DYNAMIC GOVERNANCE | for an active public

2003 ANNUAL REPORT

College of Chiropractors of Ontario

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THE COLLEGE OF CHIROPRACTORS OF ONTARIO
The cover photo and theme of this report convey the importance of ensuring the highest quality of chiropractic care to enable patients to enjoy active lives.

**MISSION**

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

The College examines, registers and regulates the chiropractic profession, respects the diversity of our profession, and partners with other health professions, licensing bodies, organizations and government, as needed.

Approved April 12, 2003.
Knowing the road ahead As I look back on the year in 2003, I realize just how many dedicated people at CCO are involved in fulfilling a public interest and just how many challenges we faced as a regulator. I have had the good fortune throughout the year to work with a host of very talented professional people – Drs. Drew Porter, Keith Thomson, Gilles Lamarache, Jacques Laquerre, David Leprich, Lynda Montgomery, Brian Schat, Marshall DeRouff, Jeff Lustig, Brian Kleinberg, Bruce Walton, Joel Weinberg, Doug Brown, and the late Richard Bray. I sincerely commend their diligence and perseverance and I am very proud to be able to say that I am their colleague. They are all exemplary doctors who are focused on protecting our patients.

Maintaining the trust of the public representatives at the CCO is a rightfully demanding task that is not easily accomplished and can be so easily lost. It starts first with building a trusting relationship with your colleagues who may have very diverse philosophical views, and then urgently extending that trust to the public representatives.

Public representatives may indeed have their own distinct views about our profession and Ontario’s health care system. They test our waters and gauge depth and, to date, I believe it is fair to say they trust our profession and that it has credibility. Our profession has been clearly enriched by the participation of seven government-appointed public representatives at CCO. Here, in this environment, issues are ended and facilitated a trusting and credible relationship with our public. The doctors on Council at all times devoted countless hours at great sacrifice to their practice and family to ensure that the issues were managed fairly, competently and, most importantly, in the public’s best interest. These were duties charged to Council members in law and they all took these responsibilities very seriously.

At times throughout the year, however, some members of the profession raised concerns regarding our role as a regulator. Council members, both elected and appointed, are able to have a profound influence on our professional and private lives. Their fiduciary duty to CCO is not always understood by the profession. Council members are elected by the members of CCO to govern the profession in the public interest. Council members are not members of a legislature who owe a duty to their constituents.

On the contrary, Council members are directors who owe a fiduciary duty of faithfulness to CCO rather than to the member constituents. At times this has confused members of the profession and created some interesting and spirited debates. However, at the end of the debate, it is clearly the public interest that drives our process.

In 2003, we participated in many challenges – the legally complex and lengthy Coroner’s Inquest, SARS, Ministry of Health and Long-Term Care initiatives such as naturopathy, investigations and discipline, standards of practice such as immunization/vaccination and advertising, and, of course, the very tame issue of privacy legislation, just to name a few areas. Significant challenges remain, such as the controlled act of manipulation shared by three professions that have different standards of practice, different education and different training. So public safety becomes an issue.

CCO has a strategic plan in place that sets the stage for our profession to realize tremendous success in the next few years. By knowing the road ahead, our patients and the public can continue to rely on CCO without hesitation. Clearly, CCO continues to be in a position as a regulatory board to ensure the public that they are receiving safe and effective chiropractic care. This has been accomplished by our profession being one of 21 self-regulated colleges with statutory rights entrenched in law that protect our patients.

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REGISTRAR’S REPORT

Ms Jo-Ann Willson
Registrar and General Counsel

Tell the truth, what’s the first thing you looked at when you opened CCO’s 2003 Annual Report? The financial statements! I doubt it. The photographs? Maybe. But I’m prepared to guess that the majority of readers turned first to the Discipline Committee report and summary of decisions. That’s the feedback I consistently receive whenever I speak to members, students, or anyone involved in the chiropractic community. Part of it is curiosity over who’s been in trouble the past year. Part of it is that the decisions occasionally read like novels and no one can believe some of the events actually occurred.

Two thousand three stands out as the “year on discipline.” The Discipline Committee disposed of six cases. Thankfully, five of those cases were joint submissions, saving the time, energy and expense associated with conducting a full hearing.

If you are a member of the profession, read the decisions, and use them to modify your own or your colleagues’ behaviour. Put the Discipline Committee out of business by not being involved in inappropriate relationships with patients, maintaining comprehensive, accurate records, making every effort to treat your patients in a courteous, professional manner, and above all, being familiar with and complying with all of CCO’s standards of practice. Keep your hard won privilege to practise in this province by practising in accordance with the rules!

There is a cost to all these discipline cases, and although CCO seeks recovery of costs from any member found guilty of an act of professional misconduct or incompetence, in most cases, CCO (and indirectly, the membership) bears the cost of the proceedings. Despite resolving all but one case in 2003, Discipline Committee expenses were still approximately $320,000, which is a sizeable amount out of an annual budget of just over $2 million.

I would like to take the opportunity to thank two long-standing members of the Discipline Committee who served in 2003, namely, the late Dr. Richard Bray and Dr. Douglas Brown. It is no easy task to stand in judgment of your peers, and both of these gentlemen did so with integrity and impartiality, and I am grateful for their efforts. On behalf of CCO, I also appreciate the efforts of the Chair of the Discipline Committee, Mrs. Helen Foster, and the committee members, including Ms Jane Ann McLachlan who completed her last full year on Council in 2003. These individuals have an invaluable, but essential task in the role of self-regulation.

Two thousand three was an extraordinary year in many other respects. We participated with party status in the Lewis Inquest from CCO’s public interest perspective, monitored and made submissions on various legislative changes, conducted investigations, reviewed and approved applications for registration, implemented the Quality Assurance Program including peer assessment, and participated in a number of the initiatives of the Federation of Health Regulatory Colleges of Ontario, including the Joint Discipline Orientation Workshops and the Privacy Legislation Seminar. We did it all with enthusiasm and on budget, which is quite a feat. A special note of thanks to Dr. Jacques Laquerre, Treasurer, for his efforts with respect to the finances.

I would be remiss if I did not thank CCO staff, namely Karen McGrady, Receptionist; Rose Buist, Administrative Assistant, Maria Simas, Registration Coordinator; Kristina Mulak, Investigations/Resolutions Officer; Sue Gargiulo, Communications Officer; Ann Duncan, Financial Officer; Tina Perryman, Complaints Coordinator; and Pat Henshaw, Recording Secretary. As you look through the annual report and visualize the amount of work involved in supporting the various committees and Council, in addition to running all the internal functions of CCO, please recognize and appreciate the significant efforts of the staff.

As 2003 marks the end of a full year of Dr. Allan Gotlib’s tenure as CCO President, I would also like to thank him for his efforts and abilities, and for steering the ship through some difficult waters. Over the past decade, I have come to know Dr. Gotlib almost as well as his first, and only wife, Rena. As Dr. Gotlib hands over the torch to his successor, he can do so with pride and a sense of accomplishment over what he has helped CCO to achieve under his leadership.

SCOPE OF PRACTICE

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

In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on him or her certificate of registration, to perform the following:

1. Communicating a diagnosis identifying, as the cause of a person’s symptoms, i. a disorder arising from the structures or functions of the spine and their effects on the nervous system, or ii. a disorder arising from the structures or functions of the joints of the extremities.

2. Moving the joints of the spine beyond a person’s usual physiological range of motion using a fast, low amplitude thrust.

3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.

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3. Putting a finger beyond the anal verge for the purpose of manipulating the tailbone.
In 2003, between the meetings of the Council, the Executive Committee (the “Committee”) was kept quite busy as usual, with many issues both professional and legal. The work of the Committee was greatly facilitated by the expertise of members who continually engaged exceedingly complex issues without hesitation. Decision making at the Executive Committee level includes exhaustive discussions to ensure that all views are fully considered and that all decisions are framed in the context of not only protecting the public interest, but advancing the public interest.

Our Registrar and General Counsel, Ms Jo-Ann Willson, has been tremendously beneficial in these discussions and the three public representatives appointed by the government, Mrs. Helen Foster, Mr. Rick Frame and Mrs. Regina Willmann, have always ensured that our direction is consistent with our statutory mandate.

