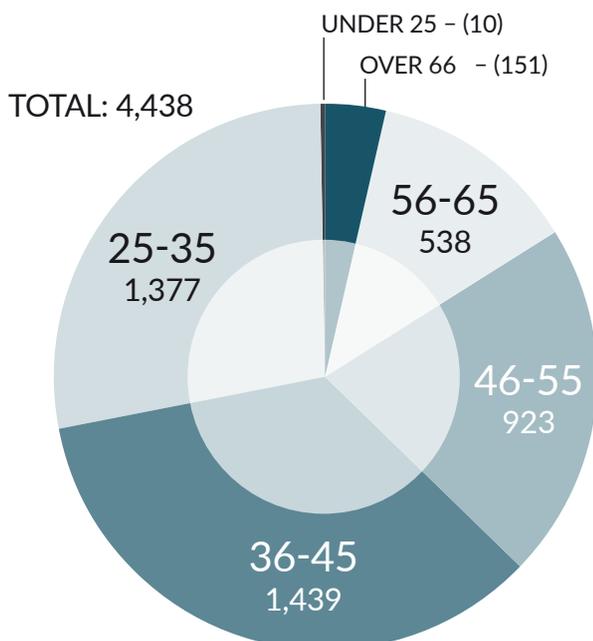
In 2017, the Registration Committee:

- Convened three face-to-face meetings and six teleconference meetings
- Approved registration applications from chiropractors who are practising in other jurisdictions and wish to be licensed in Ontario, and members requesting a change in their registration status
- Oversaw three sittings of the Legislation & Ethics examination (February, June and October)
- Provided input to the new 2018 on-line registration renewal documents and memorandum
- Approved a recommendation to add the requirement for a Vulnerable Sector Check to the annual registration form for members
- Explored ideas and options in reviewing the Legislation & Ethics examination, including its purpose, format, and validity
- Reviewed the relevant standards of practice, policies, and guidelines to ensure compliance with legislation and regulations
- Recommended an Accessibility Policy to Council

**Classes of Certificate of Registration for CCO Members (as at December 31, 2017)**



**Ages of Active Members (as at December 31, 2017)**



**Locations of Chiropractic College Education of General (i.e., Active) Members (as at December 31, 2017)**





Dr. Clifford Hardick  
Chair, Office Development Project

## A New Home For CCO 8<sup>th</sup> Floor, 59 Hayden Street, Toronto

Dr. Cliff Hardick, Chair, Office Development Project (ODP) is pleased to announce the purchase of the 8<sup>th</sup> floor, 59 Hayden Street, Toronto as the site of a new home for CCO, with an expected occupancy date in summer 2019.

“This is a ‘good news’ story,” said Dr. Hardick. “CCO has exercised its due diligence in finding a fiscally responsible solution so CCO has a viable home, the capacity to serve a growing profession, and uphold its strong track record in serving the public interest.”

CCO’s search for a new home was predicated on several important requirements that have all been met:

- Exercise due diligence in investigating all viable options
- Ensure accessibility to public transportation, and proximity to Queen’s Park, and other health regulatory colleges
- Ensure it is a financially viable option that is in line with the current office costs, consistent with CCO’s available financial resources, and does not require an increase in members’ dues

Dr. Hardick noted that for a number of years, CCO conscientiously demonstrated a commitment to fiscal responsibility as reflected in CCO’s financial statements, which are included in every annual report. Many health regulatory colleges own rather than rent space, and from a long-term perspective, Council understood the value of paying funds towards the purchase of office space rather than continuing to rent. The ODP will be taking steps to sell 29 Pleasant Blvd. to be used towards the purchase.

“From the beginning, our mandate was to do our due diligence and entertain all viable options that ensured no fee increase for members,” said Dr. Hardick. “We’ve accomplished that and chiropractors in Ontario can be proud of CCO’s efforts. As we build a new chapter in our history, we will continue to uphold our public interest mandate in serving the public of Ontario from a new – but not so far away – home for our operations.”

