



*setting the course* FOR FUTURE GROWTH



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2002

*Annual Report*

THE COLLEGE OF CHIROPRACTORS OF ONTARIO



THE COVER PHOTO AND THEME OF THIS REPORT - *'setting the course for future growth'* CAPTURE THE ESSENCE OF WHAT WAS ACCOMPLISHED THIS YEAR AS THE COLLEGE DEVELOPED ITS STRATEGIC PLAN.

#### MISSION STATEMENT

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.

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**Strategic Planning Retreat**

*Niagara-on-the-Lake, September 2002*

L to R: Ms Rose Bustria, Ms Ann Duncan,  
Ms Karen McGrady, Ms Tina Perryman,  
Dr. Gilles Lamarche

**V I S I O N**

We are recognized as the pre-eminent regulatory body that contributes to the health and well-being of Ontarians by:

1. Honouring our patients and assuring them of quality care. We agree - a complete definition of chiropractic care and celebrate a patient's Charter of Rights. Furthermore, we celebrate member compliance with high professional standards and support our members through an efficient and comprehensive Quality Assurance program and effective educational initiatives.
2. Strengthening through attention to our organizational arrangements. We are united as Council and supported in our leadership by strong and effective staff. Innovation, effective use of technology and fiscal responsibility are at the core of our operating values.
3. Being recognized and respected as a full partner in the health care system and enjoying strong public confidence in CCO.

*“The future is not some place we are going to, but one we are creating. The paths to it are not found, but made, and the activity of making them change both the maker and the destination.”*

## STRATEGIC PLANNING

Developed in 2002 – being considered and reviewed in 2003

### Introduction

CCO is strong. We have much to celebrate: Recognition as an important and influential regulatory body that is meeting both the needs of the public and those of our registrants. A track record of sensitively addressing challenges. A commitment to plan for a strong and effective future.

Nonetheless, the environment in which we operate continues to be one of rapid change and increasing complexity. Health policy affecting chiropractic practice continues to evolve and new stakeholders bring new issues to the debate. New threats are clear, new opportunities are available, key relationships may need to be strengthened. These and other challenges require the attention of a strong leadership team united behind a common sense of vision.

Accordingly, we recognized as a group that the time is right to build on strength and to develop a strategic plan to guide the College into the future. It was decided that this planning process would be undertaken in September 2002.

The objectives for the planning process were:

- to confirm and/or renew the College's Mission statement;
- to reach consensus on a vision of future success for CCO;
- to identify the key issues to be addressed to facilitate the achievement of this vision of success;
- to reach consensus on what strategies CCO should pursue to overcome the key issues and achieve its vision; and
- to identify the key priorities for action for the current planning year.



### Strategic Planning Retreat

Niagara-on-the-Lake, September 2002

### Strategic Planning Retreat

L to R: Ms Jane Ann McLachlan, Mr. Ian Darling

### Strategic Planning Retreat

L to R: Mrs. Vicki Leprich and daughter Alana Leprich



### Strategic Planning Retreat

Niagara-on-the-Lake, September 2002

L to R: Mrs. Helen Foster, Mr. Jack Foster (spouse), Dr. David Leprich



### Stakeholders in CCO's Planning Process

Many individuals and organizations have a stake in the success of CCO, and therefore, in the success of our strategic planning efforts.

These include: the public, chiropractors, patients, CCO staff, professional chiropractic staff, the provincial government, educators, future members; insurance companies, other professions, other regulatory bodies, other chiropractic organizations.

As we proceed with implementation of the priorities highlighted, it may be important to develop processes to include these stakeholder groups, as appropriate, in future discussions and in the implementation of our plans.

### Leadership Priorities in 2002-2003

In discussions related to these issues, four key priorities emerged. Our leadership priorities

- Clearly define and communicate the definition of "chiropractic care" and "scope of practice" to registrants, other professionals, staff and the public.
- Gather and disseminate information about the efficacy of chiropractic for the benefit of the public.
- Development of core competencies and group standards.
- Ensure that every potential patient in the province of Ontario has access to information describing a registrant's treatment and techniques.

STRATEGIC PLANNING

• Strategic Planning Retreat

*Niagara-on-the-Lake, September 2002*

L to R: Ms Rose Bustria, Mrs. Regina Willmann, Mrs. Maria Simas, Mrs. Gail Diamond, Ms Sue Gargiulo, Dr. Keith Thomson, Dr. Gilles Lamarche, Dr. Jacques Laquerre



• L to R: Ms Carolyn Everson (Facilitator), Dr. Allan Gotlib



• Dr. Lenny Diamond (spouse of Mrs. Gail Diamond)

• L to R: Ms Lynda Thomson, Dr. Keith Thomson



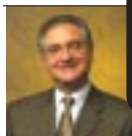
• Ms Jo-Ann Willson (Registrar and General Counsel), Ms Carolyn Everson (Facilitator)



• Strategic Planning Retreat

*Niagara-on-the-Lake, September 2002*

L to R: Ms Tina Perryman, Mr. Calvin MacPherson, Mrs. Helen Foster, Dr. Lynda Montgomery, Ms Kristina Mulak, Dr. Allan Gotlib



Dr. Allan Gotlib  
President

## PRESIDENT'S MESSAGE

What an extraordinary, intense and passionate year at CCO!!!

I have been honoured as President to have the opportunity of working with 15 very talented and capable members of Council and I am very appreciative of both elected and appointed members for their passion and commitment to this profession. As you read the committee reports you will see what I mean.

Our privilege of self-governance relies heavily on our ability to do what is best for our patients. We must advance their interests and maintain their trust and confidence. The College, the staff, and all Council members have worked exceedingly hard to reach these goals.

As you read the committee reports and the financial statements in our Annual Report, it will be evident that activity levels have risen dramatically. At the same time, the issues at CCO have grown more complex.

It is abundantly clear that the public appointees view a chiropractor as a well-educated, primary contact health practitioner who provides competent and ethical chiropractic care that is safe and effective. The public can place their confidence and trust in the 6000 chiropractors in Canada that provide high quality care to more than 4 million Canadians annually. More than 3100 chiropractors now practice in Ontario and the numbers are continually increasing. Chiropractic is a necessary and essential part of the health care system and should be fully integrated.

During the year, Council held a strategic planning retreat and the group dynamics between Council members and staff was excellent. The vision that CCO now has for success incorporates language such as:

- honouring our patients;
- assuring them of quality care;
- celebrating member compliance with high professional standards;
- recognition and respect as a full partner in the health care system; and
- enjoying strong public confidence in CCO.

This is the language that will guide CCO in building a credible, trusting and respectful relationship with government and the public. This is a relationship that is a reflection of our values.

In the next 12 months, chiropractors and the public can expect the implementation of the comprehensive CCO Quality Assurance program to accelerate. Our 25 peer assessors have

been trained and are ready to start. This raises the professional platform of chiropractic care. Safety, quality and efficacy are the issues from the public's perspective.

As regulators, we establish and maintain standards of practice. These standards must keep pace with the profession as it grows and evolves with the introduction of new techniques and technology.

In addition, new standards of practice will be implemented, addressing issues such as immunization, pediatrics, orthotics, conflict of interest, techniques and disclosure of harm. All very exciting initiatives that will require your active participation. These are just some of the issues. I encourage each of you to stay informed and express your views.

My sincerest thanks go to the seven public appointees on Council for their significant contributions. We are indeed fortunate to have seven excellent government-appointed representatives to fully participate in our decision-making process and guide the College in ensuring that all of the public share their views about chiropractic care.

I also want to acknowledge several individuals who have completed the maximum term at CCO. Dr. Keith Thomson, Dr. Michaela Cadeau, Dr. Paul Uchikata, Dr. Allan Horowitz, Mrs. Gail Diamond and Mr. Cal MacPherson have provided exemplary and stellar service to the CCO. They will be missed.

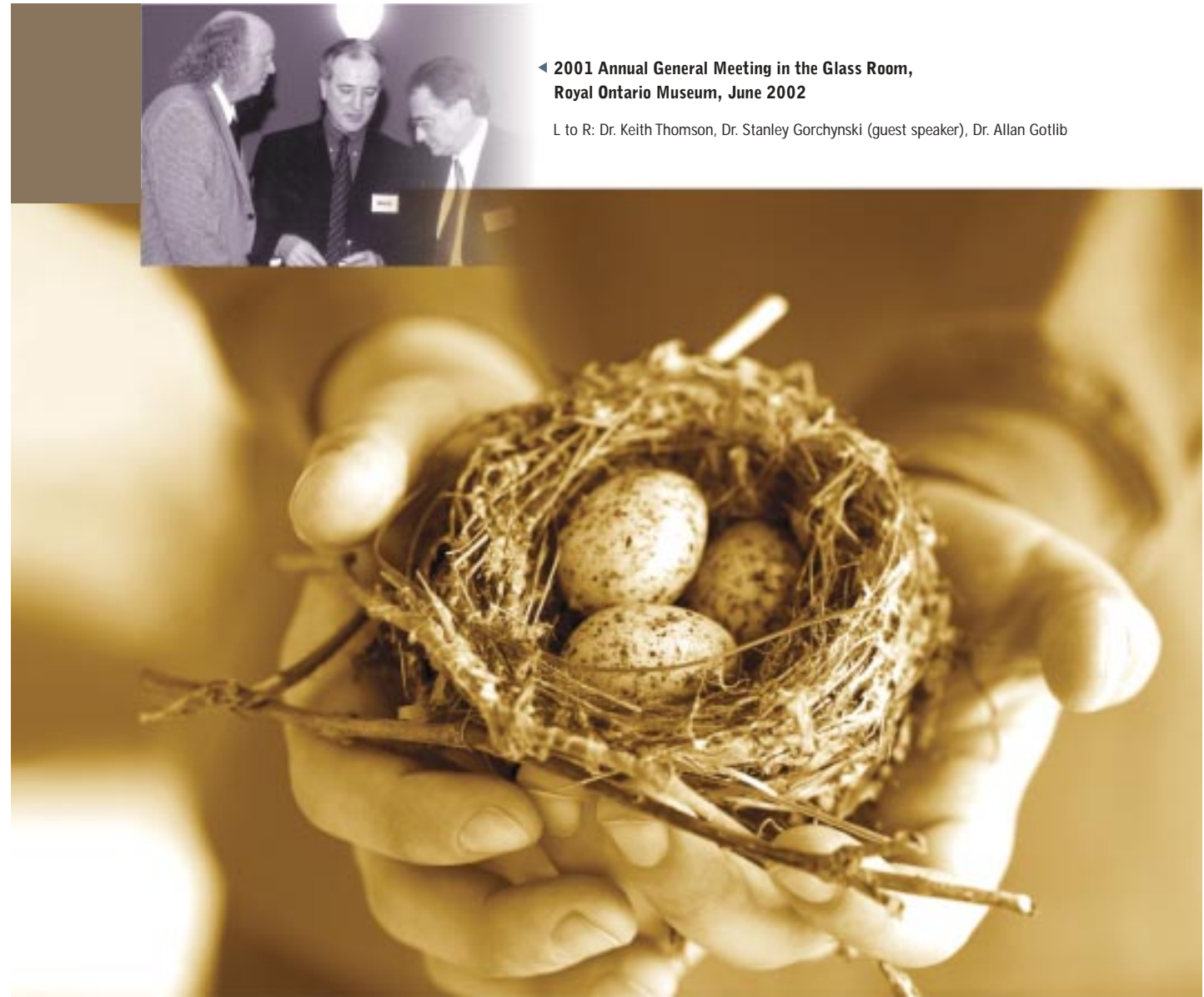
In addition, I would like to acknowledge the many organizations that fostered a spirit of cooperation throughout the year and worked very hard on process and procedural issues. Organizations such as the Ministry of Health, the Ontario Chiropractic Association, the Canadian Chiropractic Examining Board, the Canadian Federation of Chiropractic Regulatory Boards, the Canadian Chiropractic Protective Association, the Canadian Chiropractic Association, the Council on Licensure, Enforcement and Regulation, the Federation of Health Regulatory Colleges of Ontario and the Council on Chiropractic Education Canada have been tremendously helpful to CCO. I am thankful for their stewardship and leadership in making self-governance a better process in Ontario.