Through the course of the year, some of the issues before the Committee included:

- disciplinary matters;
- advertising;
- annual fees;
- the Coroner’s Inquest;
- Chiropractic Review Committee policy issues;
- immunization;
- Ministry of Health and Long-Term Care related matters;
- Federation of Health Regulatory Colleges of Ontario initiatives;
- techniques, technologies, devices or procedures;
- investigations;
- the Council on Chiropractic Education Canada; and
- various legislative changes.

This list sets out just some of the issues to give you a sense of the Committee’s workload, and it would be reasonable to assume that the workload will increase in the coming year.

Making good and timely decisions, I believe, raises the profession’s credibility and trust. These are two concepts to which the public attaches great value and which provide the basis for establishing a growing, long-term, positive relationship with the public, our patients and, of course, government.

Sure, some decisions are easy, but some are very difficult because they have a huge impact on our lives and professional careers. All of our decisions, however, are respectful of the privilege of self-governance.

I wish to acknowledge and sincerely thank all of the Committee members and support staff for their diligence, commitment, patience, professionalism and common sense in undertaking all of their Executive Committee duties. It has been an absolute pleasure and a privilege to have worked with them.

**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 review reports of investigations carried out pursuant to Ss. 75(a) of the Regulated Health Professions Act, 1991, and to make decisions concerning the referral of specified allegations of professional misconduct to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member’s certificate of registration. | To provide leadership in exercising CCO’s mandate to regulate chiropractic in the public interest.
The Complaints Committee (the “Committee”) met 14 times in 2003 and completed a total of 95 decisions.

Nature of Complaints The Committee received 136 complaints in 2003. Table 1 outlines the main areas of concern identified by complainants who filed complaints with CCO. In some cases, more than one area of concern was identified in a complaint.

Origin of Complaints Graph 1 outlines the origin of complaints filed with CCO in 2003. Patients filed the majority of complaints (54), followed by other professionals, including CCO members (27).

Disposition of Complaints Following an appropriate investigation, the Committee reviews all complaints to determine whether it should:
• refer specified allegations of professional misconduct or incompetence to the Discipline Committee;
• refer the member to the Executive Committee for incapacity proceedings where there is a possible physical or mental impairment;
• require the member to appear to be cautioned;
• take other action consistent with the legislation, including referring a matter involving behaviour or remarks of a sexual nature to the Quality Assurance Committee; or
• take no further action.

In 2003, the Committee disposed of 118 complaints and referred specified allegations of professional misconduct or incompetence concerning two members to the Discipline Committee.

Graph 2 illustrates the breakdown of the disposition of complaints in 2003.

Health Professions Appeal and Review Board (HPARB) Under the RHPA, HPARB may review certain decisions of the Complaints Committee, other than a referral to the Discipline Committee, when either the complainant or the member is dissatisfied with the decision.

In 2003, HPARB returned six decisions to the Committee. In five cases, HPARB confirmed the Committee’s decision and in one case, HPARB returned the decision for clarification, not reinvestigation.

Acknowledgements It has been a privilege to serve as chair of this committee. The many meetings, long hours of reading and decision writing were made pleasurable because of the dedicated participation of our public and professional members. Their sense of fairness and understanding of the process with open cooperation has made every member an extremely valuable part of the committee.

Thank you to our support staff, Ms Kristina Mulak and Ms Tina Perryman, for their devotion and dedication and for always being ready to take on new challenges. Ms Jo-Ann Willson is always available to offer assistance and encouragement, for which we are grateful.

Mandate | To respond to complaints in a manner consistent with its legislative mandate under the Regulated Health Professions Act, 1991 (“RHPA”) | To promote the development of a complaints process that is corrective with regard to complaints and specified allegations, and proactive where there are systemic problems, to ensure the quality of care people receive and promote continuous quality improvement.

HIGH RISK SPORTS INJURIES HAVE LESS IMPACT WITH PROPER DIAGNOSIS AND TREATMENT
COMPLAINTS COMMITTEE REPORT

Table 1: Areas of Concern Identified by Complainants in 2003

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>billing irregularities</td>
<td>23</td>
</tr>
<tr>
<td>verbal, physical, psychological or emotional abuse</td>
<td>17</td>
</tr>
<tr>
<td>advertising</td>
<td>12</td>
</tr>
<tr>
<td>sexual abuse</td>
<td>11</td>
</tr>
<tr>
<td>treatment without consent</td>
<td>9</td>
</tr>
<tr>
<td>poor record keeping</td>
<td>8</td>
</tr>
<tr>
<td>dispensing orthotics, including improper fitting and over-charging</td>
<td>6</td>
</tr>
<tr>
<td>problematic DAC</td>
<td>6</td>
</tr>
<tr>
<td>unnecessary or excessive treatment</td>
<td>6</td>
</tr>
<tr>
<td>harassing patient</td>
<td>5</td>
</tr>
<tr>
<td>incompetent practice causing harm</td>
<td>5</td>
</tr>
<tr>
<td>misinformation or lack of information regarding treatment</td>
<td>4</td>
</tr>
<tr>
<td>misinformation or lack of information regarding fees</td>
<td>4</td>
</tr>
<tr>
<td>other</td>
<td>4</td>
</tr>
<tr>
<td>problematic inter-professional relationships</td>
<td>3</td>
</tr>
<tr>
<td>improper termination of care</td>
<td>3</td>
</tr>
<tr>
<td>conflict of interest</td>
<td>2</td>
</tr>
<tr>
<td>failure to provide information on request of patient</td>
<td>2</td>
</tr>
<tr>
<td>inappropriate treatment facilities</td>
<td>2</td>
</tr>
<tr>
<td>breach of patient confidentiality</td>
<td>2</td>
</tr>
<tr>
<td>immunization – providing information contrary to CCO policy</td>
<td>2</td>
</tr>
<tr>
<td>pressure tactics regarding need for treatment</td>
<td>1</td>
</tr>
<tr>
<td>treatment outside the scope of chiropractic</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
</tr>
</tbody>
</table>

Graph 1: Origin of Allegations in 2003

Graph 2: Disposition of Complaints in 2003

Dynamic Governance
Assuring the Public
At Every Age Level

Dr. John Schellenberg’s Mural
Young people are encouraged to have a positive and fun experience when they visit the doctor’s office.
General Comments

About the Discipline Process

The Complaints and Executive Committees may refer to the Discipline Committee (the “Committee”) specified allegations of professional misconduct or incompetence as defined in the Health Professions Procedural Code, Schedule 2 to the Regulation Health Professions Act, 1991, as amended (Code), and Ontario Regulation 852/93, Professional Misconduct under the Chiropractic Act, 1991, as amended (the Professional Misconduct Regulation).

The parties to a discipline hearing are CCO and the member against whom allegations of professional misconduct or incompetence have been made. A complainant (person who filed the original complaint) is not a party unless a specific order is made by the Discipline Committee (“Committee”). CCO is required to publish a summary of discipline decisions in accordance with the Code.

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 or 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 the Committee 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 expense to CCO.

Although there is a core Committee, all members of Council are potentially members of a discipline panel.

Discipline in 2003

The Committee adjudicated six referrals in 2003. There were five Agreements, the details of which are set out in the summary of decisions.

The Joint Discipline Orientation Sessions through the Federation of Health Regulatory Colleges of Ontario continued to be a great help in orienting new Committee members to the process and procedures associated with discipline hearings. Two sessions were held in 2003, and a number of Council members attended the sessions. Ms Jo-Ann Willson, Mr. Brian Gover and Mr. Richard Steinecke, along with other members of the working group, are credited with making these sessions not only very informative, but also very interesting and fun to attend.

The Committee was saddened by the sudden death of Dr. Richard Bray. Dr. Bray served for many years on the Committee as a non-Council member. He chaired many panels and was highly respected by those who worked with him. The Committee recognizes and appreciates the dedication and expertise non-Council members bring to CCO’s discipline panels, including the efforts of long-serving member, Dr. Douglas Brown.

As chair, I want to thank all committee members and staff for their effort and commitment in 2003.

