

2003 ANNUAL REPORT



College of Chiropractors of Ontario

130 Bloor St. West, Suite 902
Toronto, Ontario M5S 1N5
Tel: (416) 922-6355
Fax: (416) 925-9610
E-mail: cco.info@cco.on.ca
Website: www.cco.on.ca

THE COLLEGE OF CHIROPRACTORS OF ONTARIO

THE COVER PHOTO AND THEME OF THIS REPORT
DYNAMIC GOVERNANCE | *for an active public*
 CONVEY THE IMPORTANCE OF ENSURING
 THE HIGHEST QUALITY OF CHIROPRACTIC CARE TO ENABLE
 PATIENTS TO ENJOY ACTIVE LIVES.

C O N T E N T S

President's Message	2
Vision Statement	3
Registrar's Report	4
<i>The Chiropractic Act 1991</i>	5
<i>Committee Reports</i>	
Executive	7
Complaints	9



M I S S I O N

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

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

APPROVED APRIL 12, 2003.

Discipline	13
Discipline Decisions	14
Patient Relations	21
Quality Assurance	22
Registration	24
Advertising	29
Fitness to Practise	29
Chiropractic Review	31
<i>Auditor's Report</i>	32
Statement of Financial Position	33
Notes to Financial Statements	37
Council Members 2003	38
The Year in Review	40



PRESIDENT'S MESSAGE

Dr. Allan Gottlieb
President

Knowing the road ahead

AS I LOOK BACK ON THE YEAR IN 2003, I REALIZE JUST HOW MANY DEDICATED PEOPLE AT CCO are involved in fulfilling a public interest and just how many challenges we faced as a regulator. I have had the good fortune throughout the year to work with a host of very talented professional people – Drs. Drew Potter, Keith Thomson, Gilles Lamarche, Jacques Laquerre, David Leprich, Lynda Montgomery, Brian Schut, Marshall Deltoff, Jeff Lustig, Brian Kleinberg, Bruce Walton, Joel Weisberg, Doug Brown, and the late Richard Bray. I sincerely commend their diligence and perseverance and I am very proud to be able to say that I am their colleague. They are all exemplary doctors who are focused on protecting our patients.

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

Public representatives may indeed have their own distinct views about our profession and Ontario's health care system. They test our waters and gage clarity and depth and, to date, I believe it is fair to say they trust our profession and that it has credibility. Our profession has been clearly enriched by the participation and guidance of CCO's public representatives. I truly thank Ms Georgia Allan, Ms Clarissa D'Cunha, Mrs. Helen Foster, Mr. Rick Frame, Ms Jane Ann McLachlan, Mr. John Quinney and Mrs. Regina Willmann. In fact, I find it extraordinary that three of the public representatives are actually chairs of a statutory committee at CCO – Discipline, Quality Assurance and Patient Relations.

All nine professional members have been tireless proponents of facilitating a trusting and credible relationship with our public representatives at CCO. Here, in this environment, issues are endlessly discussed, thoroughly debated, and eventually resolved only with the consent of seven government-appointed public representatives who carry tremendous influence with government and the public. The doctors on Council at all times devoted countless hours at great sacrifice to their practice and family to ensure that the issues were managed fairly, competently and, most important-

ly, in the public's best interest. These were duties charged to Council members in law and they all took these responsibilities very seriously.

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

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

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

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

Self-regulation represents our profession's best value in Ontario's health care system. It allows us to not only protect the public interest but also to advance the public interest through innovation, collective knowledge, imagination and continuous quality improvement. With such dedicated individuals at CCO, the future for chiropractic patients looks very promising.

As I come to the end of my term as president, I reflect over my final year at CCO. I am heartened and astonished by the amazing opportunities I have had to learn about administrative health law and self-governance from extraordinarily talented people, such as our Registrar and General Counsel, Ms Jo-Ann Willson. I have crossed paths with hundreds of people over the last 18 years and along the way I have been richly rewarded by an absolutely wonderful and fascinating journey. I am filled with gratitude.

VISION STATEMENT

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 on 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.

DEVELOPED AT THE STRATEGIC PLANNING WEEKEND: *September 21-22, 2002*

APPROVED BY COUNCIL: *April 12, 2003*



REGISTRAR'S REPORT

Ms Jo-Ann Willson
Registrar and General Counsel

Tell the truth, WHAT'S THE FIRST THING YOU LOOKED AT WHEN YOU OPENED CCO'S 2003 ANNUAL REPORT? The financial statements? I doubt it. The photographs? Maybe. But I'm prepared to guess that the majority of readers turned first to the Discipline Committee report and summary of decisions. That's the feedback I consistently receive whenever I speak to members, students, or anyone involved in the chiropractic community. Part of it is curiosity over who's been in trouble the past year. Part of it is that the decisions occasionally read like novels and no one can believe some of the events actually occurred.

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

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

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

I would like to take the opportunity to thank two long-standing members of the Discipline Committee who served in 2003, namely, the late Dr. Richard Bray and Dr. Douglas Brown. It is no easy task to stand in judgment of your peers, and both of these gentlemen did so with integrity and impartiality, and I am grateful for their efforts. On behalf of CCO, I also appreciate the

efforts of the Chair of the Discipline Committee, Mrs. Helen Foster, and the committee members, including Ms Jane Ann McLachlan who completed her last full year on Council in 2003. These individuals have an unenviable, but essential task in the role of self-regulation.