Finally, I would be remiss not to acknowledge our Registrar and General Counsel and our incredible CCO staff members who provide the expert administrative means to our success as Council members. Thank you.



◀ 2001 Annual General Meeting in the Glass Room,  
Royal Ontario Museum, June 2002

L to R: Dr. Keith Thomson, Dr. Stanley Gorchynski (guest speaker), Dr. Allan Gotlib



*Protecting THE PUBLIC AND ASSURING  
THEM OF QUALITY CARE*



Ms Jo-Ann Willson  
Registrar and  
General Counsel

## REGISTRAR'S REPORT

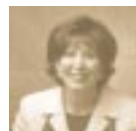
No matter how big or small your pond is, it's important to have fun, like the people you're with, and maintain some perspective.

As I reach my 10th anniversary with CCO, which happens to coincide with the 10th anniversary of the *Regulated Health Professions Act*, I look back with a sense of pride and accomplishment on the year 2002.



Dr. Keith Thomson

Much credit should be given to three special individuals on Council, Dr. Keith Thomson, who, in 2002, completed his final complete year in his nine-year term as a Council member, and our public members, Mrs. Gail Diamond and Mr. Cal MacPherson, who completed their maximum six-year terms as Council members on December 31, 2002.



Mrs. Gail Diamond

I am a lawyer by training, and am accustomed to talking as much as possible. (Some of you may know that lawyers historically were paid by the word!).



Mr. Cal MacPherson

In some circumstances however, words seem woefully inadequate. This is one of those circumstances. With the support, encouragement and humour of Dr. Thomson, Mrs. Diamond and Mr. MacPherson, along with a cohesive Council and incredible staff, I have been able to face a number of challenges and opportunities over the past year, including the coroner's inquest, six discipline matters, implementation of the Quality Assurance Program, numerous meetings with a host of chiropractic and health-related organizations, consultations with the membership and stakeholders on difficult topics like techniques, technologies, devices and procedures and advertising, and finally, a comprehensive strategic planning review and all that goes along with the planning and implementation of an off-site strategic planning weekend.

To the three departing Council members, my heartfelt thanks. Please know that this College, the profession and the public are greatly enriched by each of your extraordinary contributions.

## THE CHIROPRACTIC ACT 1991

### 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 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.*



◀ Council Meeting April 20, 2002

Seated at table L to R: Mr. Calvin MacPherson, Ms Jo-Ann Willson, Dr. Jacques Laquerre



*We are poised to grow as a leader in  
improving the health of Ontarians*

COMMITTEE MEMBERS DR. ALLAN GOTLIB, *Chair* | DR. KEITH THOMSON, *Vice Chair* | MRS. REGINA WILLMANN, *Treasurer* | MRS. GAIL DIAMOND, *public member* | MR. CALVIN MACPHERSON, *public member* | DR. DREW POTTER | DR. DONALD VIGGIANI STAFF SUPPORT MS JO-ANN WILLSON, *Registrar and General Counsel*

Report



Dr. Allan Gotlib

EXECUTIVE COMMITTEE

As Chair of the Executive Committee, I can tell you that there are daily challenges to sustaining our privilege of self-regulation. We must always be prepared to protect that privilege.

In 2002, the Executive Committee managed many complicated and legally intricate issues. Matters such as cooperating fully with the Coroner's Inquest into the death of Mrs. Lana Dale Lewis consumed an enormous amount of time and resources throughout the entire year. In addition, there were many Ministry of Health and Long-Term Care issues that required detailed and informed input, such as:

- the Labour Mobility Chapter of the Agreement on Internal Trade;
- the ordering of laboratory tests;
- amendments to the *Regulated Health Professions Act (RHPA)* related to potentially new three professions – Naturopathy, Traditional Chinese Medicine and Acupuncture;
- the effectiveness of our complaints and discipline procedures;
- the effectiveness of our Quality Assurance program;
- the collection, use & disclosure of personal health information (*Personal Information Protection and Electronic Documents Act*); &
- the formulation of standards of practice, policies and guidelines.

In April, the committee amended Policy P-029: Chiropractic Specialties, which took into account the recommendations of the Canadian Federation of Chiropractic Regulatory Boards to include two additional approved specialty colleges, Fellow of the College of Chiropractic Orthopedists and Fellow of the College of Chiropractic Rehabilitation Sciences.

The committee amended Standard of Practice S-011: Dual Registrants, to better reflect the practical needs of our members. In addition, the committee successfully dealt with two complex issues – Standard of Practice S-010: Techniques, Technologies, Devices or Procedures, and professional incorporation for chiropractors.

Our participation in the Federation of Health Regulatory Colleges of Ontario provided insight into a variety of shared regulatory issues among the colleges. We participated in several Federation working groups, such as Quality Assurance, Discipline Training and Rehabilitation, as well as the Federation's Executive Committee. In addition, in 2002, the committee:

- facilitated Society presentations on record keeping, presented by Dr. Keith Thomson and Ms Jo-Ann Willson, throughout the province;
- approved the legislative and ethics exam and arranged for examiners in the Canadian Chiropractic Examining Board (CCEB) clinical competency exams;

- met with the Minister of Health in June 2002 to discuss a variety of issues;
- participated in the Canadian Chiropractic Association (CCA) /Canadian Federation of Chiropractic Regulatory Board (CFCRB) Clinical Guidelines project;
- appointed investigators and referred specified allegations to the Discipline Committee;
- considered new standards of practice on immunization, orthotics and conflict of interest; and
- ensured that appropriate training sessions were undertaken for peer assessors, for CCO investigators and Chiropractic Review Committee (CRC) inspectors.

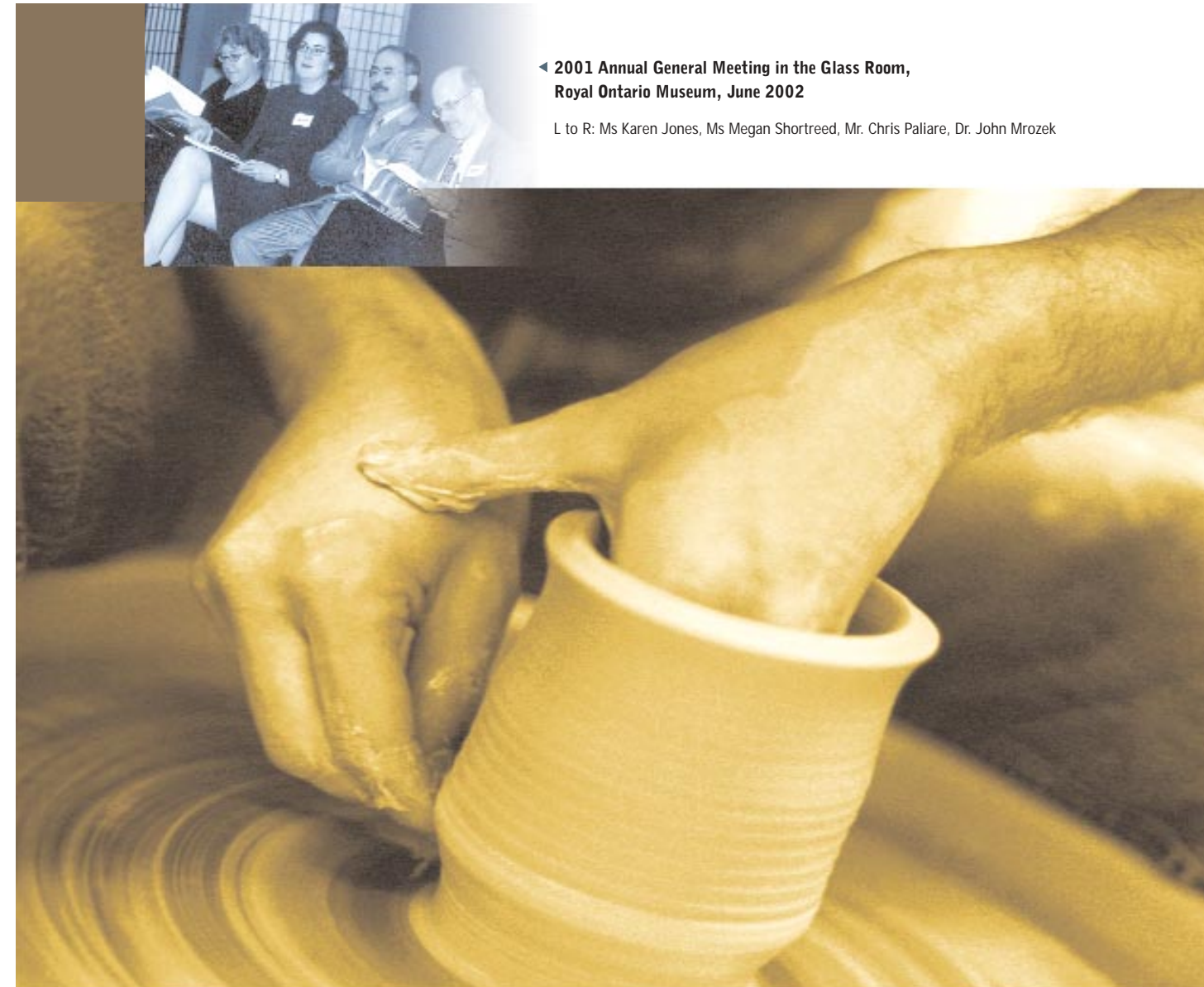
There are many organizations and many individuals that interact with CCO. I want to make special mention that the relationship between the CCO and the Ontario Chiropractic Association (OCA) has continued to be an excellent working one. I want to thank Dr. Dennis Mizel (President), Dr. Stan Gorchynski (Chair), Dr. Dean Wright, Dr. Bryan Wolfe and Mr. Bruce Squires (Executive Director) for striving to make the relationship positive and always so productive while remaining mindful of the organizations' differing mandates.

I would like to sincerely thank the members of the committee for their commitment and diligence to this committee's enormous responsibilities – Dr. Keith Thomson, Dr. Drew Potter, Dr. Don Viggiani, Mr. Cal MacPherson, Mrs. Gail Diamond and Mrs. Regina Willmann. They were all absolutely terrific to work with and brought tremendous value to the committee and its mandate. And of course, I also thank our Registrar and General Counsel, Ms Jo-Ann Willson, for her excellent stewardship.

**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.*



◀ 2001 Annual General Meeting in the Glass Room, Royal Ontario Museum, June 2002

L to R: Ms Karen Jones, Ms Megan Shortreed, Mr. Chris Paliare, Dr. John Mrozek

celebrating MEMBER COMPLIANCE WITH HIGH PROFESSIONAL STANDARDS



**COMMITTEE MEMBERS** | DR. KEITH THOMSON, *Chair* | DR. ELIZABETH ANDERSON-PEACOCK, *non-Council member* | DR. GILLES LAMARCHE | MRS. REGINA WILLMANN, *public member* | MRS. RUTH MABEE, *alternate, public member* | **STAFF SUPPORT** | MS KRISTINA MULAK, *Investigations / Resolutions Officer* | MS TINA PERRYMAN, *Complaints Coordinator*

Report



Dr. Keith Thomson

**COMPLAINTS COMMITTEE**

In an effort to ensure complaints are continued to be reviewed promptly, the Complaints Committee met 17 times in 2002 and completed a total of 59 decisions.

**Nature of Complaints**

The committee received 85 complaints in 2002, 10 fewer complaints than in 2001.

Table 1 (see opposite) outlines the main areas of concern identified by complainants who filed complaints with CCO in 2002. In some cases, more than one area of concern was identified in a complaint.

**Origin of Complaints**

Graph 1 (see opposite) outlines the origin of complaints filed with CCO in 2002. At 47, patients filed the majority of complaints, followed by other professionals, including chiropractors, at 25.

**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 determining where to refer specified allegations to the Discipline Committee, the Complaints Committee considers the definitions of professional misconduct and incompetence in the legislation, as well as CCO's standards of practice, policies and guidelines.

In 2002, the committee disposed of 65 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 2002.

**Health Professionals Appeal & Review Board (HPARB)**

Under the legislation, HPARB may review certain decisions of the Complaints Committee, other than a referral to the Discipline Committee.

Over the last few years, HPARB has returned fewer and fewer decisions on appeal, which demonstrates the committee members' increasing proficiency in investigation and decision writing. In 2002, HPARB upheld two long-standing complaints that had been appealed twice before by the complainants.