COLLEGE OF CHIROPRACTORS  
OF ONTARIO  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED  
DECEMBER 31, 2017  
(WITH 2016 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, 2017, 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, 2017, 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,



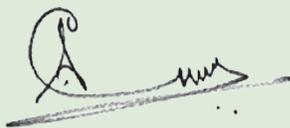
TATOR, ROSE & LEONG,  
Chartered Accountants  
Licensed Public Accountants

TORONTO, CANADA  
April 24, 2018

STATEMENT OF FINANCIAL POSITION  
DECEMBER 31, 2017  
(WITH 2016 COMPARISONS)

ASSETS	2017	2016
Current		
Cash and cash equivalents	\$ 1,486,862	\$ 433,049
Short-term investments, at amortized cost (Note 2)	2,063,912	2,107,167
Prepaid expenses and sundry assets	24,688	17,083
Security deposit (Note 8)	1,000,000	-
	<u>4,575,462</u>	<u>2,557,299</u>
Term deposits - internally restricted for Office Development Project (Note 2, 5)	2,848,044	1,979,369
Capital assets (Note 3)	3,315,063	3,127,664
	<u>6,163,107</u>	<u>5,107,033</u>
<b>TOTAL ASSETS</b>	<u>\$ 10,738,569</u>	<u>\$ 7,664,332</u>
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	\$ 259,254	\$ 253,486
Government remittances payable	3,997	3,025
Deferred revenue	2,820,005	469,468
Deferred lease inducement - current portion (Note 6)	6,804	6,804
	<u>3,090,060</u>	<u>732,783</u>
Deferred lease inducement - non-current portion (Note 6)	569	7,374
<b>TOTAL LIABILITIES</b>	<u>3,090,629</u>	<u>740,157</u>
<b>NET ASSETS</b> (per Statement 2)		
Internally restricted for Office Development Project (Note 5)	2,848,044	1,979,369
Unrestricted	4,799,896	4,944,806
<b>TOTAL NET ASSETS</b>	<u>7,647,940</u>	<u>6,924,175</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$10,738,569</u>	<u>\$ 7,664,332</u>

Approved on behalf of the College:



MR. SHAKIL AKHTER,  
TREASURER



DR. GAURI SHANKAR,  
PRESIDENT

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

STATEMENT 1

STATEMENT OF CHANGES IN NET ASSETS  
FOR THE YEAR ENDED DECEMBER 31, 2017

		Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	\$	1,979,369	\$ 4,944,806	\$ 6,924,175
Excess of income over expenditures (per Statement 3)		–	723,765	723,765
Interfund transfer to (from) (Note 5)		868,675	(868,675)	–
<b>BALANCE: December 31, 2017</b>	<b>\$</b>	<b>2,848,044</b>	<b>\$ 4,799,896</b>	<b>\$ 7,647,940</b>

FOR THE YEAR ENDED DECEMBER 31, 2016

		Internally restricted for Office Development Project	Unrestricted	Total
BALANCE: January 1,	\$	1,552,215	\$ 4,503,285	\$ 6,055,500
Excess of income over expenditures (per Statement 5)		–	868,675	868,675
Interfund transfer to (from)		427,154	(427,154)	–
<b>BALANCE: December 31, 2016</b>	<b>\$</b>	<b>1,979,369</b>	<b>\$ 4,944,806</b>	<b>\$ 6,924,175</b>

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

STATEMENT 2

STATEMENT OF OPERATIONS  
FOR THE YEAR ENDED DECEMBER 31, 2017  
(WITH 2016 COMPARISONS)