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

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

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

SCOPE OF PRACTICE

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

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

AUTHORIZED ACTS

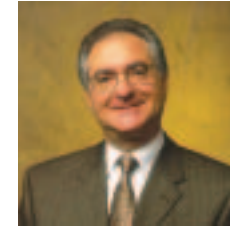
In the course of engaging in the practice of chiropractic, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

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.



QUALITY CHIROPRACTIC CARE
 CONTRIBUTES TO QUALITY OF LIFE
 WELL INTO THE GOLDEN YEARS

EXECUTIVE COMMITTEE REPORT



COMMITTEE MEMBERS

Dr. Allan Gotlib
 Chair

Dr. Drew Potter
 Vice Chair

Dr. Jacques Laquerre
 Treasurer

Mrs. Helen Foster

Mr. Richard Frame

Dr. Lynda Montgomery

Mrs. Regina Willmann

STAFF SUPPORT

Ms Jo-Ann Willson
 Registrar and General Counsel

In 2003, between the meetings

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

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

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

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

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

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

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

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

MANDATE | To exercise the powers of Council between meetings of Council with respect to any matter requiring immediate attention other than the power to make, amend or revoke a regulation or by-law. | To review reports of investigations carried out pursuant to Ss. 75(a) of the Regulated Health Professions Act, 1991, and to make decisions concerning the referral of specified allegations of professional misconduct to the Discipline Committee and the imposition of interim terms, conditions or limitations on a member’s certificate of registration. | To provide leadership in exercising CCO’s mandate to regulate chiropractic in the public interest.



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

COMPLAINTS COMMITTEE REPORT



COMMITTEE MEMBERS

Dr. Gilles Lamarche
Chair

Ms Clarissa D’Cunha
alternate, public member

Dr. Lezlee Detzler
non-Council member

Dr. Brian Schut

Mrs. Regina Willmann
public member

STAFF SUPPORT

Ms Kristina Mulak
Investigations/Resolutions Officer

Ms Tina Perryman
Complaints Coordinator

The Complaints Committee

(the “Committee”) met 14 times in 2003 and completed a total of 95 decisions.

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

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

Disposition of Complaints Following an appropriate investigation, the Committee reviews all complaints to determine whether it should:

- refer specified allegations of professional misconduct or incompetence to the Discipline Committee;
- refer the member to the Executive Committee for incapacity proceedings where there is a possible physical or mental impairment;
- require the member to appear to be cautioned;
- take other action consistent with the legislation, including referring a matter involving behaviour or remarks of a sexual nature to the Quality Assurance Committee; or
- take no further action.

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

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

Health Professions Appeal and Review Board (HPARB)

Under the *RHPA*, HPARB may review certain decisions of the Complaints Committee, other than a referral to the Discipline Committee, when either the complainant or the member is dissatisfied with the decision.

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

Acknowledgements

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

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

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



**DYNAMIC GOVERNANCE
ASSURING THE PUBLIC
AT EVERY AGE LEVEL**

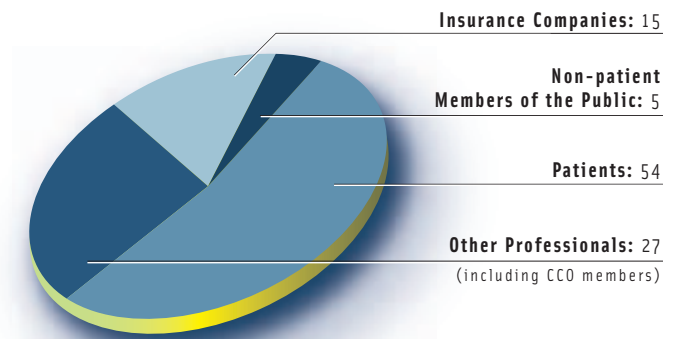
Dr. John Schellenberg's Mural
*Young people are encouraged to have a positive and fun
experience when they visit the doctor's office.*

COMPLAINTS COMMITTEE REPORT

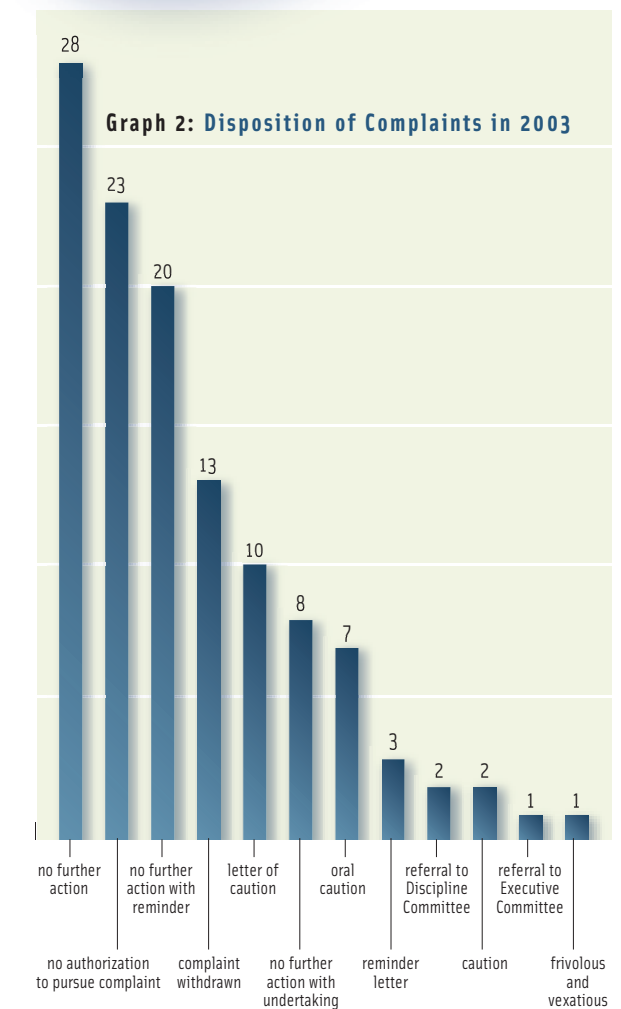
Table 1: Areas of Concern Identified by Complainants in 2003