Mandate

To adjudicate specified allegations of professional misconduct or incompetence referred to the committee by the Executive or Complaints committee.
Dr. Ogi Ressel, Burlington

Summary of 2002 Committee Decision
In 2002, a panel determined that Dr. Ogi Ressel (the “Member”) had committed the following acts of professional misconduct during his treatment of minor patient Ms A contrary to ss. 51 (1)(e) of the Code and paragraph 15(3)(3)(2)(14) and (17) of the Professional Misconduct Regulation:
• during the period January 12, 1999, to April 7, 1999, he abused Ms A verbally, psychologically and emotionally;
• during the period January 12, 1999, to April 7, 1999, he engaged in conduct or performed an act or acts that, having all regard for the circumstances, would reasonably be regarded by members as unprofessional, and in particular, that he made unprofessional comments to Ms A and her mother;
• during the period January 12, 1999, to April 7, 1999, he contravened a standard of practice of the profession or failed to maintain the standard of practice of the profession expected of members of the profession, with respect to his record keeping relating to Ms A;
• during the period January 12, 1999, to April 7, 1999, he provided therapeutic services that were not necessary to the best interests of the patient;
• he used a term, title or designation indicating a specialization in the profession contrary to the policies of CCO, and in particular, Policy P-029, with respect to Ms A and her mother.

The panel ordered a suspension of nine months, oral reprimand, a term, condition or limitation on the Member’s licence requiring that he complete a course in communicating with clients, and a record keeping course, and upon return to practice, he permit assessments of his practice at his cost. The panel also ordered the Member to pay costs to CCO in the amount of $28,667.70.

Dr. John Baird, Markham

Allegations
CCO alleged that Dr. John Baird (the “Member”) committed acts of professional misconduct, including that he failed to keep appropriate records with respect to a patient contrary to the Drugless Practitioners Act, 1980, c. 127 as amended, and the regulations thereunder, and failed to maintain the standard of practice of the profession expected of members of the profession with respect to his record keeping for a patient contrary to ss. 51 (1)(c) of the Code, and paragraph 1 (2) of the Professional Misconduct Regulation.

Agreed Statement of Facts
The parties reached a Resolution Agreement ("Agreement"), which included an agreed statement of facts summarized below:
• The Member has been a member of CCO since 1989.
• In December 1989, the Member began treating a patient who was injured in motor vehicle accidents in 1981, 1987 and 1989.
• The Member provided chiropractic treatment to the patient from 1989 to 1995 (the "Period"). During the Period, the Member treated the patient on approximately 452 occasions.
• The patient’s complaint to CCO in November 1998 included allegations of fraud and overbilling. CCO did not proceed with those allegations and withdrew those allegations in the Notice of Hearing.
• During the Period, the Member did not document or was unable to produce a detailed history, a detailed examination or re-examination, ongoing assessments, a treatment plan, any referrals (to other than another chiropractor) advice given to the patient or the obtaining of informed consent. If any diagnosis or differential diagnosis was made, no notation of it was made. The Member’s records consisted primarily of notations of spinal level. There was no or insufficient information about the patient’s presentation with each treatment, outcomes of treatment, progress, clinical impressions, or management plan.
• The Member admits that his record keeping failed to meet the standards of practice of the profession.
• The Member pleads guilty to professional misconduct as outlined in the allegations above.

Joint Submission as to Penalty
The parties agreed on a submission as to penalty summarized below, namely, that the Committee make an order:
• Requiring the Member to appear before the panel to be reprimanded.
• Suspending the Member’s certificate of registration for a period of one month, two weeks of which may be remitted, provided the Member satisfies the following conditions:
  a. he reviews all of CCO’s regulations, standards of practice and policies relating to billing and record keeping;
  b. he successfully completes a record keeping course approved by CCO at his own expense within six months of the decision; and
• On March 29, 2000, an undercover police officer who was injured in a motor vehicle accident in 1981, who was injured in another motor vehicle accident in 1987, and who was injured in another motor vehicle accident in 1989. The police officer provided evidence of personal injury sustained as a result of the motor vehicle accident and agreed to be the subject of an undercover investigation. The police officer was provided with a stipulated statement of facts and was provided with legal advice and representation.

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  b. he successfully completes a record keeping course approved by CCO at his own expense within six months of the decision; and
• the Complaints Committee, in the event of an investigation pursuant to ss. 75 (c) of the Code.

Decision
The panel, following deliberation, concluded that the Agreement appropriately addressed the Member’s misconduct and imposed the proposed penalty. As the Member waived his right of appeal, the panel administered the reprimand at the conclusion of the proceedings.

Dr. Anthony Makris, Pickering

Allegations
CCO alleged that Dr. Anthony Makris (the “Member”) committed acts of professional misconduct, including that he was present during an undercover investigation to purchase ecstasy, selling ecstasy, and having in his possession money obtained by the commission of an offense that, having regard to all the circumstances, would reasonably be regarded by members as dishonest, disgraceful or unprofessional contrary to ss. 51 (1)(c) of the Code, and paragraph 1 (33) of the Professional Misconduct Regulation.

Agreed Statement of Facts
The parties reached a Resolution Agreement ("Agreement"), which included an agreed statement of facts summarized below:
• The Member has been a member of CCO since 1998.
• In 2000, the Toronto Police Special Investigative Services Major Drug Section began an undercover investigation (the "Investigation") of Dr. Anthony Makris (the “Member”) for the purpose of trafficking, Ecstasy.

The parties agreed on a submission as to penalty summarized below, namely, that the Committee make an order:
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• On March 29, 2000, an undercover police officer who was injured in a motor vehicle accident in 1981, who was injured in another motor vehicle accident in 1987, and who was injured in another motor vehicle accident in 1989. The police officer provided evidence of personal injury sustained as a result of the motor vehicle accident and agreed to be the subject of an undercover investigation. The police officer was provided with a stipulated statement of facts and was provided with legal advice and representation.

The parties agreed on a submission as to penalty summarized below, namely, that the Committee make an order:
• Requiring the Member to appear before the panel to be reprimanded.
• Suspending the Member’s certificate of registration for a period of one month, two weeks of which may be remitted, provided the Member satisfies the following conditions:
  a. he reviews all of CCO’s regulations, standards of practice and policies relating to billing and record keeping;
  b. he successfully completes a record keeping course approved by CCO at his own expense within six months of the decision; and
• the Complaints Committee, in the event of an investigation pursuant to ss. 75 (c) of the Code.

Decision
The panel, following deliberation, concluded that the Agreement appropriately addressed the Member’s misconduct and imposed the proposed penalty. As the Member waived his right of appeal, the panel administered the reprimand at the conclusion of the proceedings.

Dr. Anthony Makris, Pickering

Allegations
CCO alleged that Dr. Anthony Makris (the “Member”) committed acts of professional misconduct, including that he was present during an undercover investigation (the "Investigation") of Dr. Anthony Makris (the “Member”) for the purpose of trafficking, Ecstasy.

The parties agreed on a submission as to penalty summarized below, namely, that the Committee make an order:
• Requiring the Member to appear before the panel to be reprimanded.
• Suspending the Member’s certificate of registration for a period of one month, two weeks of which may be remitted, provided the Member satisfies the following conditions:
  a. he reviews all of CCO’s regulations, standards of practice and policies relating to billing and record keeping;
  b. he successfully completes a record keeping course approved by CCO at his own expense within six months of the decision; and
• the Complaints Committee, in the event of an investigation pursuant to ss. 75 (c) of the Code.
March 31, 2000, at the Member’s chiropractic office, and the Member gave the undercover officer six pills of Ecstasy as a free sample.

• On April 11, 2000, April 19, 2000, May 11, 2000, and June 8, 2000, the Member met with the undercover officer at his chiropractic clinic. On each occasion, the Member supplied the undercover officer with 400 pills of Ecstasy in exchange for $4,800.

• On June 29, 2000, the Member met with the undercover police officer. The Member supplied the undercover officer with approximately 800 pills of Ecstasy in exchange for $9,600.

• On July 18, 2000, the police searched the Member’s car and discovered 1830 pills of Ecstasy in the car. The police then searched the Member’s chiropractic office and seized 45 capsules of Ecstasy. The police next searched the Member’s home and seized 176 capsules and 11 tablets of Ecstasy.