INCOME	2017	2016
Renewal fees	\$ 4,512,336	\$ 4,419,773
Registration fees	65,375	64,875
Examination fees	37,798	38,892
Incorporation fees	197,000	190,500
Recovery of discipline costs	78,876	140,406
Interest and sundry	91,998	90,465
<b>TOTAL INCOME</b>	<b>4,983,383</b>	<b>4,944,911</b>
<b>EXPENDITURES</b>		
Salaries and benefits (Note 4)	1,287,708	1,277,745
Rent and utilities (Note 6)	430,803	471,216
Office and general	456,798	391,440
Printing and postage	87,316	120,138
Insurance	12,389	12,395
Meetings, fees and expenses (Schedule 1)	242,639	225,223
Audit	27,742	27,177
Seminars and conferences	34,064	36,300
CFCREAB dues	126,228	126,228
Consulting fees	332,521	376,522
Consulting fees - peer assessors	159,514	173,310
Consulting fees - complaints	266,199	195,354
Legal fees - complaints	56,486	22,818
Legal fees - discipline	537,983	448,863
Legal fees - executive	4,858	51,587
Legal fees - general	73,501	68,768
Equipment lease	21,423	23,451
<b>TOTAL EXPENDITURES</b>	<b>4,158,172</b>	<b>4,048,535</b>
Excess of income over expenditures before amortization	825,211	896,376
Amortization	101,446	27,701
<b>EXCESS OF INCOME OVER EXPENDITURES</b>	<b>\$ 723,765</b>	<b>\$ 868,675</b>

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

STATEMENT 3

STATEMENT OF CASH FLOWS  
 FOR THE YEAR ENDED DECEMBER 31, 2017  
 (WITH 2016 COMPARISONS)

	2017	2016
<b>OPERATING ACTIVITIES</b>		
Excess of income over expenditures (per Statement 3)	\$ 723,765	\$ 868,675
Amortization – capital assets	101,446	27,701
(Increase) in prepaid expenses and sundry assets	(7,605)	(8,344)
(Increase) in security deposit	(1,000,000)	–
Increase in accounts payable and accrued liabilities	5,768	41,874
Increase (Decrease) in government remittances payable	972	(945)
Increase (Decrease) in deferred revenue	2,350,537	(278,007)
(Decrease) in deferred lease inducement	(6,805)	(6,806)
	2,168,078	644,148
<b>INVESTING ACTIVITIES</b>		
(Purchase) of capital assets	(288,845)	(236,703)
(Increase) in short-term investments	(825,420)	(570,646)
	(1,114,265)	(807,349)
<b>CHANGES IN CASH AND CASH EQUIVALENTS DURING THE YEAR</b>	1,053,813	(163,201)
<b>CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR</b>	433,049	596,250
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR</b>	\$ 1,486,862	\$ 433,049
Cash and cash equivalents consist of the following:		
Cash	\$ 1,486,862	\$ 433,049

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

STATEMENT 4

SCHEDULE OF MEETING FEES AND EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2017  
(WITH 2016 COMPARISONS)

	FEES	EXPENSES	TOTAL 2017	TOTAL 2016
Dr. Peter Amlinger <sup>4,8</sup>	\$ 5,775	\$ 2,017	\$ 7,792	\$ -
Dr. Elizabeth Anderson-Peacock <sup>1, 6</sup>	16,200	6,642	22,842	20,334
Dr. Reginald Gates <sup>5,7</sup>	14,463	959	15,422	11,988
Dr. Brian Gleberzon	-	-	-	6,665
Dr. Clifford Hardick <sup>1</sup>	37,900	8,350	46,250	65,993
Dr. Bruce Lambert	4,200	104	4,304	12,510
Dr. Kristina Peterson <sup>4,6,8</sup>	10,237	7,531	17,768	-
Dr. Brian Schut <sup>2</sup>	11,400	827	12,227	5,369
Dr. Gauri Shankar <sup>1,2</sup>	40,175	34,227	74,402	49,231
Dr. David Starmer <sup>1,3</sup>	13,325	1,193	14,518	10,493
Dr. Patricia Tavares <sup>3,7</sup>	14,100	613	14,713	10,728
Dr. Bryan Wolfe	7,550	4,851	12,401	31,912
Ms. Jo-Ann Willson	-	-	-	-
	\$ 175,325	\$ 67,314	\$ 242,639	\$ 225,223

**Note:** Committee membership changed in April

Numbers refer to committee/project membership (April - December 2017)