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

Graph 1: Origin of Allegations in 2003



Graph 2: Disposition of Complaints in 2003





COMPETENT, ETHICAL
CHIROPRACTIC CARE ALLOWS
THE PUBLIC TO ENJOY
A BALANCED LIFE



DISCIPLINE COMMITTEE REPORT



CORE COMMITTEE
Mrs. Helen Foster
Chair

Dr. Richard Bray
non-Council member
Dr. Douglas Brown
non-Council member

Ms Jane Ann McLachlan STAFF SUPPORT
Dr. Lynda Montgomery **Ms Jo-Ann Willson**
Registrar and General Counsel
Dr. John Schellenburg

All members of Council are potentially members of the Discipline Committee.

General Comments About the Discipline Process

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

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

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

- are recommended by the pre-hearing conference chair who conducts the pre-hearing conference;
- require any dispute with respect to the interpretation and implementation of the Agreement to be referred to a panel of the Committee, which has the power to resolve the dispute;
- require that the member not appeal or request a review of the decision, with the exception of any interpretation or implementation disputes; and
- provide that the results of the proceedings be recorded in the public portion of the register and published in the annual report or other publications at the discretion of CCO.

In circumstances in which the Committee accepts an Agreement, it generally:

- concludes that the proposed resolution is reasonable and in the public interest; and

- notes that the Member has cooperated with CCO and, by agreeing to the facts and the proposed resolution, has accepted responsibility for his/her actions and has avoided unnecessary expense to CCO.

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

Discipline in 2003

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

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

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

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

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

Dr. Ogi Ressel, Burlington**Summary of 2002 Committee Decision**

In 2002, a panel determined that Dr. Ogi Ressel (the “Member”) had committed the following acts of professional misconduct during his treatment of minor patient Ms A contrary to ss. 51 (1)(c) of the Code and paragraphs 1 (5)(33)(2)(14) and (17) of the Professional Misconduct Regulation:

- during the period January 12, 1999, to April 7, 1999, he abused Ms A verbally, psychologically and emotionally;
- during the period January 12, 1999, to April 7, 1999, he engaged in conduct or performed an act or acts that, having all regard for the circumstances, would reasonably be regarded by members as unprofessional, and in particular, that he made unprofessional comments to Ms A and her mother;
- during the period January 12, 1999, to April 7, 1999, he contravened a standard of practice of the profession or failed to maintain the standard of practice of the profession expected of members of the profession, with respect to his record keeping relating to Ms A;
- during the period January 12, 1999, to April 7, 1999, he provided therapeutic services that were not necessary to 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.

The panel ordered a suspension of nine months, oral reprimand, a term, condition or limitation on the Member’s licence requiring that he complete a course in communicating with clients, and a record keeping course, and upon return to practice, he permit assessments of his practice at his cost. The panel also ordered the Member to pay costs to CCO in the amount of \$87,948.58 on a prescribed payment schedule.

A summary of the panel’s decision is included in CCO’s 2002 Annual Report.

Summary of 2003 Court Decision

In 2003, the Divisional Court unanimously dismissed the

Member’s appeal as to the findings of professional misconduct and his appeal as to penalty and costs, and ordered the Member to pay the costs of the appeal to CCO in the amount of \$28,667.70.

Dr. John Baird, Markham**Allegations**

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

Agreed Statement of Facts

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

- The Member has been a member of CCO since 1989.
- In December 1989, the Member began treating a patient who was injured in motor vehicle accidents in 1981, 1987 and 1989.
- The Member provided chiropractic treatment to the patient from 1989 to 1995 (the “Period”). During the Period, the Member treated the patient on approximately 452 occasions.
- The patient’s complaint to CCO in November 1998 included allegations of fraud and overbilling. CCO did not proceed with those allegations and withdrew other allegations in the Notice of Hearing.
- During the Period, the Member did not document or was unable to produce a detailed history, a detailed examination or re-examination, ongoing assessments, a treatment plan, any referrals (to other than another chiropractor) advice given to the patient or the obtaining of informed consent. If any diagnosis or differential diagnosis was made, no notation of it was made. The Member’s records consisted

primarily of notations of spinal levels. There was no or insufficient information about the patient’s presentation with each treatment, outcomes of treatment, progress, clinical impressions, or management plan.

- The Member admits that his record keeping failed to meet the standards of practice of the profession.
- The Member pleads guilty to professional misconduct as outlined in the allegations above.