**Acknowledgements**

The chair extends his sincere appreciation to all committee members. Special thanks to Dr. Liz Anderson-Peacock for her outstanding contribution. And very special thanks to the staff, Ms Kristina Mulak, Investigations/Resolutions Officer, and Ms Tina Perryman, Complaints Coordinator, without whom nothing would get done.

In turn, the committee wishes to acknowledge its chair, Dr. Keith Thomson, who reached his maximum nine-year term serving on Council. Keith, we wish you all the best.

**MANDATE** | *To respond to complaints in a manner consistent with its legislative mandate under the Regulated Health Professions Act, 1991.*

*To promote the development of a complaints process that is corrective with regard to complaints and specified allegations, and pro-active where there are systematic problems, to ensure the quality of care people receive and promote continuous quality improvement.*

▼ Consultation Day



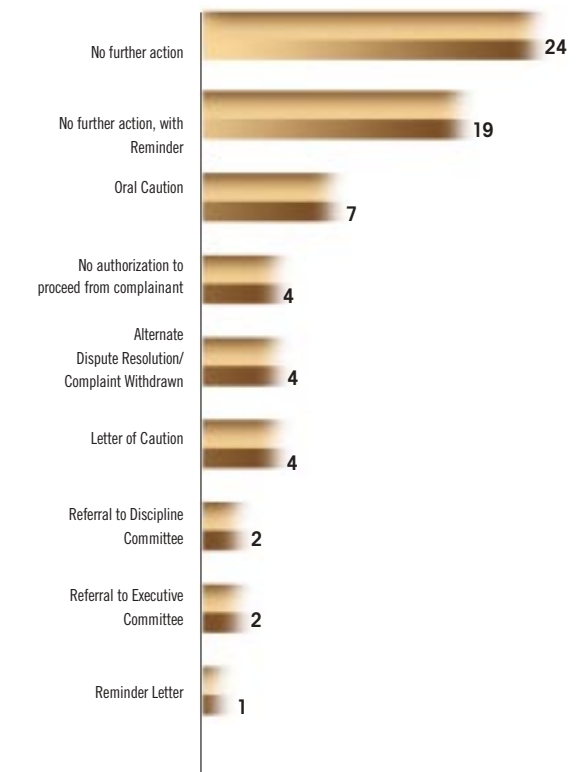
**Table 1: Areas of Concern Identified by Complainants in 2002**

Complaint	Number
Incompetent practice causing harm	17
Advertising	14
Unnecessary or excessive treatment	13
Billing irregularities	8
Problematic inter-professional relationships	8
Misinformation or lack of information regarding treatment	8
Misleading patients about chiropractic care	7
Verbal, physical, psychological or emotional abuse	6
Pressure tactics regarding need for treatment	6
Treatment outside the scope of chiropractic	6
Problematic DAC	5
Miscellaneous	5
Sexual abuse	4
Conflict of interest	3
Immunization – providing information contrary to CCO policy	3
Failure to provide information on request of patient	2
Misinformation or lack of information regarding fees	2
Harassing patient	2
Dispensing orthotics, including improper fitting and over charging	1
Breach of patient confidentiality	1
Improper termination of care	1
Treatment without consent	1
<b>Total</b>	<b>123</b>

**Graph 1: Origin of Complaints in 2002 (85 total)**



**Graph 2: Disposition of Complaints in 2002**



**COMMITTEE MEMBERS** *all members of Council are potentially members of the Discipline Committee*  
 DR. LYNDA MONTGOMERY *Chair* | DR. RICHARD BRAY *non-Council member* | DR. DOUGLAS BROWN *non-Council member* | MRS. GAIL DIAMOND *public member* | MRS. HELEN FOSTER *public member* | DR. JACQUES LAQUERRE | MRS. RUTH MABEE *alternate, public member* | MS JANE ANN MCLACHLAN *alternate, public member* |  
**STAFF SUPPORT** | MS JO-ANN WILLSON *Registrar and General Counsel*

Report



Dr. L. Montgomery

**DISCIPLINE COMMITTEE**

The Discipline Committee received six referrals in 2002. The provisions of the *Regulated Health Professions Act, 1991*, require CCO, like other health regulatory colleges, to publish its decisions or a summary of its decisions in its annual report. Summaries of the committee's decisions follow.

The committee has benefited from the process of requiring referrals to proceed to pre-hearing conferences, where mediation often results in a joint resolution. Pre-hearing conferences are held with the agreement and cooperation of complainants, and include the registrar, the CCO prosecutor, the member and his/her counsel, a pre-hearing conference chair, and the independent legal counsel for the chair.

This process spares witnesses from the trauma of testifying at a formal hearing and being subject to cross examination, eases the burden on both CCO and the member in terms of time and legal expenses, and achieves consistent, just results. Mediation also ensures a number of public protection measures are built into any application for reinstatement.

Resolution agreements, which the Discipline Committee has the discretion but not the obligation to accept, generally:

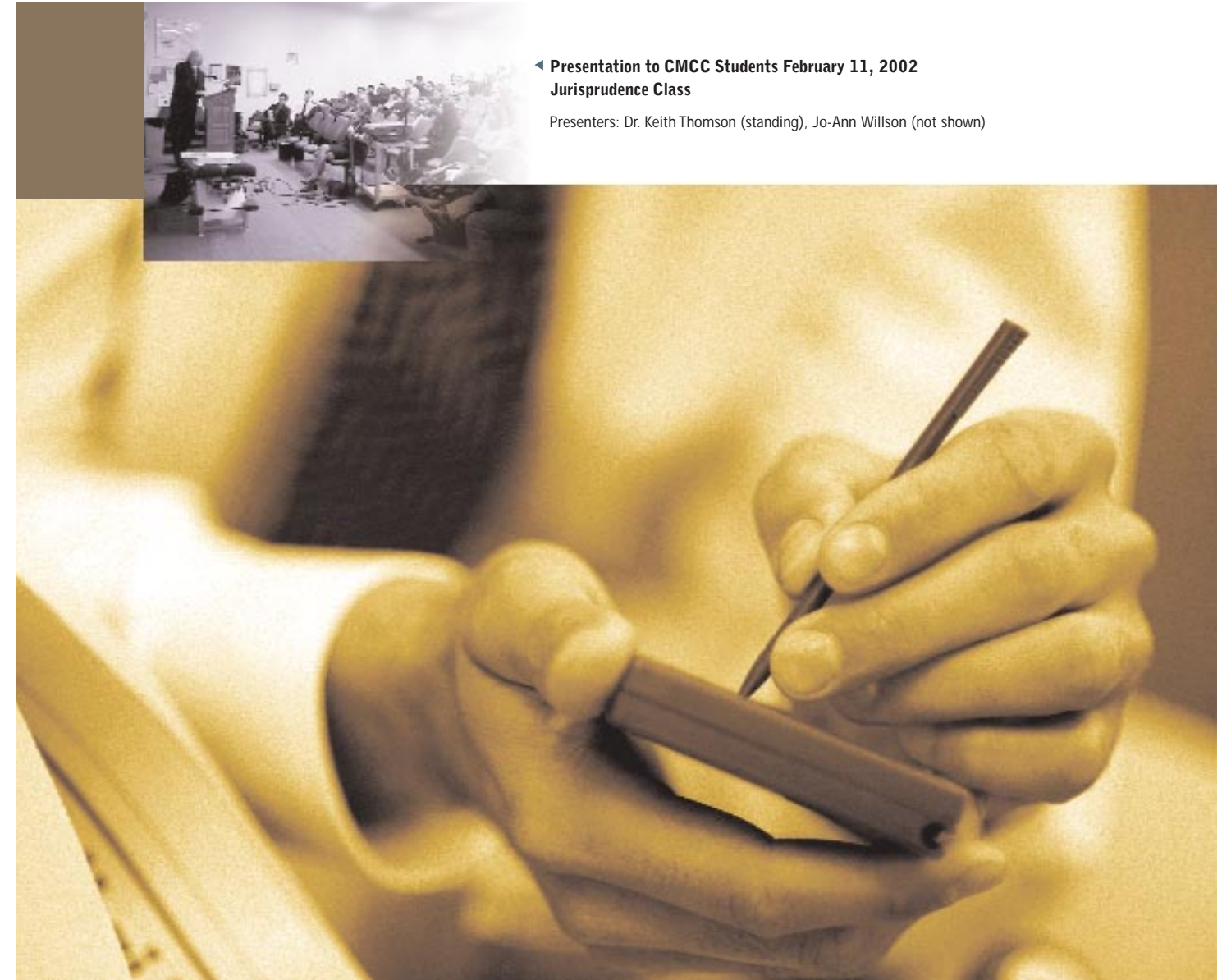
- require any dispute with respect to the interpretation and implementation of the Resolution Agreement to be referred to a panel of the Discipline Committee, which has the power to resolve the dispute;

- require that the member not appeal or request a review of the decision of the panel of the Discipline Committee, 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.

The committee encourages all Council members to attend the discipline orientation workshops offered by the Federation of Health Regulatory Colleges of Ontario. These workshops provide an excellent opportunity for discipline panels to exchange ideas and strategies, as well as develop consistent approaches to decision making.

As chair, I would like to express my sincere appreciation to all associated with our committee, including our dedicated panel members and experienced independent legal counsel. I would also like to thank Mrs. Gail Diamond, the outgoing public member, for her hard work and thoughtful contributions.

**MANDATE** | *To adjudicate specified allegations of professional misconduct or incompetence referred to the committee by the Executive or Complaints committees.*



◀ Presentation to CMCC Students February 11, 2002  
 Jurisprudence Class

Presenters: Dr. Keith Thomson (standing), Jo-Ann Willson (not shown)

recognition AND RESPECT AS A FULL  
 PARTNER IN THE HEALTH CARE SYSTEM

## DISCIPLINE DECISIONS

### Discipline Committee Decisions Case Summaries 2002

#### DR. KAMBIZ FILSOOFI, ETOBICOKE (Registrant # 2894)

##### Allegations

CCO alleged that Dr. Kambiz Filsoofi had committed acts of professional misconduct, including breaching an undertaking to the Registrar, and engaging in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, contrary to Ss. 51 (1) (c) of the Code and paragraphs 1.31 and 1.33 of the Professional Misconduct Regulation.

##### Agreed Statement of Facts

The parties agreed to a statement of facts summarized below.

- Dr. Filsoofi (the "Member") has been a member of CCO since 1994.
- In 1998, CCO received a letter of complaint from a chiropractor who had employed the Member at his clinic. According to the chiropractor, the Member had advised that he was a medical doctor. In addition, the Member was under investigation by the College of Physicians and Surgeons of Ontario (CPSO) for practising as a medical doctor in Ontario when he was not a member of CPSO.
- In 1998, a CPSO inspector advised that the Member agreed to remove all references using the term MD from his office, business cards and any other form of advertising, to refrain from telling patients he was a medical doctor, and to refrain from writing prescriptions.
- The Member acknowledged that he was not a medical doctor in Ontario. According to the Member, he had reached a mutual agreement with CPSO, and the file with respect to him had been closed.
- Subsequently, CCO received complaints from pharmacists that the Member was prescribing medications for patients, which could only be prescribed by members of CPSO.
- CCO requested the Member to sign an undertaking in which he undertook, among other matters, to:

- take all reasonable steps to ensure his patients and members of the public understood he was not a medical doctor and could not prescribe medications; and
- ensure that all advertising was in compliance with CCO's advertising standard of practice, and in particular, that he would not advertise himself as a medical doctor unless and until he became a member of CPSO.
- The Member signed the undertaking in October 1999 and advised CCO he would take all reasonable steps to prevent any further "mistakes" in future.
- In 2000, CPSO advised that the Member had identified himself as an MD and member of CPSO in correspondence with lawyers and the Workplace Safety and Insurance Board. In addition, he had a business card in his office identifying himself as an MD, and a prescription pad bearing the same information. CPSO provided copies of documentation in which the Member identified himself as a medical doctor, a member of CPSO, an MD, and a Clinical Diagnostic Instructor of Neurology, Rheumatology [sic] at the Canadian Memorial Chiropractic College (CMCC). According to CMCC, the Member was employed as a tutor in 1995 for the course Introductory Diagnosis.
- In 2001, CCO's investigator attended at the Member's office and obtained, among other things, copies of correspondence in 2000 and 2001 in which the Member described himself as an MD, D.Acu, and Staff Physician.
- The Member admitted to signing the undertaking, using the term MD after signing the undertaking, and breaching the undertaking.
- According to the Member, he was being treated for depression during the period he breached the undertaking. According to the Member's psychiatrist, the Member's emotional condition did not interfere with his abilities to perform his professional duties, the Member was following a satisfactory treatment plan and had a long-term prognosis which, in the psychiatrist's opinion, was good.
- The Member acknowledges and agrees that he committed an act of professional misconduct as provided by subsection 51(1)(c) of the Code and more particularly:
  - a) Paragraph 1.31 of the Professional Misconduct Regulation, in that he breached an undertaking signed by him on October 14, 1999 and given to the Registrar; and

- b) Paragraph 1.33 of the Professional Misconduct Regulation in that he engaged in conduct, or performed an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, and in particular, he misrepresented his qualifications and credentials, the particulars of which are set out above.