• The Member was arrested and charged with a number of offences, including seven counts of trafficking in a controlled substance, three counts of possession of a controlled substance for the purpose of trafficking, producing a controlled substance, conspiracy to commit a indictable offense, and possession of proceeds of a designated substance offense. The charges were subsequently stayed.

• The Member pleads guilty to professional misconduct as outlined in the allegations above. CCO did not proceed with and withdraw other allegations in the Notice of Hearing.

Joint Submission as to Penalty

The parties agreed on a submission as to penalty summarized below, namely, that the Committee make an order:

• Directing the Registrar to suspend the Member’s certificate of registration for a period of 18 months, with the suspension to commence within four weeks of the decision.

• Requiring the Member to appear before the panel to be reprimanded.

• Requiring the Member to pay $7,500 to CCO in respect of a portion of its costs and expenses related to the investigation and prosecution of these matters to be paid forthwith and in any event within three weeks of the decision.

Decision

The panel, following deliberation, accepted the joint submission and imposed the proposed penalty. The panel concluded that the penalty needed to be severe to demonstrate CCO’s position of “zero tolerance” for an act of misconduct that so seriously jeopardizes the public’s safety. As the Member waived his right of appeal, the panel administered the reprimand at the conclusion of the proceedings.

Dr. Brian Nantais, Tecumseh

Allegations

CCO alleged that Dr. Brian Nantais (the “Member”) committed acts of professional misconduct, namely that he breached an undertaking given to the Complaints Committee and the Registrar, contrary to ss. 51 (1)(c) of the Code, and paragraphs 1 (31) (32) and (33) of the Professional Misconduct Regulation.

Member’s Plea

The Member admitted the allegations in the Notice of Hearing. The panel conducted a plea inquiry and was satisfied that the Member’s admission was voluntary, informed and unequivocal.

Agreed Statement of Facts

The parties reached a Resolution Agreement (“Agreement”), which included an agreed statement of facts summarised below:

• The Member has been a member of CCO since 1993.

• CCO received a letter of complaint regarding the Member’s advertising in February 2001.

• During the course of its investigation into the complaint, the Complaints Committee offered the Member the opportunity to enter into an undertaking (the “Undertaking”), which among other things he would undertake to:

a. submit a revised Yellow Pages advertisement to the Advertising Committee for pre-approval and provide written confirmation to the Complaints Committee that he had done so within 30 days of signing the Undertaking, and immediately thereafter revise his Yellow Pages advertising in accordance with the Advertising Committee’s direction for the next available printing; and

b. exclude all patient testimonials from his office phone greeting.

• On March 23, 2002, the Member signed the Undertaking in favour of the Complaints Committee and the Registrar.

• Despite that Undertaking, the Member did not provide the Complaints Committee with confirmation that he had complied with his Undertaking with respect to the Yellow Pages advertising. Also, as of May 7, 2002, and despite prompting from the Complaints Committee, the Member had not removed the testimonials from his office phone greeting.

• The Complaints Committee then referred specified allegations of professional misconduct with respect to the Member’s breach of the Undertaking.

• The Member admits that he breached his Undertaking and that his conduct constitutes professional misconduct as set out in the Notice of Hearing.

Joint Submission as to Penalty

The parties agreed on a submission as to penalty summarized below, namely, that the Committee make an order:

• Requiring the Member to appear before the panel to be reprimanded.

• Requiring the Member to pay $2,000 to CCO in respect of a portion of its costs and expenses related to the investigation and prosecution to be paid forthwith.
**Agreed Statement of Facts**
The parties reached a Resolution Agreement (“Agreement”), which included an agreed statement of facts summarized below:

- In October 1998, CCO received a letter of complaint regarding the Member’s financial and personal relationship with a patient.
- Dr. Keith Randall, Hamilton

**Decision**
The panel, following deliberation, accepted the proposed penalty and imposed the proposed order. The Member’s failure to comply with a previously agreed undertaking with CCO indicates the need for a more serious penalty in the current proceeding than if this were his first involvement in either the complaints or discipline processes.

**Agreed Statement of Facts**

- The Complaints Committee referred specified allegations of professional misconduct to the Discipline Committee.
- The Member did not renew his certificate of registration with CCO for the year 2003 and does not intend to do so. He does not intend to apply or reapply for a certificate of registration in the future. The Member has not practised in 2003.
- In the circumstances, CCO and the Member agree that there is no need for a discipline hearing.
- The Member has had the opportunity to obtain independent legal advice from a lawyer of his choosing.

**Decision**
The panel finds the facts support the resolution proposed in the Agreement. The panel orders that the hearing be adjourned indefinitely and that the results of this proceeding in either the complaints or discipline processes.

**Dr. Keith Randall, Hamilton**

**Agreed Statement of Facts**
The parties reached a Resolution Agreement (“Agreement”), which included an agreed statement of facts summarized below:

- The Member has been a member of CCO since 1988.
- The Member provided chiropractic treatment to a patient from February 17, 1997, to April 22, 1997, for an injured hip. The patient received approximately 20 treatments from the Member during that period.
- The Member admits the allegations outlined above.
- Had the patient testified, it is anticipated she would have said that she suffered emotional and psychological injury as a result of the Member’s conduct.

**Joint Submission as to Penalty**
The parties agreed on a submission as to penalty summarized below, namely, that the Committee make an order:

- Requiring the Member to appear before the panel to be reprimanded.
- Requiring the Member to undergo a professional competency examination.
- Requiring the Member to pay $30,000 to CCO in respect of a portion of its costs and expenses related to the investigation and prosecution of these matters, and its costs of counselling for the patient pursuant to section 85.7 of the Code, with $20,000 to be paid immediately and $10,000 to be paid within one year from the date the Member returns to practice following the suspension.

**Decision**
The panel, following deliberation, concluded that the Agreement appropriately addressed the Member’s misconduct and imposed the proposed penalty. The panel held that the proposed suspension is reasonable and necessary as this is a repeat offense of a similar nature by the Member. The condition to have a third party present during any assessment, examination or treatment of a female patient for two years following the Member’s return to practice assures the panel that the public will be protected. The panel strongly supported the penalty recommendation that the Member undergo a psychological assessment to determine if there are any concerns about him treating female patients and complete a gender sensitivity course. They considered the penalty to be serious enough to communicate to the Member that the Committee will not tolerate this type of misconduct.

**Dr. X**

In 2003, a panel heard various allegations against a member, including allegations of sexual abuse, verbal, physical, psychological or emotional abuse, disgraceful, dishonourable or unprofessional conduct, contravening or failing to maintain standards of practice, providing a diagnostic or therapeutic service that was not necessary and failing to obtain consent for a treatment or treatments contrary to ss. 51 (1)(b.1) of the Code, and paragraphs 1 (2)(3)(5)(14)(35) of the Professional Misconduct Regulation. After the conclusion of the hearing and deliberations, but before a decision had been released to the parties, the Chair of the panel died. The three remaining panel members subsequently rendered a decision in which two panel members acquitted the member of the allegations, and one panel member dissented. As at the close of 2003, the decision of the panel was under appeal by CCO and the appeal had not yet been heard by the Divisional Court.
The Patient Relations Committee (the “Committee”) met twice in 2003 and, like the previous year, continued to grapple with the issue of doctor-patient dating, specifically, the appropriate length of time between the termination of the professional relationship and start of a personal relationship.

The Committee reviewed information from the other regulatory colleges in Ontario and will be prepared to move forward with the proposed standard of practice (S-014: Establishing a Personal Relationship with your Patient, i.e., Dating) in 2004.

The Committee continued to monitor funding for therapy and counselling for victims of sexual abuse by members. As chair, I would like to thank the Committee members and staff for their continued commitment.
Wow! What a year!
The Quality Assurance Committee (the “Committee”) had an extremely busy year and one that each and every member can be proud of. The Committee made considerable headway with both the Peer Assessment and X-Ray Peer Review programs.