Joint Submission as to Penalty

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

- Requiring the Member to appear before the panel to be reprimanded.
- Suspending the Member’s certificate of registration for a period of one month, two weeks of which may be remitted, provided the Member satisfies the following conditions:
 - a. he reviews all of CCO’s regulations, standards of practice and policies relating to billing and record keeping;
 - b. he successfully completes a record keeping course approved by CCO at his own expense within six months of the decision; and
 - c. 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.
- The unremitted portion of the suspension is to commence within one month of the decision or at a time or times to be approved by the Registrar.
- Requiring the Member to pay \$6,000 to CCO in respect of a portion of its costs and expenses related to the investigation and prosecution of these matters, with \$3,000 to be paid within six months of the decision.
- Providing that in the event CCO investigates further matters that are similar to the matters in the Notice of Hearing, the Agreement and the evidence of witnesses and all relevant documentation will, at CCO’s option be provided to:
 - a. the Executive Committee, in the event of an investigation pursuant to ss. 75 (a) of the Code;

- b. the Complaints Committee, in the event of an investigation pursuant to ss. 75 (c) of the Code.

Decision

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

Dr. Anthony Makris, Pickering**Allegations**

CCO alleged that Dr. Anthony Makris (the “Member”) committed acts of professional misconduct, including that his conduct in possessing Ecstasy, selling Ecstasy, and having in his possession money obtained by the commission of an offense is conduct that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable, disgraceful or unprofessional contrary to ss. 51 (1)(c) of the Code, and paragraph 1 (33) of the Professional Misconduct Regulation.

Agreed Statement of Facts

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

- The Member has been a member of CCO since 1998.
- In 2000, the Toronto Police Special Investigative Services Major Drug Section began an undercover investigation (the “Dr. Feel Good Project”) the distribution of, among other things, 3,4-methylenedioxymphetamine (“MDA” or “Ecstasy”) in the greater Toronto area.
- According to Schedule III of the *Controlled Drug and Substances Act*, Ecstasy is a controlled substance. It is a criminal offense for a person to possess, traffic, or possess for the purpose of trafficking, Ecstasy.
- On March 29, 2000, an undercover police officer who was part of the Dr. Feel Good Project met with the Member. The Member agreed to supply the undercover officer with Ecstasy. The Member and the undercover officer met on

March 31, 2000, at the Member's chiropractic office, and the Member gave the undercover officer six pills of Ecstasy as a free sample.

- On April 11, 2000, April 19, 2000, May 11, 2000, and June 8, 2000, the Member met with the undercover officer at his chiropractic clinic. On each occasion, the Member supplied the undercover officer with 400 pills of Ecstasy in exchange for \$4,800.
- On June 29, 2000, the Member met with the undercover police officer. The Member supplied the undercover officer with approximately 800 pills of Ecstasy in exchange for \$9,600.
- On July 18, 2000, the police searched the Member's car and discovered 1830 pills of Ecstasy in the car. The police then searched the Member's chiropractic office and seized 45 capsules of Ecstasy. The police next searched the Member's home and seized 176 capsules and 11 tablets of Ecstasy.
- The Member was arrested and charged with a number of offences, including seven counts of trafficking in a controlled substance, three counts of possession of a controlled substance for the purpose of trafficking, producing a controlled substance, conspiracy to commit an indictable offense, and possession of proceeds of a designated substance offense. The charges were subsequently stayed.
- The Member pleads guilty to professional misconduct as outlined in the allegations above. CCO did not proceed with and withdrew other allegations in the Notice of Hearing.

Joint Submission as to Penalty

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

- Directing the Registrar to suspend the Member's certificate of registration for a period of 18 months, with the suspension to commence within four weeks of the decision.
- Directing the Registrar to impose the following specified terms, conditions and limitations on the Member's certificate of registration:

- Prior to returning to practice following the suspension, the Member shall:
 - a. participate in and successfully complete, at his expense, a clinical competency examination approved by the Registrar and provide the Registrar with proof of successful completion of the clinical competency examination;
 - b. be assessed, at his expense, by a member or members of the College of Physicians and Surgeons of Ontario mutually agreeable to the Member and CCO ("Assessor"). The Assessor(s) shall have expertise in diagnosing and treating addiction and/or substance abuse and/or psychiatric conditions. The Assessor(s) shall be provided with all relevant documentation. The purpose of the assessment is to determine whether the Member suffers from a physical or mental condition or disorder that affects his ability to practise, and, in the event the Assessor(s) so determines, to make recommendations with respect to the Member's treatment and rehabilitation. The Assessor(s) shall provide a report of the assessment(s) and recommendations, if any, to the Registrar;
 - c. in the event that the Assessor(s) determines that the Member suffers from a physical or mental condition or disorder that affects his ability to practise and makes recommendations with respect to the Member's treatment and rehabilitation, the Member shall comply with the recommendations and then be re-assessed, at his own expenses, by the Assessor(s); and
 - d. the Member shall not return to practice until the Registrar receives a report from the Assessor(s) confirming that the Member does not suffer from any physical or mental condition or disorder that affects his ability to practise.
- Following the Member's return to practice, he will participate, at his own expense, in a peer assessment, and will co-operate with CCO in monitoring his practice and in particular, he will allow, at CCO's option and his expense, CCO to conduct an investigation of his practice every six months for two years (a total of four inspections).
- Requiring the Member to appear before the panel to be reprimanded.