Executive	1
Inquiries, Complaints & Reports	2
Discipline	3
Fitness to Practise	4
Patient Relations	5
Quality Assurance	6
Registration	7
Advertising	8

SCHEDULE 1

# NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2017

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

## 1 SIGNIFICANT ACCOUNTING POLICIES

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

### (a) Revenue Recognition

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

### (b) Capital Assets

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

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

### (c) Financial Instruments

#### (i) Measurement of Financial Instruments

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

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

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

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

#### (ii) Impairment

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

### (d) Cash and Cash Equivalents

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

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

A long-lived asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value. As at December 31, 2017, there were no known circumstances that would indicate the carrying value of the capital assets may not be recoverable.

### (f) Use of Estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts

of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and expenditures during the reporting period. Actual results could differ from these estimates as additional information becomes available in the future.

## 2 SHORT-TERM INVESTMENTS

	Interest rate	2017	2016
The Bank of Nova Scotia, GIC	0.78%	\$ —	\$ 1,014,815
The Bank of Nova Scotia, GIC	0.78%	—	2,921,566
The Toronto-Dominion Bank, GIC	0.40%	—	100,000
The Toronto-Dominion Bank, GIC	0.40%	—	50,155
The Toronto-Dominion Bank, GIC	0.40%	100,000	—
The Bank of Nova Scotia, GIC	1.00%	1,783,798	—
The Bank of Nova Scotia, GIC	1.00%	3,027,945	—
		\$ 4,911,956	\$ 4,086,536

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:

	2017	2016
Short-term investments	\$ 2,063,912	\$ 2,107,167
Term deposits – internally restricted for Office Development Project	2,848,044	1,979,369
	\$ 4,911,956	\$ 4,086,536

## 3 CAPITAL ASSETS

	Cost	Accumulated Amortization	2017 Net	2016 Net
Furniture & Office Equipment	\$ 327,008	\$ 310,218	\$ 16,790	\$ 14,991
Computer & Software	797,809	570,897	226,912	55,892
Land	3,071,361	—	3,071,361	3,056,781
	\$ 4,196,178	\$ 881,115	\$ 3,315,063	\$ 3,127,664

## 4 SALARIES AND BENEFITS

This expense includes payments for current service pension plans.

## 5 INTERNALLY RESTRICTED FOR OFFICE DEVELOPMENT PROJECT (ODP)

On April 26, 2017, the Council of the College passed a motion to internally restrict the use of \$868,675 in order to fund future disbursements for the Office Development Project (ODP). The \$868,675 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2016.

The mandate of the Office Development Project is to find a future home for the College's head office.

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

## 6 LEASE COMMITMENTS

On July 15, 2013, the College and the landlord agreed to amend the office lease extension agreement for a period of

five years commencing February 1, 2014 to January 31, 2019. The basic minimum annual payments over the next two years are as follows:

2018	\$ 189,338
2019	15,810

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

## 7 FINANCIAL INSTRUMENTS

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

### Credit Risk

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

### Liquidity Risk

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

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

### Market Risk

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

### Currency Risk

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

### Interest Rate Risk

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

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

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

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

### Other Price Risk

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

The extent of the College's exposure to the above risks did not change during 2017.

## 8 SECURITY DEPOSIT

On December 15, 2017 the College paid a security deposit in the amount of \$1,000,000 to be held in trust with Bennett Jones LLP relating to a potential purchase of a new head office.

As at the date of these audited financial statements, negotiations are still ongoing.

## 9 SUBSEQUENT EVENT

On April 24, 2018, the Council of the College passed a motion to internally restrict the use of \$723,765 in order to fund future disbursements for the Office Development Project. The \$723,765 represents the Excess of Income Over Expenditures (surplus) for the year ended December 31, 2017. The mandate of the Office Development Project is to find a future home for the College's head office.