The 31 peer assessors were busy throughout the year completing hundreds of assessments throughout the province. The overall feedback was very positive, so much so that several members volunteered to be assessed. This speaks volumes about the program, CCO staff, the assessors, members of Council, as well as Ms Jo-Ann Willson and Dr. Keith Thomson, who continue to dispel the myths about the program through their educational talks at society meetings across Ontario.

Once the assessors complete their field assessments, they forward the reports to the Committee for review and disposition. Needless to say, the Committee was flooded with paper and received a total of nine volumes of information for the first meeting. This just might be the most printed material any one committee at CCO has ever received.

The process from start to finish was much slower than the Committee anticipated, due, in part, to the sheer volume of information and the many differing assessment styles. The Committee has since streamlined the process by scanning all the completed assessments onto CD, and now reviews assessments on laptop computers. The Committee is really thrilled to report that CCO is the first health regulatory college in Ontario to implement this process, which truly shows forward thinking.

In fact, the peer assessment program progressed so well that in October, Ms Jo-Ann Willson and the Committee chair were invited to speak to the QA Committee at the College of Physiotherapists of Ontario. Both were pleased and proud to tell them about CCO’s program and answer their questions.

In 2003, CCO randomly selected 310 members for assessment; the assessors completed 296 assessments and the Committee provided disposition for 207 assessments. The Committee anticipates sending out the next batch of assessments in the spring of 2004. The X-ray Peer Review Program is anticipated to follow a similar course and is expected to be up and running throughout 2004.

In addition to the assessment programs, the Committee reviewed a number of standards. Notably, the Committee created a new standard of practice on orthotics, approved by Council in November 2003. As part of its mandate, the Committee continues to review and update standards on an ongoing basis and welcomes input from all CCO members.

To achieve success with any program or committee, it is important to have the full commitment of all participants and, as chair, I can certainly say this was the case. Committee members worked tirelessly throughout the year and I would like to take this opportunity to acknowledge their efforts and commitment, in addition to our most committed and knowledgeable support staff, Ms Sue Gargiulo, Communications Officer, and Ms Jo-Ann Willson, Registrar and General Counsel.

Special thanks to both Dr. Keith Thomson and Dr. Allan Gottlieb for their knowledge, support and input. I have been truly fortunate to have such a great team of individuals to work with and who are truly committed to the advancement of chiropractic.

I would also like to express my sincere gratitude to Dr. John Schellenberg and Ms Jane-Ann McLachlan for their commitment and support to ensuring the advancement of the quality assurance program at CCO during this past year.

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. To develop protocols and policies to address the conduct of members referred to the committee for behaviour or remarks of a sexual nature by the member towards a patient.
During 2003, the Registration Committee (the “Committee”) continued to review applications from chiropractors wishing to establish practice in Ontario. In addition to developing and maintaining an objective protocol that is used to measure applications from outside of Canada, the Committee continued to monitor applications from chiropractors in other Canadian jurisdictions relative to the Mutual Recognition Agreement under the Agreement on Internal Trade (AIT).

The number of applications from graduates of chiropractic programs continues to increase. There have been a number of applications requiring individual attention by the Committee.

This committee continues to function efficiently despite an increasing variety and number of applications. As chair, I wish to acknowledge and thank the members of this Committee, namely Dr. Marshall Deltoff and public member Mr. John Quinney. In addition, as issues such as the AIT and Personal Information Protection and Electronic Documents Act (PIPEDA) add to the complexity of registration, we rely on the expertise of our Registrar and General Counsel, Ms Jo-Ann Willson.

### Registration Committee Report

**Committee Members**
- Dr. David Leprich
- Dr. Marshall Deltoff
- Mr. John Quinney

**Staff Support**
- Ms Jo-Ann Willson

**Mandate**
- To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
- To review, with consistency and fairness, 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.

### Table 1: Colleges of Graduation for Members Registered in 2003

<table>
<thead>
<tr>
<th>College</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo-European College of Chiropractic</td>
<td>2</td>
</tr>
<tr>
<td>Cleveland (KC)</td>
<td>2</td>
</tr>
<tr>
<td>Cleveland (LA)</td>
<td>3</td>
</tr>
<tr>
<td>LifeCC</td>
<td>5</td>
</tr>
<tr>
<td>LifeCC – West</td>
<td>5</td>
</tr>
<tr>
<td>National</td>
<td>10</td>
</tr>
<tr>
<td>Logan</td>
<td>5</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>2</td>
</tr>
<tr>
<td>Northwestern</td>
<td>4</td>
</tr>
<tr>
<td>Palmer – West</td>
<td>1</td>
</tr>
<tr>
<td>Parker</td>
<td>9</td>
</tr>
<tr>
<td>Western States</td>
<td>1</td>
</tr>
<tr>
<td>Palmer</td>
<td>10</td>
</tr>
<tr>
<td>New York</td>
<td>14</td>
</tr>
<tr>
<td>CMCC</td>
<td>120</td>
</tr>
<tr>
<td>University of Bridgeport, Connecticut</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total new CCO members in 2003</strong></td>
<td><strong>229</strong></td>
</tr>
</tbody>
</table>

**Above:** 10-year-old Christina demonstrates maximum spinal flexibility in her gymnastics pose.

**Inset:** A CCO member experiences the spinal strain that a weekend of wilderness outripping can produce.
REGISTRATION COMMITTEE REPORT

Graph 1: Classes of Certificate for CCO Members
(as at December 31, 2003)

Active: 3,020
Active, non-resident: 60
Inactive: 158
Retired: 65

Graph 2: Ages of Active Members
(as at December 31, 2003)

25-35 years: 1,227
36-45 years: 818
46-55 years: 666
56-65 years: 218
>65 years: 67

Table 2: Ages/Gender of Active Members
(as at December 31, 2003)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35</td>
<td>718</td>
<td>449</td>
<td>1,227</td>
</tr>
<tr>
<td>36-45</td>
<td>575</td>
<td>263</td>
<td>838</td>
</tr>
<tr>
<td>46-55</td>
<td>563</td>
<td>103</td>
<td>666</td>
</tr>
<tr>
<td>56-65</td>
<td>200</td>
<td>18</td>
<td>218</td>
</tr>
<tr>
<td>&gt;65</td>
<td>82</td>
<td>5</td>
<td>87</td>
</tr>
<tr>
<td>Totals</td>
<td>2,198</td>
<td>818</td>
<td>3,016</td>
</tr>
</tbody>
</table>
AN ACTIVE PUBLIC REQUIRES
MAXIMUM HEALTH TO FACE NEW
CHALLENGES IN PHYSICAL ACTIVITY
AT WORK AND AT PLAY

The Advertising Committee (the “Committee”) serves to review advertising by CCO members and advises them to submit material for review by the Committee prior to use. However, the Committee continues to receive advertisements submitted by way of complaints from other CCO members, other health care professionals and members of the public. It is encouraging to note that many more advertisements are now submitted for prior approval. The Committee believes this trend is resulting in fewer advertising complaints.

In addition to measuring advertising materials against the advertising standard of practice (S-003: Advertising), the Committee continues to review the standard itself. Of particular interest is the validity of the standard under the Canadian Charter of Rights and Freedoms (the “Charter”). In general, the standard does comply with the Charter. However, the Committee is interested in reviewing all elements of the standard to ensure that it does not limit the freedoms granted in the Charter while remaining an objective means of measuring the advertising planned and used by CCO members.

Involvement in this Committee requires a great deal of time and effort, and, as chair, I would like to acknowledge its members – elected member Dr. Drew Potter, public member Mr. John Quinney and non-Council member Dr. Peter Amlinger.

For this committee to function efficiently, the submitted advertising materials, the feedback from the committee and our responses to review must be coordinated. This task falls to CCO Communications Officer, Ms Sue Gargiulo, and I would like to acknowledge and thank her for her efforts on behalf of the Committee.

Mandate
To review proposed advertisements by members to ensure compliance with CCO’s standard of practice (S-003: Advertising) and guideline (G-003: Advertising Code).

Committee Members
Dr. David Leprich
Chair
Dr. Peter Amlinger
non-Council Member
Dr. Drew Potter
Mr. John Quinney

Staff Support
Ms Sue Gargiulo
Communications Officer

FITNESS TO PRACTISE REPORT

There were no referrals to the Fitness to Practise Committee in 2003.