written confirmation to the Complaints Committee that he had done so within 30 days of signing the Undertaking, and immediately thereafter revise his *Yellow Pages* advertising in accordance with the Advertising Committee's direction for the next available printing; and

- b. exclude all patient testimonials from his office phone greeting.
- On March 23, 2002, the Member signed the Undertaking in favour of the Complaints Committee and the Registrar.
- Despite that Undertaking, the Member did not provide the Complaints Committee with confirmation that he had complied with his Undertaking with respect to the *Yellow Pages* advertising. Also, as of May 7, 2002, and despite prompting from the Complaints Committee, the Member had not removed the testimonials from his office phone greeting.
- The Complaints Committee then referred specified allegations of professional misconduct with respect to the Member's breach of the Undertaking.
- The Member admits that he breached his Undertaking and that his conduct constitutes professional misconduct as set out in the Notice of Hearing.

Joint Submission as to Penalty

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

- Requiring the Member to appear before the panel to be reprimanded.
- Directing the Registrar to suspend the Member's certificate of registration for a period of two weeks, with the suspension to commence within three months of the decision.
- Directing the Registrar to impose specified terms, limitations and conditions on the Member's certificate of registration (the specifics of which are set out in an undertaking requiring pre-approval of and compliance with directions of the Advertising Committee).
- Requiring the Member to pay \$2,000 to CCO in respect of a portion of its costs and expenses related to the investigation and prosecution to be paid forthwith.

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

Decision

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

Dr. Brian Nantais, Tecumseh

Allegations

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

Member's Plea

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

Agreed Statement of Facts

The parties reached a Resolution Agreement ("Agreement"), which included an agreed statement of facts summarized below:

- The Member has been a member of CCO since 1993.
- CCO received a letter of complaint regarding the Member's advertising in February 2001.
- During the course of its investigation into the complaint, the Complaints Committee offered the Member the opportunity to enter into an undertaking (the "Undertaking"), which among other things he would undertake to:
 - a. submit a revised *Yellow Pages* advertisement to the Advertising Committee for pre-approval and provide

Decision

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

Dr. Keith Randall, Hamilton**Agreed Statement of Facts**

The parties reached a Resolution Agreement ("Agreement"), which included an agreed statement of facts summarized below:

- In October 1998, CCO received a letter of complaint regarding the Member's financial and personal relationship with a patient.
- The Complaints Committee referred specified allegations of professional misconduct to the Discipline Committee.
- The Member did not renew his certificate of registration with CCO for the year 2003 and does not intend to do so. He does not intend to apply or reapply for a certificate of registration in the future. The Member has not practised in 2003.
- In the circumstances, CCO and the Member agree that there is no need for a discipline hearing.
- The Member has had the opportunity to obtain independent legal advice from a lawyer of his choosing.

Decision

The panel finds the facts support the resolution proposed in the Agreement. The panel orders that the hearing be adjourned indefinitely and that the results of this proceeding and the fact that Dr. Randall did not renew his certificate of registration at a time when a discipline hearing was pending be recorded on the register and published in the annual report. The Member submitted his letter of resignation of registration at the hearing and the panel is confident of his commitment to abide by the terms of the Agreement.

Dr. Brian Sieber, Newmarket**Allegations**

CCO alleged in two separate Notices of Hearing that Dr. Brian Sieber (the "Member") committed acts of professional misconduct, including that he had an inappropriate personal and intimate relationship with a patient (that did not consist of or include the specific acts described in ss. 51 (5)2 of the Code), his conduct towards the patient constitutes sexual abuse, and 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, on two occasions in December 2002 when he was facing a discipline hearing, the Member contacted the patient at home and attempted to persuade her not to testify in that he offered her \$20,000 in cash if she did not testify against him and/or if the hearing against him did not proceed, said that she should think about her children when deciding whether to accept his offer of money, and said that her employer would be involved if there was a hearing, contrary to ss. 51 (1)(b.1) and (c) of the Code and paragraph 1 (33) of the Professional Misconduct Regulation.

Agreed Statement of Facts

The parties reached a Resolution Agreement ("Agreement"), which included an agreed statement of facts summarized below:

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

Joint Submission as to Penalty

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

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

- Directing the Registrar to suspend the Member's certificate of registration for a period of three years and six months, with the suspension to start taking effect 60 days from the date of the Discipline Committee's decision. Six months of the suspension shall be remitted in the event that the Member successfully completes the requirements set out in paragraph 1 of his Undertaking, which is attached to the Agreement, within three years of the date that the suspension takes effect (namely, that he participate, at his expense, in an assessment, provide an opinion letter from the assessor that treating females will not pose a risk to the public, complete a gender sensitivity course, and complete a clinical competency examination).
- Directing the Registrar to impose specified terms, limitations and conditions on the Member's certificate of registration, the terms of which are set out in the Undertaking (namely, that on return to practice, his practice will be monitored at CCO's option every six months for two years, for two years, he will ensure a third party is present during any assessment, examination or treatment of females and document same, and will not contact the patient in this matter, her family or employer).
- Requiring the Member to pay \$30,000 to CCO in respect of a portion of its costs and expenses related to the investigation and prosecution of these matters, and its costs of counselling for the patient pursuant to section 85.7 of the Code, with \$20,000 to be paid immediately and \$10,000 to be paid within one year from the date the Member returns to practice following the suspension.