##### Joint Submission as to Penalty

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

- Finding that the Member has committed acts of professional misconduct, and in particular, he breached an undertaking signed by him on October 14, 1999, which was given to the Registrar contrary to subsection 51(1)(c) of the Code and paragraph 1.31 of the Professional Misconduct Regulation.
- Suspending the Member's certificate of registration for a period of three months, one month of which may be remitted on the condition that the Member provides to the Registrar a psychiatric report prepared by a psychiatrist in good standing with the CPSO, who is mutually agreeable to the Member and CCO at the Member's expense, indicating that there are no physical or mental impediments to the Member practising chiropractic in Ontario.
- Providing that the unremitted portion of the suspension is to commence within one month of the decision of the panel at a time or times to be approved by the Registrar.
- Requiring the Member to appear before the panel to be reprimanded.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$1,000, with \$500 payable forthwith and the balance payable one month after any reinstatement.
- Requiring the Member to cooperate with CCO in having his practice monitored at the Member's expense and in particular, to allow, at CCO's option, a review of his practice and files every six months for two years.

##### Decision

The panel, following deliberation, held the joint submission appropriately addressed the Member's professional misconduct and imposed the proposed penalty.

#### DR. HARRY KREKORIAN, ST. CATHARINES (Reg. # 2912)

##### Allegations

CCO alleged that Dr. Harry Krekorian had committed acts of professional misconduct, including engaging in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable 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 agreed to a statement of facts summarized below.

- Dr. Krekorian (the "Member") has been a member of CCO since 1994.
- The Member is also registered with the Acupuncture Council of Ontario and is authorized to perform acupuncture therapy in Ontario.
- Since 1996, the Member has operated a practice in partnership with another chiropractor under the name Chiropractic Homecare Services, a business that provides chiropractic and acupuncture treatments.
- The Member and his partner were registered as agencies with the Workplace Safety and Insurance Board (WSIB). This registration allowed them to bill and receive payment from WSIB for chiropractic and acupuncture treatment.
- On November 14, 2000, the Member pled guilty and was found guilty in St. Catharines Provincial Court to knowingly making false or misleading statements or representations to the WSIB to obtain payment for services provided to the WSIB, contrary to section 161(4) of the *Workers' Compensation Act, 1990*, as amended.
- According to an Agreed Statement of Facts provided to the Court regarding the matter, the Member admitted, among other things, that during the period 1996 and 1997, he:
  - billed for chiropractic services on dates where such services were not rendered;
  - submitted duplicate billings to OHIP and the WSIB;
  - instructed his partner to bill WSIB on days when chiropractic services were not rendered in order to receive payment for the chiropractic treatments.
- The Member entered a guilty plea on November 14, 2000, for WSIB billing irregularities. As a result, he was fined \$8,586 and had to repay the WSIB \$8,586.

## DISCIPLINE DECISIONS

- The Member cooperated with the investigation conducted by WSIB and his counsel negotiated a resolution whereby the Member made full restitution. Similarly, the Member was cooperative with respect to the investigation with CCO.
- The Member admits that he is guilty of professional misconduct in that he engaged in conduct that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

### Joint Submission as to Penalty

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

- Finding that the Member has committed acts of professional misconduct, and in particular, he 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, contrary to subsection 51(1)(c) of the Code and paragraph 1.33 of the Professional Misconduct Regulation.
- Requiring the Member to appear before the panel to be reprimanded.
- Suspending the Member's certificate of registration for a period of three months, two months of which may be remitted, provided the Member satisfies the following conditions:
  - he reviews all of CCO's regulations, standards of practice and policies relating to billing and record keeping;
  - he successfully completes a record keeping course approved by CCO at his own expense within six months of the decision of the panel; and
  - he undergoes peer review by someone mutually agreeable to the Member and the Registrar with the costs to be borne by the Member, such peer review to take place with the cooperation of the Member within three months of the decision of the panel.
- Providing that the unremitted portion of the suspension is to commence within one month of the decision of the panel at a time or times to be approved by the Registrar.
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$2,000 payable forthwith.

### Decision

The panel, following deliberation, held the joint submission appropriately addressed the Member's professional misconduct and imposed the proposed penalty.

### DR. OGI RESSEL, BURLINGTON (Registrant # 1231)

#### Allegations

CCO alleged that Dr. Ogi Ressel (the "Member") committed a number of acts of professional misconduct during his treatment of patients, including that he committed acts of professional misconduct as provided by subsection 51 (1) (c) of the Code and paragraphs 1.5, 1.33, 1.2, 1.14 and 1.17 of the Professional Misconduct Regulation in that:

- during the period January 12, 1999, to April 7, 1999, he abused minor patient 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 Ms A; and
- 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

#### Overview

The discipline hearing concerned the Member's treatment of Ms A, a 13-year-old girl with Crohn's disease, and her brother, Mr. B, who had asthma and was also a minor. Ms A's mother had complained to CCO about the Member's treatment of and conduct towards her children. The hearing into the allegations took place

on 13 hearing days between August 16, 2001, and August 9, 2002. The panel heard evidence from 12 witnesses, including three expert witnesses, and reviewed more than 100 exhibits. In addition, the panel received written submissions regarding the evidence from the Member and CCO, and heard two days of oral submissions regarding the evidence.

#### Decision

After hearing the evidence and reviewing submissions, the panel determined that the above noted allegations were proven and that there was insufficient evidence to support certain other allegations, including allegations concerning Mr. B (not included above). The hearing reconvened in 2002 to address the issues of penalty and costs.

#### Reasons

A summary of the panel's reasons is outlined below.

#### Allegation 1 (Verbal, Psychological, and Emotional Abuse)

During the period January 12, 1999, to April 7, 1999, the Member abused Ms A verbally, psychologically and emotionally by telling Ms A:

- "You aren't working with me;"
- that she was spoiled;
- that she needed to smile more and that it was her fault that she wasn't getting better; and
- that she needed an "attitude adjustment."

The panel found that the Member's words displayed a complete lack of empathy for Ms A and were abusive to an emotionally and physically weakened patient who needed primary support and encouragement.

In addition, the panel found that the Member intimidated Ms A, as was evidenced by her reluctance to tell him about ceasing to take a dietary supplement. Intimidation was also evidenced by the fact that Ms A and her mother agreed to allow Ms A to have a private talk with the Member, although neither felt comfortable about it.

#### Allegation 2 (Unprofessional Conduct)

During the period January 12, 1999, to April 7, 1999, the Member engaged in conduct or performed an act or acts that, having regard for the circumstances, would reasonably be regarded by members as unprofessional, relating to the following comments made to Ms A and her mother:

- During a telephone call with Ms A's mother, the Member made a comment

to her about the harm caused by Ms A's prescribed medications, and stated that Ms A's mother or the medications were "killing" Ms A;

- The Member tried to discredit another chiropractor by telling Ms A's mother about a lawsuit against that chiropractor years earlier;
- The Member failed to respect Ms A's mother's decision that it was necessary for Ms A to remain on her prescribed medications. Instead, he tried to pressure Ms A and her mother to discontinue the medications;
- The Member tried to blame others, including:
  - Ms A, for not getting better. The panel found this was demeaning to Ms A to insinuate she was at fault for not getting better because of a poor attitude;
  - Ms A's mother, for not providing a detailed case history, when it was his responsibility as a health professional to obtain one;
  - his staff, for making errors in documentation, billing, and in providing documents to Ms A's mother and another chiropractor;
  - another chiropractor, for instigating the complaint to CCO, rather than acknowledging that he could have handled things better.

#### Allegation 3 (Failing to maintain the record keeping standard of practice)

During the period January 12, 1999, to April 7, 1999, the Member contravened a standard of practice of the profession or failed to maintain the standards of practice expected by members of the profession, as demonstrated by substandard record keeping concerning Ms A. The panel found the case history of Ms A was inadequate and that there were multiple errors on the "travel card."

#### Allegation 4 (Providing therapeutic services that are not necessary)

During the period January 12, 1999, to April 7, 1999, the Member provided therapeutic services that were not necessary to Ms A. The Member never performed any reassessment of Ms A's treatment or a progress examination. The panel noted that the Member himself recommended that patients be reassessed regularly to determine the therapeutic necessity of continuing treatments, and that the Member and three experts who testified in the case were basically in agreement that progress exams should generally be conducted every 24 visits. The panel determined that since

## DISCIPLINE DECISIONS

the Member never conducted a progress examination on Ms A, it was impossible to determine the therapeutic necessity of his continued treatment.

### **Allegation 5 (Using an unapproved term, title or designation)**

The Member 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 Member concluded letters to CCO and to Ms A's mother with his letters of qualification, including "F.I.C.P.A.," a designation that is not currently recognized by CCO. In addition, he inferred he was a pediatric chiropractor and held himself out to be Ms A's primary care physician.

### **Penalty**

On August 2, 2002, the panel reached its decision regarding penalty, namely:

- a suspension of nine months;
- oral reprimand;
- term, condition or limitation on the Member's licence requiring that he successfully complete a course in communicating with clients, and a record keeping course; and
- upon returning to practice, the Member to permit assessments of his practice at his cost.

### **Costs**

Following receipt of submissions, the panel ordered the Member to pay costs to CCO in the amount of \$87,948.58 on a prescribed payment schedule.

### **Appeal**

As at the close of 2002, the above-noted decision of the Discipline Committee was under appeal by the Member and the appeal had not yet been heard by the Divisional Court. CCO expects to report the results in the 2003 Annual Report.

## **DR. BRIAN SIEBER, NEWMARKET (Registrant # 2270)**

### **Allegations**

CCO alleged that Dr. Brian Sieber (the "Member") had committed acts of professional misconduct with respect to a patient, including that he committed an act of professional misconduct as provided by subsections 51 (1) (b.1) and 51 (1) (c) of the Code and paragraph 1.33 of the Professional Misconduct Regulation in that he:

- sexually abused a patient; and
- engaged in conduct or performed an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

### **Overview of the Main Matter**

- The discipline hearing concerned the Member's treatment of Ms B. The Member provided chiropractic treatment to Ms B from February 17, 1997, to April 22, 1997, for an injured hip. Ms B received approximately 20 treatments from the Member during that period.
- The Member had an inappropriate personal and intimate relationship with Ms B while she was his patient that did not consist of or include the specific acts described in subsection 51 (5) 2 of the Code, which constitute an aggravated form of sexual abuse.
- The Member's conduct towards Ms B while she was a patient constitutes a form of sexual abuse.
- On two occasions in December 2002, while the Member was facing a discipline hearing concerning his treatment of Ms B, he called her at home, offered her money, and attempted to persuade her not to testify against him in the proceeding before CCO. In addition, the Member also intimated that Ms B's employer could be provided with information that would affect his/her opinion of her, and that her children would benefit from such an agreement.
- Had Ms B testified, it is anticipated that she would have said that she suffered emotional and psychological injury as a result of the Member's conduct.

### **Interim Motions**

A hearing into the allegations of professional misconduct did not proceed in 2002. However, over three days of hearing, the panel addressed three interim motions brought by the Member. The hearing into allegations of professional misconduct took place in 2003, proceeding by way of an agreed statement of fact and joint submission on penalty. The results will be reported in the 2003 Annual Report and are available on the public register.