Mandate
To hear and determine allegations of mental or physical incapacity referred to the committee by the Executive Committee. To review applications for restoration of certificates to practise that have been revoked or suspended due to incapacity.

Committee Members
Mr. John Quinney
Dr. John Schellenberg

Staff Support
Ms Jo-Anne Willson
Registrar and General Counsel
Members of the chiropractic profession have been granted the privilege of self-governance. The Health Insurance Act allows for members to submit to the Ontario Health Insurance Plan (OHIP) for services rendered. Thus, an auditing system is in place to ensure the appropriate use of public funds. To put it another way, because chiropractic is a regulated profession, there exists a “rule book” to govern how members practise. And because members may submit to the government for services rendered, they must follow the rule book in order to be paid from the public purse.

Integral to an investigation is a determination of the following:
• was the service rendered;
• was the nature of the service misrepresented;
• was the service therapeutically necessary;
• was the service provided in accordance with accepted professional standards.

A thorough investigation of the referral may include an investigation of a member’s practice and an informal interview with the Committee. Principles of fairness and natural justice are applied. Once the investigation is complete, the Committee directs the general manager of OHIP to either pay all claims, pay none of the claims, or pay only a portion of the claims submitted for the period under review.

The general manager of OHIP, as part of the Ministry of Health and Long-Term Care’s (MOHLTC) ongoing auditing process, may make direct inquiries to the member regarding perceived billing irregularities. In this case, the Committee may review the decision of the general manager at the request of the member under review.

Mandate | To investigate and respond to referrals from the general manager of OHIP relating to perceived billing irregularities under the Health Insurance Act.

The Committee held 16 meetings in 2003.
• On November 9, 2002, the Committee hosted a workshop for inspectors, which was well received by the participants.
• The Committee hosted a members and inspectors orientation session on April 27, 2003, and an inspectors training seminar on May 27, 2003.
• On September 9, 2003, the Committee participated in a joint meeting with MOHLTC in Kingston, to discuss auditing policy, procedure and process.
• Dr. Bruce Walton, Committee chair, attended all regular CCO Council meetings, presented a report and provided the Committee’s perspective on certain matters before Council.
• The Committee began the process of reviewing its policies and procedures.

Acknowledgements
The chair wishes to thank the Committee members and inspectors for their efforts in ensuring all referrals were dealt with fairly and justly. Thanks also goes to Dr. Michaela Cadeau, Dr. Keith Thomson and Dr. John Schellenberg, all immediate past members of this Committee. Their guidance helped ensure a smooth transition for new Committee members in April 2003. Mr. Jeff Leon and his legal team deserve much thanks for all their efforts. As well, the chair wishes to thank Ms Jo-Ann Willson for her ongoing support and guidance, and Dr. Allan Gotlib and all Council members for their confidence.

Finally, on behalf of all Committee members and inspectors, the chair wishes to thank Mr. Jill Silk for all her ongoing support and guidance, and Ms Jill Silk, the Committee’s administrative assistant.
To the Members of the College of Chiropractors of Ontario:

We have audited the statement of financial position of the College of Chiropractors of Ontario as at December 31, 2003, and the statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2003, and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

Respectfully submitted,

Tator, Rose & Leong
Chartered Accountants
Toronto, Canada
March 11, 2004

Statement 1
December 31, 2003
(With 2002 Comparisons)

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank</td>
<td>$ 574,121</td>
<td>$ 480,372</td>
</tr>
<tr>
<td>Short-term Investments</td>
<td>2,066,220</td>
<td>2,209,291</td>
</tr>
<tr>
<td>Prepaid Expenses and Sundry Assets</td>
<td>39,605</td>
<td>13,651</td>
</tr>
<tr>
<td></td>
<td>2,618,946</td>
<td>2,703,274</td>
</tr>
<tr>
<td>Capital (Note 2)</td>
<td>101,401</td>
<td>93,520</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$2,720,347</td>
<td>$2,797,034</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable and Accrued Liabilities</td>
<td>$ 74,401</td>
<td>$ 240,039</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>408,419</td>
<td>284,098</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>482,820</td>
<td>524,937</td>
</tr>
<tr>
<td>Net Assets (Per Statement 4)</td>
<td>2,237,527</td>
<td>2,272,097</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$2,720,347</td>
<td>$2,797,034</td>
</tr>
</tbody>
</table>

Approved on behalf of College:

Tator, Rose & Leong
Chartered Accountants
Toronto, Canada
March 11, 2004

The accompanying notes form an integral part of these financial statements.
### Statement 2

For the year ended December 31, 2003

(With 2002 Comparisons)

<table>
<thead>
<tr>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unrestricted Fund</strong></td>
<td></td>
</tr>
<tr>
<td>Balance, January 1</td>
<td>$2,171,187</td>
</tr>
<tr>
<td>Add: Excess of Income Over Expenditures (Per Statement 2)</td>
<td>105,496</td>
</tr>
<tr>
<td><strong>2,276,683</strong></td>
<td><strong>2,746,187</strong></td>
</tr>
<tr>
<td>Less: Transfer to Restricted Fund</td>
<td>(250,000)</td>
</tr>
<tr>
<td><strong>Balance, December 31</strong></td>
<td>$2,026,683</td>
</tr>
</tbody>
</table>

**Restricted Fund (Note 6)**

<table>
<thead>
<tr>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, January 1</td>
<td>$100,910</td>
</tr>
<tr>
<td>Add: Transfer from Unrestricted Fund</td>
<td>250,000</td>
</tr>
<tr>
<td><strong>350,910</strong></td>
<td><strong>669,231</strong></td>
</tr>
<tr>
<td>Less: Legal fees paid during the year</td>
<td>(140,066)</td>
</tr>
<tr>
<td><strong>Balance, December 31</strong></td>
<td>$210,844</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2,237,527</td>
</tr>
</tbody>
</table>

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

### Statement 3

For the year ended December 31, 2003

(With 2002 Comparisons)

<table>
<thead>
<tr>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash and Equivalents Provided by (used for):</strong></td>
<td></td>
</tr>
<tr>
<td>Operating Activities</td>
<td></td>
</tr>
<tr>
<td>Excess of Income over Expenditures (per Statement 2)</td>
<td>$105,496</td>
</tr>
<tr>
<td>Restricted Fund Expenditures during the year (per Statement 4)</td>
<td>(140,066)</td>
</tr>
<tr>
<td>Amortization - Capital Assets</td>
<td>35,399</td>
</tr>
<tr>
<td>(Increase) Decrease in Prepaid Expenses and Sundry Assets</td>
<td>(24,754)</td>
</tr>
<tr>
<td>(Decrease) Increase in Accounts Payable and Accrued Liabilities</td>
<td>(165,638)</td>
</tr>
<tr>
<td>Increase in Deferred Revenue</td>
<td>123,521</td>
</tr>
<tr>
<td><strong>(66,042)</strong></td>
<td><strong>(328,512)</strong></td>
</tr>
<tr>
<td>Investing Activities</td>
<td></td>
</tr>
<tr>
<td>Purchase of Capital Assets (Net)</td>
<td>(43,260)</td>
</tr>
<tr>
<td>Change in Cash and Equivalents During the Year</td>
<td>(109,322)</td>
</tr>
<tr>
<td>Cash and Equivalents at the Beginning of the Year</td>
<td>2,689,663</td>
</tr>
<tr>
<td>Cash and Equivalents at the End of the Year</td>
<td>$2,580,341</td>
</tr>
<tr>
<td><strong>Cash and Equivalents Represented by:</strong></td>
<td></td>
</tr>
<tr>
<td>Bank</td>
<td>$574,121</td>
</tr>
<tr>
<td>Short-term Investments</td>
<td>2,006,220</td>
</tr>
<tr>
<td><strong>$2,580,341</strong></td>
<td><strong>$2,689,663</strong></td>
</tr>
</tbody>
</table>

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

### Statement 4

For the year ended December 31, 2003

(With 2002 Comparisons)