Decision

The panel, following deliberation, concluded that the Agreement appropriately addressed the Member's misconduct and imposed the proposed penalty. The panel held that the proposed suspension is reasonable and necessary as this is a repeat offense of a similar nature by the Member. The condition to have a third party present during any assessment, examination or treatment of a female patient for two years following the Member's return to practice assures the panel that the public will be protected. The panel strongly supported the penalty recommendation that the Member undergo a psychological assessment to determine if there are any con-

cerns about him treating female patients and complete a gender sensitivity course. They considered the penalty to be serious enough to communicate to the Member that the Committee will not tolerate this type of misconduct.

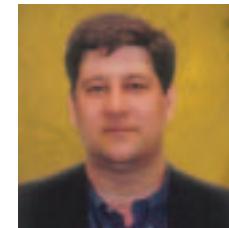
Dr. X

In 2003, a panel heard various allegations against a member, including allegations of sexual abuse, verbal, physical, psychological or emotional abuse, disgraceful, dishonourable or unprofessional conduct, contravening or failing to maintain standards of practice, providing a diagnostic or therapeutic service that was not necessary, and failing to obtain consent for a treatment or treatments contrary to ss. 51 (1)(b.1)(c) of the Code, and paragraphs 1 (2)(3)(5)(14)(33) of the Professional Misconduct Regulation.

After the conclusion of the hearing and deliberations, but before a decision had been released to the parties, the Chair of the panel died. The three remaining panel members subsequently rendered a decision in which two panel members acquitted the member of the allegations, and one panel member dissented. As at the close of 2003, the decision of the panel was under appeal by CCO and the appeal had not yet been heard by the Divisional Court.



DYNAMIC GOVERNANCE AND
EXCELLENCE IN PROFESSIONAL
TREATMENT REQUIRE TEAMWORK



PATIENT RELATIONS COMMITTEE REPORT

COMMITTEE MEMBERS

Mr. Richard Frame
Chair

Ms Georgia Allan

Dr. Brian Kleinberg
non-Council member

Dr. Brian Schut

Dr. Robin Whale
non-Council member

STAFF SUPPORT

Ms Sue Gargiulo
Communications Officer

Ms Jo-Ann Willson
Registrar and General Counsel

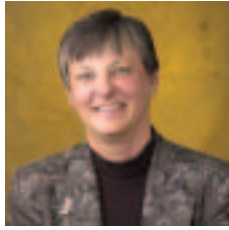
The Patient Relations Committee

(the “Committee”) met twice in 2003 and, like the previous year, continued to grapple with the issue of doctor-patient dating, specifically, the appropriate length of time between the termination of the professional relationship and start of a personal relationship.

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

The Committee continued to monitor funding for therapy and counselling for victims of sexual abuse by members. As chair, I would like to thank the Committee members and staff for their continued commitment.

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).*



QUALITY ASSURANCE COMMITTEE REPORT

COMMITTEE MEMBERS

Mrs. Regina Willmann
Chair

Dr. Jeffrey Lustig

non-Council Member

Ms Jane Ann McLachlan

Dr. John Schellenberg

Dr. Drew Potter

STAFF SUPPORT

Ms Sue Gargiulo
Communications Officer

Ms Jo-Ann Willson
Registrar and General Counsel

Wow! What a year! The Quality Assurance Committee (the "Committee") had an extremely busy year and one that each and every member can be proud of. The Committee made considerable headway with both the Peer Assessment and X-Ray Peer Review programs.

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

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

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

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

In 2003, CCO randomly selected 310 members for assessment; the assessors completed 296 assessments and the Committee provided disposition for 207 assessments. The Committee anticipates sending out the next batch of

assessments in the spring of 2004. The X-ray Peer Review Program is anticipated to follow a similar course and is expected to be up and running throughout 2004.

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

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

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

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

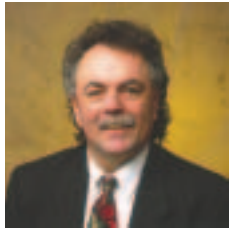
MANDATE | *To develop, establish and maintain: programs and standards of practice to assure the quality of the profession; standards of knowledge and skill and programs to promote continuing competence among members; and standards of professional ethics. | To develop mechanisms and protocols to assess the knowledge, skills and continuing competence of members. | To develop protocols and policies to address the conduct of members referred to the committee for behaviour or remarks of a sexual nature by the member towards a patient.*



COMMITMENT TO QUALITY

CHIROPRACTIC PRACTISE AND TREATMENT

IS A COMMITMENT FOR LIFE



REGISTRATION COMMITTEE REPORT

COMMITTEE MEMBERS
Dr. David Leprich
 Chair

Dr. Marshall Deltoff
Mr. John Quinney

STAFF SUPPORT
Ms Jo-Ann Willson
 Registrar and General Counsel

During 2003, the Registration Committee (the “Committee”) continued to review applications from chiropractors wishing to establish practice in Ontario. In addition to developing and maintaining an objective protocol that is used to measure applications from outside of Canada, the Committee continued to monitor applications from chiropractors in other Canadian jurisdictions relative to the Mutual Recognition Agreement under the Agreement on Internal Trade (AIT).

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

This committee continues to function efficiently despite an increasing variety and number of applications.