### **Overview of Motion 1**

At the start of the hearing, the Member brought a motion asking that the panel exercise its discretion pursuant to s. 23 of the *Statutory Powers Procedure Act* to find that the proceedings would be an abuse of process, and sought an Order to permanently stay the proceedings. The panel heard viva voce evidence from four witnesses, and received extensive submissions from both parties.

### **Decision re: Motion 1**

After hearing the evidence and reviewing submissions, the panel dismissed the Member's motion to permanently stay the proceedings.

### **Reasons re: Motion 1**

A summary of the panel's reasons are outlined below.

- The Member did not persuade the panel, on a balance of probabilities, that the allegations of Ms B were subsumed in a prior Resolution Agreement accepted by a discipline panel on October 6, 2000.
- The Member's counsel at the time of the prior Resolution Agreement had no notes with respect to an implied agreement that Ms B's allegations were subsumed, and he wrote no letters to CCO's counsel to confirm the implied understanding of an all-encompassing comprehensive agreement. Further, the Resolution Agreement did not contain anything with respect to those terms.
- CCO did not lead the Member to believe nor was it implied that all allegations with respect to all patients were subsumed in the original Resolution Agreement.
- The Registrar, who was present at both pre-conference hearings in 2000, had handwritten notes from both pre-hearing conferences, which did not contain any reference to any all-inclusive comprehensive settlement. She testified that she had no recollection that an all-inclusive comprehensive settlement had been discussed between counsel at the pre-conference hearings.

- The independent legal counsel to the pre-conference chair in 2000 also took notes at both pre-conference hearings in 2000, and as in the Registrar's notes, his notes contained no reference whatsoever to any discussion with respect to an all-inclusive comprehensive settlement. He testified that there were never such discussions in his presence, and had there been he most certainly would have made some notation.
- There was a lack of documentary evidence to substantiate the assertion that there was an additional implied agreement.

### **Overview of Motions 2 and 3**

Following motion 1, the Member brought two further motions, namely, a motion to adjourn the matter indefinitely to allow the Member to seek judicial review of the panel's decision to refuse the motion to permanently stay the proceedings, and a motion for an order that the panel disqualify itself due to a reasonable apprehension of bias.

### **Decision re: Motions 2 and 3**

The panel granted the motion to adjourn the matter indefinitely and dismissed the motion to disqualify itself.

### **Reasons re: Motion 2**

- The Member's counsel undertook to bring an application for judicial review of the panel's decision to dismiss the motion to permanently stay the proceedings.
- The Member would suffer irreparable harm if the hearing were to continue and there was a finding of guilt since in sexual abuse cases, the penalty is automatic revocation. Although not determinative, in these specific facts, by the time any appeal would take place, the Member's practice would have dissolved and his reputation would have been permanently scarred.
- There was no evidence before the panel that Ms B will be prejudiced by any delay. Ms B did not proceed with her complaints in 1999 although she had been invited to do so and for personal reasons declined.
- The balance of convenience test weighs against the college.

### **Reasons re: Motion 3**

- The law is clear that the threshold for finding a real or perceived apprehension of bias is very high. The legal authorities are clear that a member of a discipline committee is not automatically disqualified through a finding of bias just because he or she may have been involved in different hearings with respect to a particular member.

## DISCIPLINE DECISIONS

- The three panel members, who sat on the previous panel endorsing the guilty plea, only had exposure to the Agreed Statement of Facts and the Resolution Agreement with respect to those complainants. No evidence was presented. All five members of the current panel have the same level of exposure to the evidence set out in the Exhibits filed at the motion to stay proceedings.
- On August 15, 2002, CCO notified the Member's counsel as to the composition of the current panel and inquired as to whether she had any objection to it. The only inference that the panel can draw from her failure to respond in a timely fashion is that the panel was acceptable to the Member and his counsel.
- The evidence available to the panel would have been identical to information printed in the annual report, which was available to all members of the profession.
- The fact that the purported allegations of Ms B were included in the Member's motion material neither taints the panel nor gives rise to a reasonable apprehension of bias.
- An informed person, viewing the matter realistically and practically, would conclude, on an objective basis, that this panel could decide the matter fairly and, as such, the threshold for finding a reasonable apprehension of bias has not been met.

### DR. X

#### Allegations

In response to a complaint from a patient alleging that the member had inappropriately touched her during a chiropractic treatment, CCO alleged that the member had committed acts of professional misconduct with respect to a patient, including having engaged in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, contrary to Ss. 51 (1) (c) of the Code and paragraph 1.33 of the Professional Misconduct Regulation.

#### Resolution Agreement

The parties agreed on a resolution summarized below.

- CCO will call no evidence at the Discipline Hearing into the specified allegations of professional misconduct;
- The member will provide a letter of apology to the patient in an approved form in which the member apologizes for any miscommunication between himself and the patient.

#### Decision

The panel, following deliberation, accepted the joint submission and dismissed the allegation.

### DR. ROGER TURNER, BARRIE (Registrant # 1129)

#### Allegations

CCO alleged that Dr. Roger Turner had committed acts of professional misconduct, including engaging in conduct or performing an act or acts that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable 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 agreed to a statement of facts summarized below.

- Dr. Turner (the "Member") has been a member of CCO since 1974. He is a self-employed chiropractor and has two chiropractic offices, one in Barrie, Ontario, and one in North Bay, Ontario.
- CCO received a letter of complaint about the Member's advertising and other activities from a local chiropractic society. The Member had advertised and sent mailings to local residents that included:
  - a letter to a former patient asking why the patient was not attending for treatment, indicating that the patient needed spine and skull treatment immediately, and offering a price special treatment as an inducement to make an appointment;

- a post card advertising an educational video "That could save your life" concerning parasites feeding on humans;
- a letter to patients offering a "Referral Reward Program" where for every referral that becomes a patient, the referring patient would receive a gift certificate at the YMCA or two complimentary adjustments;
- a parasite lifestyle checklist used to diagnose the presence of parasites and recommending a "parasite cleanse" from the Member's office; and
- an endorsement for an "amazing" diet product.

During the course of CCO's investigation into the complaint, the Member admitted that he tests his patients for parasites by having their blood drawn at his clinic and viewing the blood samples through a microscope ("live cell analysis").

The Member acknowledges that chiropractors are not permitted under the *Regulated Health Professions Act* to perform any procedure under the dermis, such as drawing blood, and that they cannot delegate that controlled act to another person. The Member also acknowledges that chiropractors are not permitted to identify for patients whether parasites are present. The Member acknowledges that only licensed collection centres established under the *Laboratory and Specimen Collection Centre Licensing Act* can analyze human blood specimens, and that his clinics are not licensed collection centres.

The Member acknowledges that neither he nor anyone at his clinic has engaged in dark field microscopy or live cell analysis since March 2001.

#### Joint Submission as to Penalty

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

- Finding that the Member has committed acts of professional misconduct, and in particular, he
  - 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, contrary to subsection 51(1)(c) of the Code and paragraph 1.33 of the Professional Misconduct Regulation, and in particular, he:
  - published and/or distributed inappropriate promotional material to patients;

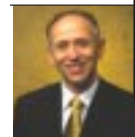
- inappropriately delegated blood testing and analysis of his patients;
- inappropriately delegated dark field microscopy to technicians in his office;
- identified for patients whether parasites were present when he was not qualified to do so; and
- contravened a standard of practice of the profession or failed to maintain the standard of practice of the profession expected of members of the profession with respect to his advertising, contrary to subsection 51(1)(c) of the Code and paragraph 1.2 of the Professional Misconduct Regulation.
- Requiring the Member to appear before the panel to be reprimanded;
- Requiring that the Member comply with the Undertaking signed by him and attached to the Resolution Agreement;
- Requiring the Member to pay a portion of CCO's investigative and legal costs in the amount of \$2,500 with \$300 payable January 1, 2003, and \$200 per month thereafter for 11 months.

#### Decision

The panel, following deliberation, held the joint submission appropriately addressed the Member's professional misconduct and imposed the proposed penalty.

COMMITTEE MEMBERS | DR. GILLES LAMARCHE, *Chair* | MRS. GAIL DIAMOND, *public member* | MRS. HELEN FOSTER, *public member* | DR. BRIAN KLEINBERG, *non-Council member* | DR. ROBIN WHALE, *non-Council member* | STAFF SUPPORT | MS SUE GARGIULO, *Communications Officer* | MS JO-ANN WILLSON, *Registrar and General Counsel*

Report



Dr. Gilles Lamarche

PATIENT RELATIONS COMMITTEE

Although the Patient Relations Committee did not officially meet in 2002, it continued its task of revising a guideline on doctor-patient dating to ensure better protection for both parties. The committee recommended that the guideline (G-006) be made into a standard of practice (S-014: Establishing a Personal Relationship with your Patient, i.e., Dating) and distributed the new standard to members in November 2001. Unlike guidelines, which provide advice or recommendations and are not reflected in legislation, standards of practice are reflected in legislation and failure to maintain a standard of practice is an act of professional misconduct.

The new standard included two important additions: setting a minimum waiting period following the termination of the professional relationship and advising members that, in some cases, it may never be appropriate for them to have a personal relationship with a former patient. For example, when there is an inherent power imbalance or the patient is emotionally vulnerable.

The committee continues to work on establishing this standard and is optimistic that it will be in place shortly.

As chair, I would like to thank the committee members and staff for their continued commitment to this committee.

MANDATE | *To develop and implement a program/guidelines to enhance the doctor-patient relationship.*

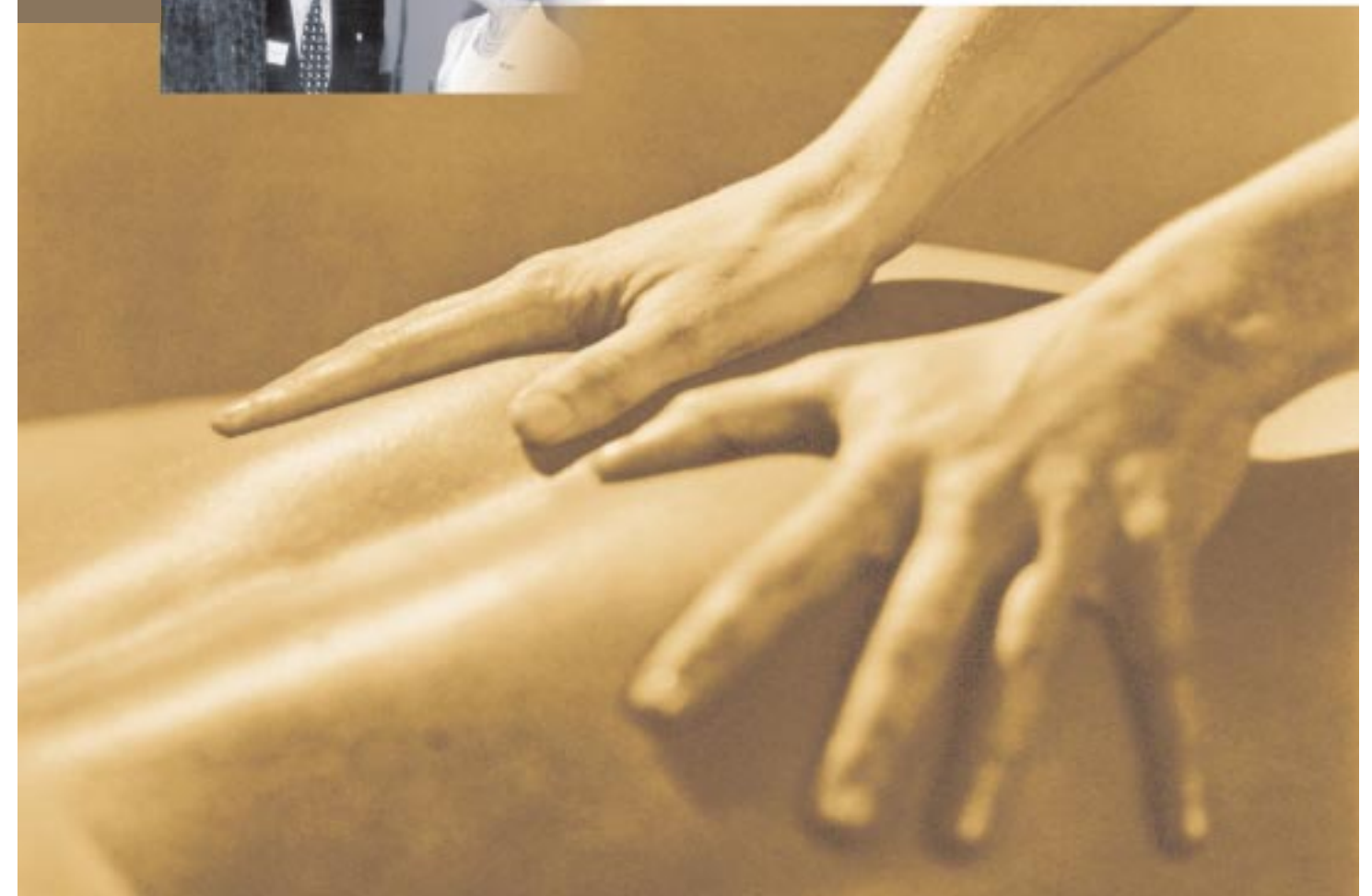
*To develop and implement measures for preventing and dealing with sexual abuse of patients.*