<table>
<thead>
<tr>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unrestricted Fund</strong></td>
<td></td>
</tr>
<tr>
<td>Balance, January 1</td>
<td>$1,968,581</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>80,600</td>
</tr>
<tr>
<td>Examination Fees</td>
<td>44,174</td>
</tr>
<tr>
<td>Incorporation Fees</td>
<td>51,500</td>
</tr>
<tr>
<td>Recovery of Discipline Costs</td>
<td>53,668</td>
</tr>
<tr>
<td>Interest &amp; Sundry</td>
<td>93,564</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$2,292,087</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits (Note 3)</td>
<td>669,845</td>
</tr>
<tr>
<td>Pension - Past Service (Note 4)</td>
<td>9,600</td>
</tr>
<tr>
<td>Consulting Fees</td>
<td>49,268</td>
</tr>
<tr>
<td>Rent and Utilities (Note 5)</td>
<td>210,516</td>
</tr>
<tr>
<td>Telephone</td>
<td>15,479</td>
</tr>
<tr>
<td>Office Supplies and General</td>
<td>184,739</td>
</tr>
<tr>
<td>Printing</td>
<td>125,402</td>
</tr>
<tr>
<td>Postage</td>
<td>26,913</td>
</tr>
<tr>
<td>Insurance</td>
<td>15,608</td>
</tr>
<tr>
<td>Meetings, Fees and Expenses (Schedule 1)</td>
<td>209,893</td>
</tr>
<tr>
<td>Audit</td>
<td>13,512</td>
</tr>
<tr>
<td>Federation Meetings</td>
<td>12,890</td>
</tr>
<tr>
<td>CFCBB Assessments</td>
<td>25,000</td>
</tr>
<tr>
<td>Regulated Health Professions Act</td>
<td>6,309</td>
</tr>
<tr>
<td>Consulting Fees - Peer Assessors</td>
<td>105,659</td>
</tr>
<tr>
<td>Consulting Fees - Road Show</td>
<td>12,985</td>
</tr>
<tr>
<td>CCEC Dues</td>
<td>60,000</td>
</tr>
<tr>
<td>Consulting Fees - Complaints</td>
<td>16,249</td>
</tr>
<tr>
<td>Consulting Fees - Discipline</td>
<td>2,383</td>
</tr>
<tr>
<td>Legal Fees - Complaints</td>
<td>4,955</td>
</tr>
<tr>
<td>Legal Fees - Executive</td>
<td>29,191</td>
</tr>
<tr>
<td>Legal Fees - Discipline</td>
<td>260,116</td>
</tr>
<tr>
<td>Legal Fees - General</td>
<td>45,429</td>
</tr>
<tr>
<td>Equipment Lease (Note 5)</td>
<td>34,784</td>
</tr>
<tr>
<td>Media Advertising</td>
<td>4,550</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$2,151,192</td>
</tr>
</tbody>
</table>

The accompanying notes form an integral part of these financial statements.
### Schedule 1

For the year ended December 31, 2003
(With 2002 Comparisons)

<table>
<thead>
<tr>
<th></th>
<th>Total 2003</th>
<th>Total 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fees</strong></td>
<td><strong>Expenses</strong></td>
<td></td>
</tr>
<tr>
<td>Dr. Marshall Deltoff</td>
<td>$ 450</td>
<td>$ 513</td>
</tr>
<tr>
<td>Dr. Alix Gottleb</td>
<td>$242,950</td>
<td>$25,422</td>
</tr>
<tr>
<td>Dr. Gilles Lamarche</td>
<td>$17,250</td>
<td>$19,881</td>
</tr>
<tr>
<td>Dr. Jacques Laquerre</td>
<td>$6,925</td>
<td>$25,908</td>
</tr>
<tr>
<td>Dr. David Leprich</td>
<td>$4,075</td>
<td>$6,735</td>
</tr>
<tr>
<td>Dr. Lynda A. Montgomery</td>
<td>$12,450</td>
<td>$20,896</td>
</tr>
<tr>
<td>Dr. Andrew R. Potter</td>
<td>$11,600</td>
<td>$17,126</td>
</tr>
<tr>
<td>Dr. John Schellenberg</td>
<td>$9,075</td>
<td>$ -</td>
</tr>
<tr>
<td>Dr. Brian Schut 2.5</td>
<td>$6,825</td>
<td>$24,126</td>
</tr>
<tr>
<td>Dr. Keith Thomson</td>
<td>$18,340</td>
<td>$92,340</td>
</tr>
<tr>
<td>Dr. Donald Viggiani</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ms. Jo-Ann Willson</td>
<td>$1,398</td>
<td>$1,282</td>
</tr>
<tr>
<td></td>
<td><strong>$129,040</strong></td>
<td><strong>$209,893</strong></td>
</tr>
</tbody>
</table>

**Note:** Numbers refer to committee membership, April – December 2003.

**Executive** 1

**Complaints** 2

**Discipline** 3

**Fitness to Practice** 4

**Patient Relations** 5

**Quality Assurance** 6

**Registration** 7

**Advertising** 8

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### NOTES TO FINANCIAL STATEMENTS

#### 1(a) Purpose and Structure of the Organization

The College of Chiropractors of Ontario governs and regulates chiropractic in Ontario. There are 16 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(b) Summary of Accounting Policies

**(i) 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
- **Facsimile Machines:** Straight-line over 3 years
- **Leasehold Improvements:** Straight-line over lease term

**(ii) Revenue Recognition**

Renewal and examination fees received prior to the year end which represent fees for the following fiscal year are deferred and recorded in revenue in that year.

#### 2. Capital Assets

<table>
<thead>
<tr>
<th></th>
<th>Accumulated 2003</th>
<th>Cost</th>
<th>Amortization</th>
<th>Net</th>
<th>Net</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Furniture and Office Equipment</strong></td>
<td>$270,525</td>
<td>$223,495</td>
<td>$47,030</td>
<td>$55,085</td>
<td></td>
</tr>
<tr>
<td><strong>Computer and Software</strong></td>
<td>$293,940</td>
<td>$239,569</td>
<td>$54,371</td>
<td>$38,435</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$564,465</strong></td>
<td><strong>$463,064</strong></td>
<td><strong>$91,401</strong></td>
<td><strong>$93,520</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Salaries and Benefits

Included in this expense are payments for current service pension plans.

#### 4. Pension Plan - Past Service

Comencing February 1, 1981, the former Board of Directors of Chiropractic agreed to pay Dr. J.W. Ellison a monthly pension during his lifetime. The premium is $800 monthly.

#### 5. Lease Commitments

The College has commitments under operating leases for office equipment. The leases for equipment expire at various dates up to 2005. The basic minimum annual payments over the next two years are as follows:

- **2004:** $34,768
- **2005:** $24,270

#### 6. Restricted Fund

During the year the College transferred $250,000 to be used for the Coroner’s Inquest. These funds are not available for unrestricted purposes without approval of the Executive Committee. During 2003, $140,066 of the restricted funds were used to pay legal fees.

#### 7. Comparative Figures

Some comparative figures have been reclassified to conform with the current year’s presentation.
Dr. Allan Gotlib  
President  
Executive, chair  
“Self-regulation represents our profession’s best value in Ontario’s health care system.”

Dr. Drew Potter  
Vice President  
Advertising, Quality Assurance  
“It has been interesting to part of the evolution of the peer assessment program.”

Dr. Jacques Laquerre  
Treasurer  
“Financially, 2003 was not as difficult a year as previously in the report, but CCO remains on budget.”

Mr. John Quinney  
Advertising, Fitness to Practise, Registration  
“I have been impressed with the sincere approach of Council in emphasizing best chiropractic practise in the public interest.”

Ms. Jane Ann McLachlan  
Discipline, Quality Assurance  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Ms. Georgia Allan  
Patient Relations  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Ms. Clarissa O’Conner  
Complaints, alternate  
“Joining Council has been a truly memorable experience.”

Ms. Tia Perryman  
Complaints Coordinator  
“I have continued to learn more about chiropractic profession and the self-regulatory role of the college.”