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

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



## Members:

College of Audiologists and Speech-Language Pathologists of Ontario  
 College of Chiropodists of Ontario  
 College of Chiropractors of Ontario  
 College of Dental Hygienists of Ontario  
 College of Dental Technologists of Ontario  
 College of Denturists of Ontario  
 College of Dietitians of Ontario  
 College of Homeopaths of Ontario  
 College of Kinesiologists of Ontario  
 College of Massage Therapists of Ontario  
 College of Medical Laboratory Technologists of Ontario  
 College of Medical Radiation Technologists of Ontario  
 College of Midwives of Ontario  
 College of Naturopaths of Ontario  
 College of Nurses of Ontario  
 College of Occupational Therapists of Ontario  
 College of Opticians of Ontario  
 College of Optometrists of Ontario  
 College of Physicians and Surgeons of Ontario  
 College of Physiotherapists of Ontario  
 College of Psychologists of Ontario  
 College of Registered Psychotherapists Therapists of Ontario  
 College of Respiratory Therapists of Ontario  
 College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario  
 Ontario College of Pharmacists  
 Royal College of Dental Surgeons of Ontario

The Federation of Health Regulatory Colleges of Ontario (FHRCO) is an incorporated, not-for-profit organization comprised of 26 members who regulate over 300,000 health care practitioners, supported by an Executive Coordinator and administrative team and the regulatory expertise of its members. The Federation has a strategic focus on regulatory matters, promoting effective communication and cooperation among its members. The Federation serves to promote effective communication and cooperation on matters and opportunities relating to regulation, administration, education and health care in a manner that enhances the work of the Colleges collectively and individually in regulating health professions in the public interest, and influencing decision-makers on policy and legislative matters related to the creation and maintenance of an effective health professions regulatory system in Ontario.

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

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

## Bill 87, Protecting Patients Act, 2017

A key area of focus for the Federation was response to legislative amendments to the RHPA resulting from the May 30th Royal Assent of the Protecting Patients Act, 2017, (a.k.a. Bill 87). A Working Group, led by CPSO's Louise Verity, met during the year to share information and carefully consider consistency in approaches to implementation. Additional issues and unintended consequences of changes to policies and processes are being identified as implementation continues and additional regulations are proclaimed.

## Excerpts from The Federation's "2017-2018 Highlights"

### Public Engagement Project—Public Portal

To support the Public Engagement Project—and the new website, [www.ontariohealthregulators.ca](http://www.ontariohealthregulators.ca), that was launched last year—the Communications Committee produced a 90-second informational video. The video, posted to the website in the 10 languages in which the site is translated, shares the purpose of the site and what the public can find by going to Colleges' websites. The site is designed for, and dedicated to, the public.

This initiative is consistent with the duty Colleges have to promote and enhance relations between Colleges and the public.

### COLLEGE GOVERNANCE

Another priority for the Federation is the area of College governance, recognizing some anticipated changes will require legislative changes. The Board welcomed presentations from the College of Nurses of Ontario and the Advisory Group for Regulatory Excellence (see below) related to those organizations' work on governance. The past year was also a year that saw media attention on the issue and a report "Modernizing the Oversight of the Health Workforce in Ontario" by the McMaster Health Forum.

The Federation is planning a day for FHRCO members dedicated to discussions about Governance in October 2018.

### FHRCO INTERVENES IN IMPORTANT CASES

The Federation takes action when cases arise that relate to significant matters relevant to its members and to the Federation's purpose, and it would be in the public interest to intervene. Last year, FHRCO sought and received intervenor status in the case *Abdul v Ontario College of Pharmacists*. The case continues.

### OFFICE OF THE FAIRNESS COMMISSIONER OF ONTARIO (OFC)

Elinor Larney was appointed as FHRCO's member on the OFC's Stakeholder Engagement Committee. The Federation appreciates being part of the process.

### CONSENT AND CAPACITY WORKING GROUP—SURVEY OF COLLEGE MEMBERS

The Consent and Capacity Working Group was created to develop collaborative educational materials to ensure

healthcare professionals fully understand their legal and professional obligations for obtaining consent in their practice settings. To support this work, a survey was created, designed to determine the feasibility of creating those materials. The Working Group will be analyzing survey results in the Spring of 2018 to determine next steps.