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

Table 1: Colleges of Graduation for Members Registered in 2003

College	Total
Anglo-European College of Chiropractic	2
Cleveland (KC)	2
Cleveland (LA)	3
LifeCC	5
LifeCC – West	5
National	26
Logan	5
Los Angeles	2
Northwestern	4
Palmer – West	1
Parker	9
Western States	1
Palmer	10
New York	34
CMCC	120
University of Bridgeport, Connecticut	1
Total new CCO members in 2003	229

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.*

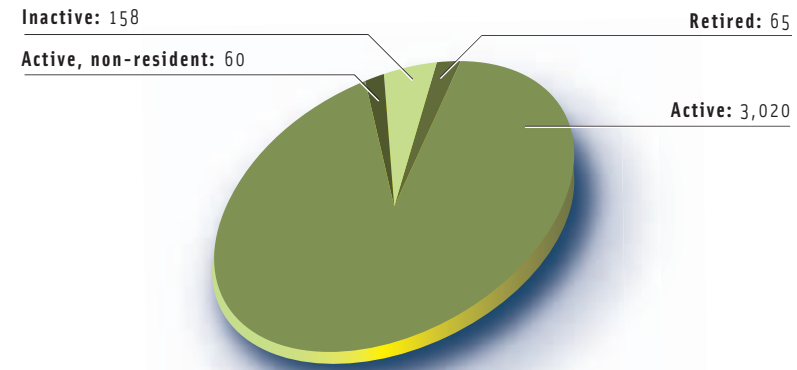


MEMBERS' COMPLIANCE WITH CCO'S
 STANDARDS OF PRACTICE ON SPINAL
 ADJUSTMENT HELP THE
 PUBLIC TO MAINTAIN ACTIVE LIVES

Above: 10-year-old Christina demonstrates maximum spinal flexibility in her gymnastics pose.
Inset: A CCO member experiences the spinal strain that a weekend of wilderness outtripping can produce.

REGISTRATION COMMITTEE REPORT

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



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

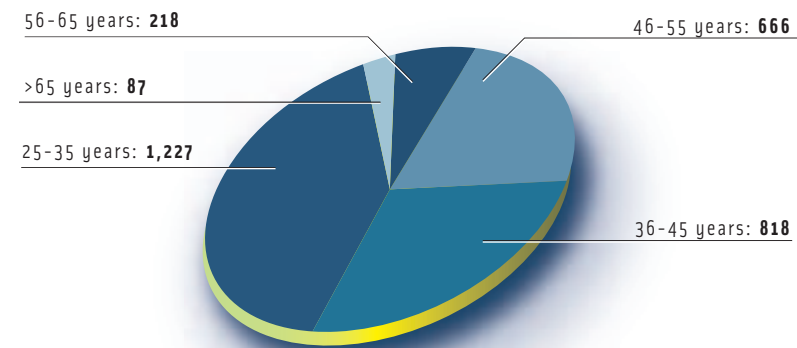


Table 2: Ages/Gender of Active Members
(as at December 31, 2003)

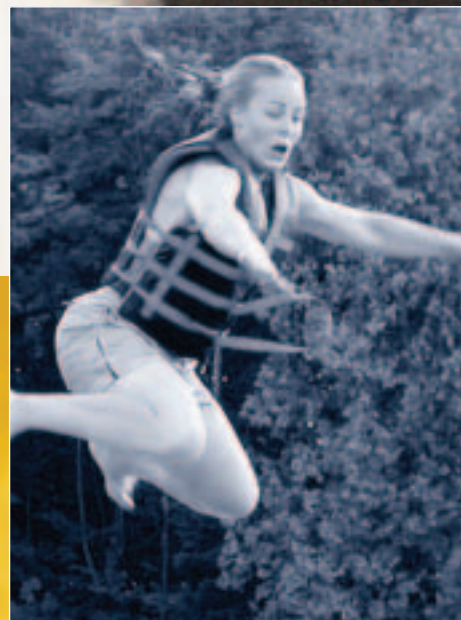
Age Group	Male	Female	Total
25-35	778	449	1,227
36-45	575	243	818
46-55	563	103	666
56-65	200	18	218
> 65	82	5	87
Totals	2,198	818	3,016



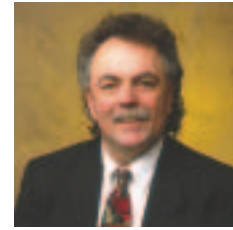
CCO IS COMMITTED TO
IMPROVING THE HEALTH
AND WELL-BEING OF ONTARIANS



AN ACTIVE PUBLIC REQUIRES
 MAXIMUM HEALTH TO FACE NEW
 CHALLENGES IN PHYSICAL ACTIVITY
 AT WORK AND AT PLAY



ADVERTISING COMMITTEE REPORT



COMMITTEE MEMBERS
Dr. David Leprich
 Chair

Dr. Peter Amlinger
 non-Council Member
Dr. Drew Potter
Mr. John Quinney

STAFF SUPPORT
Ms Sue Gargiulo
 Communications Officer

The Advertising Committee

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

In addition to measuring advertising materials against the advertising standard of practice (S-003: Advertising), the Committee continues to review the standard itself. Of particular interest is the validity of the standard under the *Canadian Charter of Rights and Freedoms* (the “Charter”). In general, the standard does comply with the Charter. However, the

Committee is interested in reviewing all elements of the standard to ensure that it does not limit the freedoms granted in the Charter while remaining an objective means of measuring the advertising planned and used by CCO members.