Ms. Maria Simas  
Registration Coordinator  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Ms. Rose Bustria  
Administrative Assistant  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Ms. Ann Duncan  
Financial Officer  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Ms. Jo-Ann Willson  
Registrar and General Counsel  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Ms. Kristina Mulak  
Investigations/Resolutions Officer  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Ms. Patricia Henshaw  
Recording Secretary  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Dr. Marshall Deloff  
Registration  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Dr. David Leprich  
Advertising, Quality Assurance  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Dr. Jacques Laquerre  
Treasurer  
“Financially, 2003 was a difficult year due, primarily, to the inquest, but CCO remains on budget.”

Dr. Marshall Deloff  
Registration  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Dr. Lynda Montgomery  
Discipline  
“During a year of challenges for the profession, CCO took a leadership role in a number of issues and shared resources with other involved organizations.”

Dr. J. Schellenberg  
Discipline, Fitness to Practise, Quality Assurance  
“I have much heartfelt gratitude for the many lifelong friends and colleagues that chiropractic in Ontario has given me.”

Dr. Bruce Walton  
Chiropractic Review Committee, chair  
“I never realized how much work is done to ensure our members are dealt with fairly and only it has less pressure to be a part of the important process.”

Dr. Marshall Deloff  
Registration  
“I have continued to learn more about the chiropractic profession and the self-regulatory role of the college.”

Dr. J. Schellenberg  
Discipline, Fitness to Practise, Quality Assurance  
“I have much heartfelt gratitude for the many lifelong friends and colleagues that chiropractic in Ontario has given me.”

Ms. Regina Willmann  
Quality Assurance, Complaints  
“Juggling a full-time career, family life and CCO poses many challenges, but keeps life interesting and the mind exercised.”

Mr. Richard Frame  
Patient Relations, chair  
“CCO staff support the Council members and Council members support the staff – we can all be proud of the work we do.”

Mr. Richard Frame  
Patient Relations, chair  
“CCO staff support the Council members and Council members support the staff – we can all be proud of the work we do.”

Mrs. Helen Foster  
Discipline, chair  
“We worked hard, took our responsibilities seriously, but never lost our sense of humour.”

College Staff for 2003  
Mr. Dave Sprague, Communications Officer  
Ms. Karen McGrady, Secretariat  
Ms. Peta Ferguson, Communications Officer  
Ms. Marla Simm, Secretariat, Coordinator  
Ms. Rose Burton, Administrative Assistant, Ms. Anne Granger, Financial Officer  
Ms. Jo-Ann Willson, Administrator, Director Counsel, Ms. Drusena Malah, Investigations/Resolutions Officer, Ms. Patricia Ammon, Marketing Secretary
Council Meeting, April 12, 2003
signing of agreement between the Council on Chiropractic Education (Canada) and CCO
(L–R) Dr. Doug Pooley,
Dr. Grayden Bridge,
Dr. Allan Gotlib

Canadian Federation of Chiropractic Regulatory Boards Conference
Québec City, March 2003
(L–R) Dr. Allan Gotlib, Ms Jo-Ann Willson,
Dr. Keith Thomson, Dr. Greg Stewart, Mr. Peter Waite

Quality Assurance Committee Meeting
September 30, 2003 – Tackling the first batch of peer assessments
(L–R) Mrs. Regina Willmann (chair), Dr. Jeffrey Lustig,
Dr. John Schellenberg, Ms Sue Gargiulo, Ms Jo-Ann Willson, Dr. Drew Potter, Ms Patricia Henshaw

Ontario Chiropractic Association Convention
October 4, 2003
Dr. Keith Thomson and Ms Jo-Ann Willson spoke on the topic “Peer Assessment: Developing a Gold Standard”

Council Meeting
April 12, 2003
(L–R) Dr. Brian Schut,
Dr. Lynda Montgomery,
Dr. Michaela Cadeau

Canadian Memorial Chiropractic College Graduation, June 21, 2003
(L–R) Dr. Donald Langford,
Dr. Dennis Mizel,
Ms Jo-Ann Willson,
Dr. Stanley Gorchynski
2003
THE YEAR | in review

2002 Annual General Meeting
The Bedford Room, Park Hyatt, Toronto
June 20, 2003
(L–R) Ms Clarissa D’Cunha, Mr. Grenville D’Cunha

(L–R) Mrs. Regina Willmann, Mr. Richard Frame, Ms Jo-Ann Willson, Dr. Bruce Walton, Ms Jane Ann McLachlan

Guest speaker – Dr. Colin D’Cunha (right), former Chief Medical Officer of Health, Ms Patricia Henshaw (left), recording secretary

(L–R) Mrs. Regina Willmann, Mr. Richard Frame, Dr. Bruce Walton, Dr. Brian Schut, Dr. Jacques Laquerre, Dr. Gilles Lamarche, Mr. John Quinney, Dr. John Schellenberg, Ms Patricia Henshaw

Various guests

(L–R) Dr. Allan Gotlib, Ms Sue Gargiulo, Dr. Keith Thomson, Mrs. Helen Foster, Dr. Drew Porter, Ms Clarissa D’Cunha
Peer Assessment Workshop
March 29, 2003
(L–R) Dr. Bob Szczurko, Dr. Timothy Barnes, Dr. David Zurawel, Dr. Richard Stover

North York Chiropractic Society Meeting
June 2, 2003

Orangeville Dundas Chiropractic Society Meeting
June 11, 2003

Council/Staff Holiday Party
McLean House,
November 28, 2003
(L–R) Dr. Gilles Lamarche, Dr. Renee Balaire

Peer Assessment Workshop
March 29, 2003
(L–R) Dr. Drew Potter, Dr. Jeffrey Lustig, Dr. Joyce Allman, Dr. Ruth Hitchcock

London Chiropractic Society Meeting
April 30, 2003
Back row, 2nd from right – Mr. John Quinn, public member

THE YEAR | in review

2003

2003 CCO Annual Report
44

2003 CCO Annual Report
45
2003

THE YEAR

in review

Council/Staff Holiday Party
McLean House, November 28, 2003
(L–R) Mrs. Lana Schut, Mr. Don Versage

Canadian Federation of Chiropractic Regulatory Boards Conference (CFCRB)
Québec City, March 2003
(L–R) Dr. Douglas Alderson, College of Chiropractors of British Columbia; Dr. Robert Kitchen, College of Chiropractors of Saskatchewan, Ms Jo-Ann Willson, CCO; Dr. Daniel St. Germain, President, CFCRB; Dr. Martin Gurvey, College of Chiropractors of Manitoba; Dr. Brian Gushady, College of Chiropractors; Dr. David Whitty, College of Chiropractors of Prince Edward Island; Dr. Paul Slaney, College of Chiropractors of Newfoundland and Labrador

Council/Staff Holiday Party,
McLean House, November 28, 2003
(L–R) Dr. Allan Gotlib, Ms Jo-Ann Willson, Ms Jane Ann McIachlan

Chiropractic Practice Guidelines Group
Sheraton Centre, Toronto, June 2003

THE YEAR

in review

2003

Council/Staff Holiday Party
McLean House, November 28, 2003
(L–R) Dr. Allan Gotlib, Ms Jo-Ann Willson, Ms Jane Ann McIachlan

2003 CCO Annual Report

The Year in Review

2003 CCO Annual Report
2003 The Year in Review

Council on Licensure, Enforcement and Regulation Conference, September 2003

Standing, (L–R) Mr. Robert Morton, Vice Chair, Health Professions Regulatory Advisory Council (“HPRAC”), Dr. Rob Alder, Chair, HPRAC

Seated, (L–R) Ms Sharon Saberton, Registrar, College of Medical Radiation Technologists of Ontario, Ms Jo-Ann Willson, Registrar, CCO

CCO/Ontario Chiropractic Association

(OCA)/Chiropractic Review Committee (CRC)

Consultation Meeting on Orthotics and Immunization, September 2003

Back Row (L–R) Dr. Drew Potter (CCO), Dr. Tom Gadsby (OCA), Dr. Dennis Mirosl (OCA), Dr. Dean Wright (OCA), Dr. Eleanor White (OCA), Mr. Bruce Squires (OCA), Dr. Bruce Walton (CRC)

Front Row (L–R) Dr. Allan Gotlib, Ms Jo-Ann Willson, Mrs. Regina Willmann (CCO)