*To develop, establish and maintain programs to assist individuals in exercising their rights under the Regulated Health Professions Act, 1991 (RHPA).*



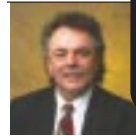
◀ 2001 Annual General Meeting in the Glass Room, Royal Ontario Museum, June 2002

L to R: Dr. Peter Gaibisels, Dr. Don Viggiani, Mrs. Diane Viggiani



Providing competent AND ETHICAL CARE  
THAT IS SAFE AND EFFECTIVE

Report



Dr. David Leprich

REGISTRATION COMMITTEE

In 2002, the Registration Committee recommended revisions to an important piece of legislation (Ontario Regulation 862/93: Registration) that will help facilitate the movement of competent, practising chiropractors from one Canadian jurisdiction to another, in keeping with the tenants of the Mutual Recognition Agreement (MRA).

The MRA is integral to the Agreement on Internal Trade (AIT), an agreement between the federal and provincial governments. The intent of the MRA is to reduce barriers to individuals who conduct business in one province and wish to relocate to another. The expected result for chiropractors is an easing of the restrictions for those who are registered in one province and who wish to become registered in another Canadian jurisdiction.

The committee's recommended revisions to the registration regulation also included a new class of certificate registration called temporary certificates, which will allow non-resident chiropractors to provide chiropractic services to sports teams travelling to Ontario.

In addition to processing an increasing number of new registrations, a variety of registration issues have required the direct involvement of this committee. In an effort to improve the academic environment at the Canadian Memorial Chiropractic College (CMCC), the school invited individuals involved in chiropractic outside Ontario to serve as faculty members. The committee developed a new process to facilitate the registration of these experts.

A number of chiropractors who had started practice in Ontario and then emigrated to other countries expressed interest in returning to Ontario. The committee developed a protocol to ensure that these applications continued to be processed in a timely and equitable manner.

The committee will continue to ensure fair and equitable processing of registration applications in accordance with CCO's mandate. Our challenge is to continue this process as the number and variety of applications increases. It is only because we functioned so well as a committee that we were able to fulfill our mandate.

As chair, I wish to acknowledge and thank the members of this committee, including Dr. Lynda Montgomery and our new public member, Mr. John Quinney. Mr. Quinney replaces Mr. Cal MacPherson, who, in addition to bringing his background to this committee, served as chair for part of 2002.

Resolution of registration issues requires a complete grasp of many regulatory and personal issues. Our Registrar, Ms Jo-Ann Willson, continues to display a comprehensive knowledge on a variety of issues and has been an asset to the committee.

**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.*

Presentation to CMCC  
Students February 11, 2002  
Jurisprudence Class

L to R: Ms Jo-Ann Willson,  
Dr. Keith Thomson (presenters)



Table 1: Chiropractic Colleges of Graduation of Registrants (as at Dec. 31, 2002)

CMCC	2146
National	201
New York	113
Logan	84
Palmer	81
Parker	68
Northwestern	45
Life	31
Los Angeles	20
Life West	20
Western States	14
Palmer West	13
Texas	6
Cleveland (KC)	5
Anglo-European	5
U. of Bridgeport	3
Sherman	3
Cleveland (LA)	3
U. of Quebec-Trois-Rivières	1

Chart 1: Total Members by age group (as at Dec. 31, 2002)

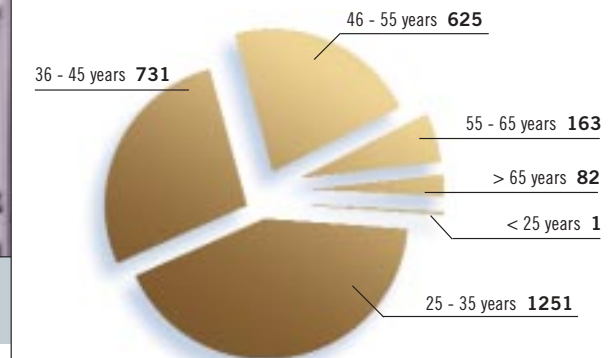


Chart 2: Districts and Member Totals (as at Dec. 31, 2002)

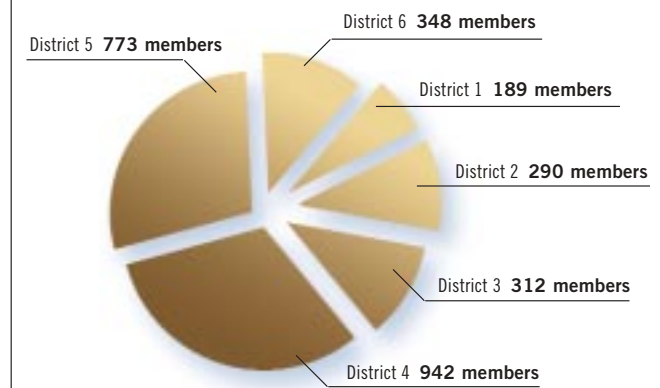
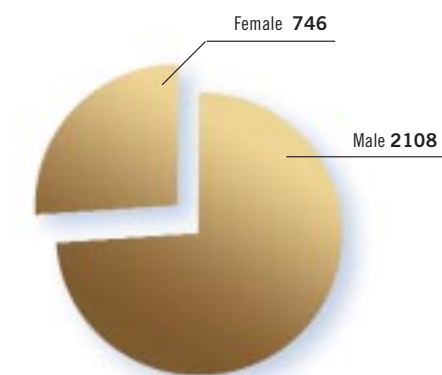
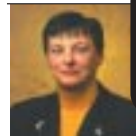


Chart 3: Total Members by Age Group (as at Dec. 31, 2002)





Report



Mrs. Regina Willmann

QUALITY ASSURANCE COMMITTEE

What a year it was! The Quality Assurance Committee met nine times in 2002, and like the previous year, the first item on the agenda was the continued development of two vital components of the Quality Assurance Program – peer assessment and x-ray peer review.

The committee continued to refine the Peer Assessment Program to ensure the program achieves its objective of continuous quality improvement of members through educational, non-threatening interaction with their peers. Trained by the committee, the peer assessors will review members' practices and provide encouragement and advice on key areas of chiropractic practice.

By year's end, CCO Council and committee members and nine out of 10 members of the Ontario Chiropractic Association's (OCA) Board of Directors had either completed or were in the process of being peer assessed. The committee expects to launch the program to the entire membership in the new year by randomly selecting members from every district to participate.

As chair and on behalf of the committee, I would like to express sincere appreciation to all the professional members of the CCO Council, the board members of the OCA, the peer assessors (see Table 1) and those who volunteered to be assessed for participating in this program and providing us with your feedback. Your participation is greatly appreciated and I know that each of you will be able to allay any apprehension the membership may feel about the program. CCO has a program the profession can be proud of and the final outcome will achieve an improved awareness of the standards of the profession and improved care for all current and future patients.

The chair would like to thank the peer assessors for their continued dedication and participation in this important program (see Table 1). The X-ray Peer Review Program also made headway in 2002. In March, several committee members conducted telephone interviews with 13 potential candidates and selected 11 candidates as x-ray peer reviewers – Dr. Gary Bovine, Dr. Percy Chan, Dr. Scott Colasanti, Dr. Marshall Deltoff, Dr. Marc Desjardins, Dr. Lezlee Detzler, Dr. Dario Laurenti, Dr. Larry

McCarthy, Dr. Robert Pollock, Dr. Oryst Swyszcz and Dr. Mark Tulloch. The committee named Dr. Marshall Deltoff as advisor to the program.

The committee discussed the X-ray Peer Review Program two more times, at the June 18 and August 13 meetings, before hosting a training seminar on August 25, 2002. The seminar was well received by the x-ray peer

reviewers. The committee expects to launch the program to the full membership in 2003. The committee also devoted time to reviewing all quality assurance-related regulations, standards of practice, policies and guidelines. Prior to making recommendations to Council, the committee consulted with members and stakeholders to obtain their input. The committee received both written and verbal submissions, which assisted the committee in their deliberations. We thank everyone for their participation. The most contested item was the new standard of practice on techniques, technologies, devices or procedures (S-010). The committee had first distributed this standard in late 2001. However, the feedback was so overwhelming that the committee felt obliged to conduct further discussions with members, including hosting a consultation day, with the Advertising Committee, on June 1, 2002, with more than 70 participants. Council finally approved the standard on June 22, 2002. At an earlier Council meeting, April 20, 2002, Council approved another standard distributed in 2001 – S-011: Dual Registrants.

As part of its ongoing review, the committee distributed in the fall the following items for members' review, which Council approved on November 30, 2002: Quality Assurance regulation, Record Keeping regulation, S-001: Professional Portfolio, S-002: Record Keeping, S-004: Reporting of Diseases, and S-013: Consent.

The success of any program or committee is entirely dependent on the commitment of its members. I would like to take this opportunity to acknowledge the efforts of all members of the committee, who work so hard, and to a most committed and knowledgeable support staff, Ms Sue Gargiulo, Communications Officer, and Ms Jo-Ann Willson, Registrar and General Counsel.

I would like to also like to express our sincere gratitude to past members Dr. Donald Viggiani and Mrs. Gail Diamond for their commitment and passion to ensuring the advancement of the quality assurance program at CCO.

**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.*



◀ In 2002, a number of members attended Council and consultation meetings to discuss issues such as advertising and quality assurance.



Honouring OUR PATIENTS AND ASSURING THEM OF QUALITY CARE

COMMITTEE MEMBERS | DR. MICHAELA CADEAU, *Chair* | MR. JOHN BOLUS, *public member* |  
 MS CORRINE HARDEY, *public member* | DR. JOHN SCHELLENBERG | DR. KEITH THOMSON |  
 STAFF SUPPORT | MS JILL SILK, *Administrative Assistant* | INSPECTORS | DR. RHONDA  
 KIRKWOOD | DR. NATALIA LISCHYNA | DR. WILLIAM MCCALLUM | DR. LARRY MCCARTHY

Report



Dr. Michaela Cadeau

CHIROPRACTIC REVIEW COMMITTEE

The Chiropractic Review Committee (CRC) is a statutory committee of the CCO under the *Health Insurance Act* (R.S.O.). All self-regulated professions that submit accounts to the Ontario Health Insurance Plan (OHIP) have such a committee, funded by the Ministry of Health and Long-Term Care.

CRC's primary responsibility is to assess referrals from OHIP's general manager. As part of the ongoing auditing process, the general manager may refer members to the committee for review.

Reasons for referrals include determining:

- whether the service was rendered;
- whether the nature of the service was misrepresented;
- whether the services were therapeutically necessary; and
- whether the services were provided in accordance with accepted professional standards.

When the general manager of OHIP makes a referral to the committee, CRC conducts a thorough investigation, which may include inspection of the member's practice and an interview with the member. CRC then 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.

Referrals to CRC can be cited under the following sections of the HIA; Section 39.1 (2) – full review; Section 18.1 (3) – member requests a full committee review; and Section 18.1 (4) – member requests a single committee member review.