### EDUCATIONAL OPPORTUNITIES FOR FHRCO MEMBERS, THEIR COUNCILS, COMMITTEES, AND STAFF

Resources to help with Colleges' individual orientation, ongoing education, and training needs:

- Education for Health Professional Regulators of Ontario (EHPRO) - five modules with 22 video segments about all aspects of the *RHPA*
- Semi-Annual Discipline Orientation Workshops - Basic and Advanced live training sessions that provide comprehensive orientation for regulatory adjudicators
- Investigations and Hearings Symposia - regular event that, last year, highlighted discipline processes, transparency, and the Report of the Ministry's Task Force on the Prevention of Sexual Abuse of Patients
- Communications Conferences - annual event for College communications staff provided opportunities for College communications staff to interact and learn from others' experiences. A keynote presentation from the Ontario College of Teachers, "Communicating a complex piece of legislation to stakeholders", kicked off the day that also featured presentations on how to engage Colleges audiences as well as excellent roundtable sessions on challenges and promising practices.
- Training about Patient Sexual Abuse - learning modules are being piloted to assist in training College Councils, Committees, and Staff, related to the dynamics of abuse, legislation, beliefs/attitudes/personal responses to sexual abuse, setting up appropriate intake and investigation processes (staff focus), and making findings and fashioning appropriate dispositions and remedial programs
- Networks for FHRCO Member Staff Key Area Networks - staff have access to these Networks to share information, pose questions, and interact with colleagues: communications, corporate services, executive assistants, investigations and hearings, policy, practice advisors, quality assurance, records management, and registration.

# 2017.. The Year in Review



**Strategic Planning Session  
Kingston, September 2017  
Council and Staff**

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**2017 AGM Guests**



**Mr. Gilbert Sharpe and  
Ms Sarah Willson**



**January 2017**

Special thanks to the retiring Peer Assessors. Your time and efforts are very much appreciated!

# Roadshows Communication Outreach



**Waterloo, February 8, 2017**  
L - R: Dr. Dennis Mizel, Dr. Dennis Huffman, Dr. Paul Nolet and Dr. J. Bruce Walton



**Ottawa, March 31, 2017**  
L - R: Dr. Gauri Shankar, Ms Jo-Ann Willson, Dr. Kathy Wickens, Dr. Elizabeth Carter and Dr. J. Bruce Walton



**Timmins, April 20, 2017**



**North Bay, April 22, 2017**



**Thunder Bay, October 28, 2017**

## CCO COUNCIL



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Front L-R: Ms Karoline Bourdeau (with Fenton); Dr. Clifford Hardick, Vice-President; Ms Jo-Ann Willson, Registrar and General Counsel; Dr. Gauri Shankar, President; Mr. Shakil Akhter, Treasurer; Ms Judith McCutcheon.

Back L-R: Dr. David Starmer; Ms Wendy Lawrence; Mr. Douglas Cressman; Ms Patrice Burke; Dr. Brian Schut; Ms Georgia Allan; Dr. Reginald Gates; Dr. Kristina Peterson; Dr. Peter Amlinger; Dr. Elizabeth Anderson-Peacock; Dr. Patricia Tavares.

## CCO STAFF



Back L-R: **Ms Christine McKeown**, Inquiries, Complaints and Reports Officer; **Dr. J. Bruce Walton**, Director, Professional Practice; **Ms Sarah Ostrom**, Receptionist; **Mr. Darwin Visperas**, Administrative Assistant; **Ms Funto Odukoya**, Administrative Assistant; **Mr. Joel Friedman**, Director, Policy & Research; **Ms Madeline Cheng**, Registration Coordinator; **Ms Anda Vopni**, Financial Officer.

Front L-R: **Ms Tina Perryman**, Manager, Inquiries, Complaints and Reports; **Ms Jo-Ann Willson**, Registrar and General Counsel; **Ms Rose Bustria**, Administrative Assistant.



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

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