Ontario Regulation 149/00 under the HIA came into effect in March, 2000. In cases where recoveries are directed against members, the member will now also assume the full cost of

Table 1: CRC Activities in 2001

Referrals:		
In progress January 1, 2002		3
Received in 2002		
Full review		5
Expedited review		0
Completed in 2002		2
In progress at the end of 2002		6
Inspections:		
Completed in 2002		3
Pending at the end of 2002		3
Interviews:		
Conducted in 2002		1
Pending in 2002		5
Settlement Agreements:		
In progress January 1, 2002		2
Received in 2002		0
Completed in 2002		2
In progress at the end of 2002		

the review, plus the applicable interest on the recovery directed and calculated from the first day of the referral period.

2002 Activities

CRC held seven regular meetings and two teleconference meetings in 2002.

On January 30, 2002, Dr. Cadeau addressed the third and fourth-year jurisprudence students at the Canadian Memorial Chiropractic College.

On September 17, 2002, CRC participated in a joint meeting with CCO and the Ministry of Health and Long-Term Care (MOHLTC) to discuss a Memorandum of Understanding and other administrative issues of concern to all parties involved. The Memorandum of Understanding relates to OHIP's classification of CRC as an adjudicative agency. CRC declined to sign the Memorandum of Understanding with the Ministry.

On November 9, 2002, CRC hosted a workshop for inspectors, which was well received by the participants. Dr. Allan Horowitz completed his second appointment with CRC and his maximum nine-year term with CCO. The committee thanks Dr. Horowitz for his hard work and contributions. Dr. John Schellenberg was appointed to CRC for a one-year term.

The adjoining table summarizes CRC's activities in 2002 in relation to the assessment of perceived billing irregularities.

**MANDATE** | *To investigate and respond to referrals from the General Manager of OHIP relating to perceived billing irregularities under the Health Insurance Act.*



2001 Annual General Meeting in the Glass Room, Royal Ontario Museum, June 2002

Dr. Drew Potter, Dr. Michaela Cadeau



We are poised to become a leader in  
 IMPROVING THE HEALTH OF ONTARIANS

COMMITTEE MEMBERS | DR. DREW POTTER, *Chair* | DR. PETER AMLINGER, *non-Council member* |  
MRS. HELEN FOSTER, *public member* | DR. DAVID LEPRICH | STAFF SUPPORT | MS SUE GARGIULO,  
*Communications Officer*

Report



Dr. Drew Potter

ADVERTISING COMMITTEE

Following extensive consultation with members and other stakeholders, the Advertising Committee successfully amended the long-contested advertising standard of practice (S-003: Advertising) and guideline (G-003: Advertising Code). The revised standard and guideline attempt to open up the advertising rules for members while adhering to the provisions set up by the Ministry of Health and Long-Term Care and protecting the public.

On June 1, 2002, with the Quality Assurance Committee, the Advertising Committee hosted a consultation day with more than 70 members to discuss proposed changes to the advertising standard and guideline. The committee met with a smaller group on August 20, 2002, to discuss additional recommendations. Following a few minor revisions, Council adopted the committee's recommendations at the September 21, 2002, Council meeting.

The revised standard and guideline encourage the dissemination of ethical, professional and factual information to the public to help them in their health care choices.

The committee reminds members to submit their proposed advertising for review before publication. The turnaround for a response is approximately 10 business days.

The committee also reminds members that advertisements must not contain:

- anything false or misleading;
- anything that, because of its nature, cannot be verified;
- reference to the member being a specialist, unless the member is recognized pursuant to CCO's policy as a specialist, and the specialty is disclosed (i.e., chiropractic sciences, radiology, chiropractor sports sciences, chiropractic orthopedics and chiropractic rehabilitation sciences);
- an endorsement other than an endorsement by an organization that has expertise relevant to the subject matter of the endorsement;
- a testimonial, except for a generic testimonial;
- a reference to a particular brand of device or technique used to provide health care services, except within the member's office;
- a guarantee as to the success of the services provided;

- any comparison to another member's or other health care provider's practice, qualifications or expertise;
- any reference to free or discounted diagnostic or treatment services, except within the member's office;
- a reference to the member being a member or affiliated with any professional association, society or body other than CCO; and
- material that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional.

As chair, I would like to thank Mrs. Helen Foster, Dr. Peter Amlinger and Dr. David Leprich for their thoughtful contributions to committee decisions. Ms Sue Gargiulo has been indispensable in coordinating our work and communicating to members. Her excellent support and good humour are greatly appreciated.

**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).*

FITNESS TO PRACTICE COMMITTEE

COMMITTEE MEMBERS | DR. BRIAN SCHUT, *Chair* | MS CLARISSA D'CUNHA, *public member* | DR. DAVID LEPRICH | STAFF SUPPORT | MS JO-ANN WILLSON, *Registrar and General Counsel*

The Fitness to Practice Committee did not meet in 2002.

On April 12, 2002, Ms Jo-Ann Willson, Mrs. Gail Diamond (public member) and the chair attended a seminar on professional addiction, hosted by the Medico-Legal Society. Future conferences such as this one would be invaluable for members of Council and specifically members of this committee.

**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.*



◀ Council on Licensure, Enforcement and Regulation Conference, September 2002

Seated L to R: Mr. Lorne Honickman, Mr. Irwin Fefergrad (Registrar, Royal College of Dental Surgeons), Mr. Gilbert Sharpe



Strengthening THROUGH ATTENTION TO OUR ORGANIZATIONAL ARRANGEMENTS.

## AUDITORS REPORT


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, 2002, 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, 2002, 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  
April 20, 2003

statement of


## FINANCIAL POSITION

### Statement 1

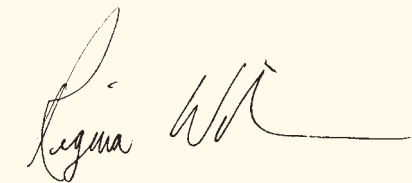
December 31, 2002  
(With 2001 Comparisons)

	2002	2001
<b>Assets</b>		
Current		
Bank	\$ 480,372	\$ 513,674
Short-term Investments	2,209,291	2,508,561
Prepaid Expenses and Sundry Assets	13,851	21,941
	<u>2,703,514</u>	<u>3,044,176</u>
Capital (Note 2)	93,520	121,388
<b>Total Assets</b>	<b><u>\$2,797,034</u></b>	<b><u>\$3,165,564</u></b>
<b>Liabilities</b>		
Current		
Accounts Payable and Accrued Liabilities	\$ 240,039	\$ 73,573
Deferred Revenue	284,898	263,545
<b>Total Liabilities</b>	<b><u>524,937</u></b>	<b><u>337,118</u></b>
<b>Net Assets (Per Statement 2)</b>	<b><u>2,272,097</u></b>	<b><u>2,828,446</u></b>
<b>Total Liabilities and Net Assets</b>	<b><u>\$2,797,034</u></b>	<b><u>\$3,165,564</u></b>

Approved on behalf of College:



Director



Director

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

STATEMENT OF OPERATIONS

Statement 3

for the year ended December 31, 2002  
(With 2001 Comparisons)

	2002	2001
<b>Income</b>		
Renewal Fees	\$1,852,560	\$1,721,373
Registration Fees	77,250	80,275
Examination Fees	48,332	50,022
Recovery of Discipline Costs	2,000	15,000
Interest & Sundry	83,123	154,842
<b>Total Income</b>	<b>2,063,265</b>	<b>2,021,512</b>
<b>Expenditures</b>		
Salaries and Benefits (Note 3)	618,999	594,446
Pension – Past Service (Note 4)	9,600	9,600
Consulting Fees	65,218	51,851
Rent and Utilities (Note 5)	205,682	216,887
Telephone	18,405	18,988
Office Supplies and General	223,774	209,565
Printing	167,023	136,773
Postage	33,699	27,070
Insurance	12,614	10,398
Meetings, Fees and Expenses (Schedule 1)	265,520	255,568
Audit	13,557	14,103
Federation Meetings	17,740	13,274
CFCRB Assessments	25,000	25,000
Regulated Health Professions Act	1,487	8,598
Consulting Fees – Complaints	10,221	28,613
Consulting Fees – Discipline	7,946	40,962
Legal Fees – Complaints	6,068	1,567
Legal Fees – Executive	18,770	5,421
Legal Fees – Discipline	241,905	98,621
Legal Fees – General	19,354	66,659
Equipment Lease (Note 5)	32,473	20,996
Media Advertising	4,309	5,923
<b>Total Expenditures</b>	<b>2,019,364</b>	<b>1,860,883</b>
Excess of Income over Expenses before Amortization	43,901	160,629
Amortization	31,929	43,047
<b>Excess of Income Over Expenditures</b>	<b>\$ 11,972</b>	<b>\$ 117,582</b>

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

CHANGES IN NET ASSETS

Statement 2

for the year ended December 31, 2002 (with 2001 Comparisons)

	2002	2001
<b>Unrestricted Fund</b>		
Balance, January 1,	\$2,734,215	\$2,886,633
Add: Excess of Income Over Expenditures (Per Statement 3)	11,972	117,582
	2,746,187	3,004,215
Less: Transfer to Restricted Fund	(575,000)	(270,000)
Balance, December 31,	2,171,187	2,734,215
<b>Restricted Fund (Note 6)</b>		
Balance, January 1,	\$ 94,231	\$ –
Add: Transfer from Unrestricted Fund	575,000	270,000
	669,231	270,000
Less: Legal fees paid during the year	(568,321)	(175,769)
Balance, December 31,	100,910	94,231
<b>Total</b>	<b>\$2,272,097</b>	<b>\$2,828,446</b>

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

CASH FLOW

Statement 4

for the year ended December 31, 2002 (with 2001 Comparisons)

	2002	2001
<b>Cash and Equivalents Provided by (used for):</b>		
<b>Operating Activities</b>		
Excess of Income over Expenditures (per Statement 3)	\$ 11,972	\$ 117,582
Restricted Fund Expenditures during the year (per Stmt 2)	(568,321)	(175,769)
Amortization – Capital Assets	31,929	43,047
Decrease (Increase) in Prepaid Expenses and Sundry Assets	8,090	(8,618)
Increase in Accounts Payable and Accrued Liabilities	166,465	42,514
Increase in Deferred Revenue	21,353	126,920
	(328,512)	145,676
<b>Investing Activities</b>		
Purchase of Capital Assets (Net)	(4,060)	(21,403)
Change in Cash and Equivalents During the Year	(332,572)	124,273
Change in Cash and Equivalents at the Beginning of the Year	3,022,235	2,897,962
<b>Cash and Equivalents at the End of the Year</b>	<b>\$2,689,663</b>	<b>\$3,022,235</b>
Cash and Equivalents Represented by:		
Bank	\$ 480,372	\$ 513,674
Short-term Investments	2,209,291	2,508,561
	<b>\$2,689,663</b>	<b>\$3,022,235</b>

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

**MEETINGS, FEES & EXPENSES****Schedule 1**

for the year ended December 31, 2002 (with 2001 Comparisons)

	<b>Fees</b>	<b>Expenses</b>	<b>Total 2002</b>	<b>Total 2001</b>
Dr. A.C. Gotlib 1	\$ 22,750	\$ 5,068	\$ 27,818	\$ 40,704
Dr. Gilles Lamarche 2,5	18,075	28,107	46,182	41,913
Dr. Jacques Laquerre 3,6	9,925	15,983	25,908	31,404
Dr. David Leprich 4,7,8	5,100	1,635	6,735	8,359
Dr. Lynda A. Montgomery 3,7	11,725	8,285	20,010	21,802
Dr. Andrew R. Potter 1,8	10,050	7,076	17,126	16,907
Dr. Brian Schut 4	3,075	918	3,993	7,555
Dr. Keith Thomson 1,2	63,350	28,990	92,340	67,439
Dr. Donald Viggiani 1,6	14,100	10,026	24,126	17,079
Ms Jo-Ann Willson	-	1,282	1,282	2,406
	<b>\$158,150</b>	<b>\$107,370</b>	<b>\$265,520</b>	<b>\$255,568</b>

Note: Numbers refer to committee membership, April - December 2002

Executive	1
Complaints	2
Discipline	3
Fitness to Practice	4
Patient Relations	5
Quality Assurance	6
Registration	7
Advertising	8

**FINANCIAL STATEMENTS**

December 31, 2002

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

The College of Chiropractors of Ontario governs and regulates chiropractic in Ontario. 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(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 of 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**

	Cost	Accumulated Amortization	2002 Net	2001 Net
Furniture and Office Equipment	\$266,484	\$211,399	\$ 55,085	\$ 68,981
Computer and Software	254,701	216,266	38,435	52,407
	<b>\$521,185</b>	<b>\$427,665</b>	<b>\$ 93,520</b>	<b>\$121,388</b>

**3. Salaries and Benefits**

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

**4. Pension Plan - Past Service**

Commencing 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 space and equipment. The lease for office space expires November 30, 2003 and the leases for equipment expire at various dates up to 2005. The basic minimum annual payments over the next three years are as follows:

Office space		Equipment	
2003	\$199,683	2003	\$ 34,768
		2004	34,768
		2005	24,270

**6. Restricted Fund**

During the year the College transferred \$575,000 to be used for the Coroner's Inquest. These funds are not available for unrestricted purposes without approval of the Executive Committee. During 2002 \$568,321 of the restricted funds were used for these purposes.

**7. Comparative Figures**

Some comparative figures have been reclassified to conform with the current year's presentation.

COUNCIL AND STAFF 2002



**College of Chiropractors of Ontario– Staff 2002**

Front Row L to R: Ms Karen McGrady, *Receptionist*, Ms Rose Bustria, *Administrative Assistant*, Ms Maria Simas, *Registration Coordinator*, Ms Tina Perryman, *Complaints Coordinator*, Ms Jo-Ann Willson, *Registrar and General Counsel*  
 Back Row L to R: Ms Patricia Henshaw, *Recording Secretary*, Ms Kristina Mulak, *Investigations/Resolutions Officer*, Ms Ann Duncan, *Financial Officer*, Ms Sue Gargiulo, *Communications Officer*

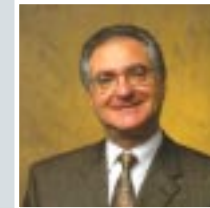
“We are united as council AND SUPPORTED BY A STRONG AND EFFECTIVE STAFF.”



**College of Chiropractors of Ontario– Council Members 2002**

Front Row L to R: Mrs. Regina Willmann, Dr. Lynda Montgomery, Dr. Drew Potter, Ms Jane Ann McLachlan, Dr. Jacques Laquerre, Dr. Michaela Cadeau, Dr. Don Viggiani, Mr. Cal MacPherson, Mrs. Gail Diamond, Dr. Gilles Lamarche, Ms Jo-Ann Willson  
 Back Row L to R: Ms Clarissa D’Cunha, Dr. Brian Schut, Mrs. Helen Foster, Dr. David Leprich, Dr. Keith Thomson, Dr. Allan Gotlib

COUNCIL MEMBERS 2002



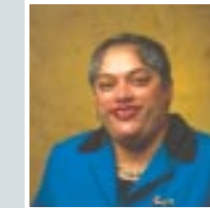
**Dr. Allan Gotlib**  
*President*  
 Committee: Executive – Chair



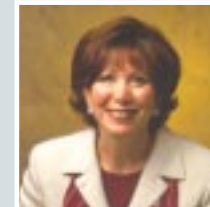
**Dr. Keith Thomson**  
*Vice President*  
 Committee: Executive – Vice Chair  
 Complaints – Chair



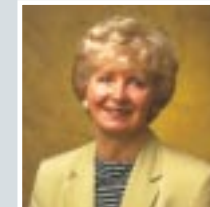
**Mrs. Regina Willmann**  
*Treasurer*  
 Committees: Quality Assurance – Chair, Executive, Complaints



**Ms Clarissa D’Cunha**  
 Committee: Fitness to Practice



**Mrs. Gail Diamond**  
 Committees: Executive, Discipline, Patient Relations, Quality Assurance



**Mrs. Helen Foster**  
 Committees: Discipline, Patient Relations, Advertising



**Dr. Gilles Lamarche**  
 Committees: Patient Relations – Chair, Complaints



**Dr. Jacques Laquerre**  
 Committees: Discipline, Quality Assurance

“We have much to celebrate. WE ARE COMMITTED TO PLAN FOR A STRONG AND EFFECTIVE FUTURE.”



**Dr. David Leprich**  
 Committees: Registration – Chair, Advertising, Fitness to Practice



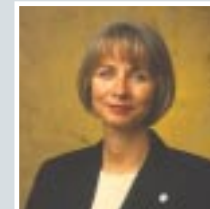
**Mrs. Ruth Mabee**  
 Committees: Complaints – alternate, Discipline – alternate



**Mr. Calvin MacPherson**  
 Committees: Executive, Registration



**Jane Ann McLachlan**  
 Committee: Discipline – alternate



**Dr. Lynda Montgomery**  
 Committees: Discipline – Chair, Registration



**Dr. Drew Potter**  
 Committees: Advertising – Chair, Executive, Fitness to Practice



**Dr. Brian Schut**  
 Committee: Fitness to Practice – Chair



**Dr. Donald Viggiani**  
 Committees: Executive, Quality Assurance

THE YEAR IN REVIEW

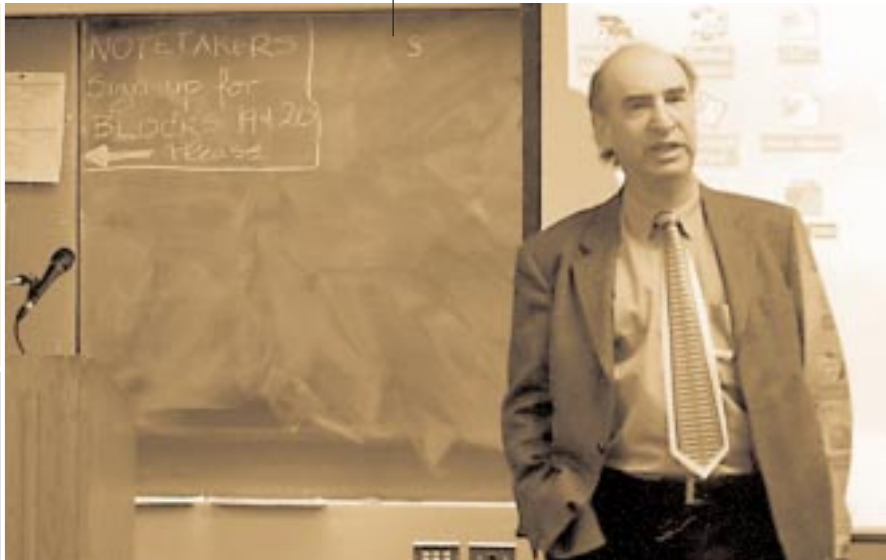
• 2001 Annual General Meeting

L to R: Dr. Brian Schut, Dr. John Schellenbergh, Dr. Dennis Mizel, Dr. David Leprich



• Presentation to CMCC Students February 11, 2002  
Jurisprudence Class

Mr. Allan Freedman, Instructor



• Strategic Planning Retreat

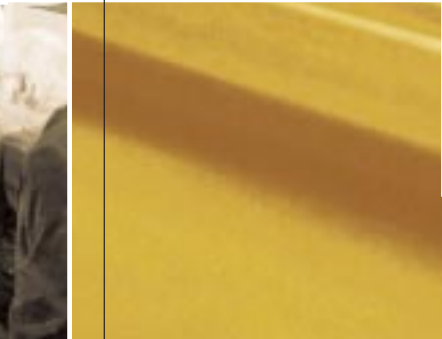
Niagara-on-the-Lake, September 2002

L to R: Mrs. Judy MacPherson, Dr. Jacques Laquerre, Dr. Brian Schut, Dr. Don Viggiani



• 2001 Annual General Meeting

L to R: Mrs. Helen Foster, Dr. Jacques Laquerre, Mr. Calvin MacPherson



• Presentation to CMCC Students  
February 11, 2002  
Jurisprudence Class

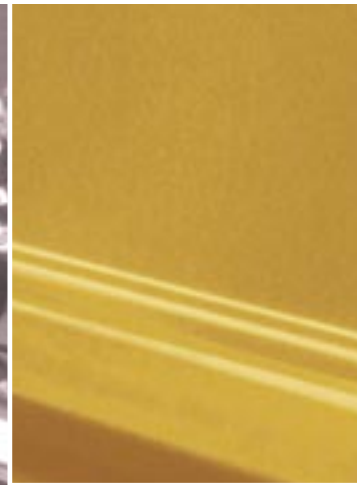
Presenters: Dr. Keith Thomson (standing), Ms Jo-Ann Willson (not shown)



• Council Meeting April 20, 2002



• 2001 Annual General Meeting in the Glass Room, Royal Ontario Museum, June 2002  
Dr. Lynda Montgomery



• 2001 Annual General Meeting in the Glass Room, Royal Ontario Museum, June 2002  
L to R: Dr. Gilles Lamarche, Ms Clarissa D'Cunha

• 2001 Annual General Meeting in the Glass Room, Royal Ontario Museum, June 2002  
L to R: Ms Deborah Worrada, President, Federation of Health Regulatory Colleges; Dr. Peter Gaibisels, Dr. Stanley Gorchynski

• 2001 Annual General Meeting in the Glass Room, Royal Ontario Museum, June 2002  
L to R: Mrs. Gail Diamond, Mrs. Helen Foster

**“OUR FOCUS MOVES FROM THE CURRENT EXPECTATIONS WE HAVE, TO A VISION OF FUTURE SUCCESS”**

*—Sustaining the Momentum, Strategic Planning 2002-2005*



**A Toast to Our DCs** *by Gail Diamond*

This is a year we will long remember,  
 How quickly time flew from January to December.  
 The year 2002 was filled with meetings galore,  
 And there was not one issue that we could ignore.  
 The CCO, the OCA, the CFCRB,  
 The CPA, the CRC – how many more could there be?  
 The MRA, the AIT, and the CCEB,  
 The CCPA, CMCC, and does that include BC?  
 Our DCs come to the CCO,  
 Elected by their peers,  
 To serve and guide their profession,  
 For a term that lasts three years.  
 They are so knowledgeable and patient,  
 You know how much they care.  
 All information with public members,  
 They so generously share.  
 And we try to get it all straight,  
 Without miscalculation,

Is that policy correct?  
 Or is it now a regulation?  
 I am so very honoured,  
 To make this toast tonight,  
 As I stand here before you,  
 I want to get it just right.  
 To Allan, Keith, Jacques, Gilles and David,  
 Lynda, Drew, Brian and Don,  
 We hope the year ahead is filled with joy,  
 And your days be healthy and long.  
 And may your holidays be merry,  
 Filled with happiness and cheer.  
 With our very warmest wishes,  
 For the coming year.  
 Will you please raise your glasses,  
 To the finest DCs we know.  
 Our very dear elected members  
 Of the CCO.

**Legend**

- CCO** – College of Chiropractors of Ontario
- OCA** – Ontario Chiropractic Association
- CFCRB** – Canadian Federation of Chiropractic Regulatory Boards
- CRC** – Chiropractic Review Committee
- MRA** – Mutual Recognition Agreement
- AIT** – Agreement on Internal Trade
- CCEB** – Canadian Chiropractic Examining Board
- CCPA** – Canadian Chiropractic Protective Association
- CMCC** – Canadian Memorial Chiropractic College
- BC** – British Columbia



**Council on Licensure Enforcement and Regulation Conference, September 2002**

L to R: Mr. Gary Luftspring, Ms Deanna Laws, Registrar, College of Pharmacists



**Chiropractic Organization's Holiday Party December 2002**

L to R: Mr. Jim Duncan, *Canadian Chiropractic Association*; Mr. David Chapman-Smith, *World Federation of Chiropractic*; Mr. Peter Waite, *Canadian Federation of Chiropractic Regulatory Boards*; Ms Jo-Ann Willson, *CCO*; Mr. Bruce Squires, *Ontario Chiropractic Association*; Dr. Greg Dunn, *Canadian Chiropractic Protective Association*



**Canadian Federation of Chiropractic Regulatory Boards CFCRB Conference, Calgary, Alberta, November 2002**

Back Row: Mr. Peter Waite, *Executive Director; CFCRB*, Dr. Keith Thomson, *Vice-President*; Dr. Danny St. Germain, *Past President*  
 Front Row: Dr. Wanda Lee MacPhee, *President*; Dr. Renee Rogers, *Treasurer*; Ms Jo-Ann Willson, *Registrar and General Counsel, CCO*