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

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

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

FITNESS TO PRACTISE REPORT



COMMITTEE MEMBERS
Dr. Brian Schut
 Chair

Mr. John Quinney
Dr. John Schellenberg

STAFF SUPPORT
Ms Jo-Ann Willson
 Registrar and General Counsel

THERE WERE NO REFERRALS to the Fitness to Practise Committee in 2003.

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



THE GROWING POPULARITY OF EXTREME SPORTS
HAS INCREASED DEMAND
FOR PROFESSIONAL SPINAL AND EXTREMITIES
DIAGNOSIS AND TREATMENT



CHIROPRACTIC REVIEW COMMITTEE REPORT

COMMITTEE MEMBERS

Dr. J. Bruce Walton
Chair

Mr. John W. Bolus
Ms Corinne Hardey
Dr. David Linden
Dr. Joel Weisberg

INSPECTORS

Dr. John Cadieux
Dr. James Gregg
Dr. Dan Higginson
Dr. Rhonda Kirkwood
Dr. William McCallum
Dr. Larry McCarthy

Dr. Jason Potter
Dr. Kelly Ramsay

STAFF SUPPORT

Ms Jill Silk
Administrative Assistant

Members of the chiropractic

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

Integral to an investigation is a determination of the following:

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

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

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

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

2003 Activities

The Committee held 16 meetings in 2003.

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

Table 1: CRC Activities in 2003

Referrals:	
In progress January 1, 2003	6
Received in 2003	
Full review	3
Expedited review	0
Completed in 2003	3
In progress at the end of 2003	6
Inspections:	
Completed in 2003	5
Pending at the end of 2003	1
Interviews:	
Conducted in 2003	2
Pending at the end of 2003	5
Settlement Agreements:	
In progress January 1, 2003	0
Received in 2003	0
Completed in 2003	0
In progress at the end of 2003	0
Appeals:	
In progress January 1, 2003	0
Received	2
Resolved	0
In progress at the end of 2003	2

Acknowledgements

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

Dr. Allan Gotlib and all Council members for their confidence.

Finally, on behalf of all Committee members and inspectors, the chair wishes to thank Ms Jill Silk, the Committee’s administrative assistant. Without Ms Silk’s knowledge, efforts and skills of coordination, this Committee would not have run as smoothly.

AUDITORS' REPORT

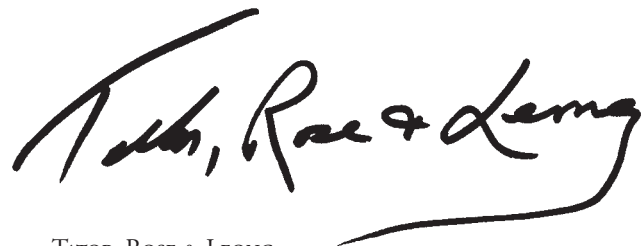
TO THE MEMBERS OF THE
COLLEGE OF CHIROPRACTORS OF ONTARIO:

We have audited the statement of financial position of the College of Chiropractors of Ontario as at December 31, 2003, and the statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

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

Respectfully submitted,



TATOR, ROSE & LEONG
Chartered Accountants

TORONTO, CANADA
March 11, 2004

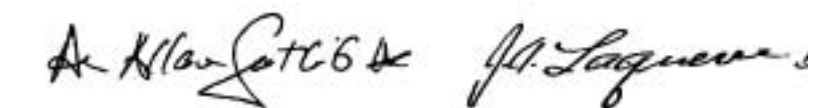
STATEMENT OF FINANCIAL POSITION

Statement 1

December 31, 2003
(With 2002 Comparisons)

	2003	2002
Assets		
Current		
Bank	\$ 574,121	\$ 480,372
Short-term Investments	2,006,220	2,209,291
Prepaid Expenses and Sundry Assets	38,605	13,851
	<u>2,618,946</u>	<u>2,703,514</u>
Capital (Note 2)	101,401	93,520
Total Assets	\$2,720,347	\$2,797,034
Liabilities		
Current		
Accounts Payable and Accrued Liabilities	\$ 74,401	\$ 240,039
Deferred Revenue	408,419	284,898
Total Liabilities	482,820	524,937
Net Assets (Per Statement 4)	2,237,527	2,272,097
Total Liabilities and Net Assets	\$2,720,347	\$2,797,034

Approved on behalf of College:



Director

Director

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

STATEMENT OF OPERATIONS

Statement 2

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

	2003	2002
Income		
Renewal Fees	\$1,968,581	\$1,852,560
Registration Fees	80,600	77,250
Examination Fees	44,174	48,332
Incorporation Fees	51,500	-
Recovery of Discipline Costs	53,668	2,000
Interest & Sundry	93,564	83,123
Total Income	2,292,087	2,063,265
Expenditures		
Salaries and Benefits (Note 3)	669,845	618,999
Pension - Past Service (Note 4)	9,600	9,600
Consulting Fees	49,268	52,372
Rent and Utilities (Note 5)	210,516	205,682
Telephone	15,479	18,405
Office Supplies and General	184,739	223,774
Printing	125,402	167,023
Postage	26,913	33,699
Insurance	15,608	12,614
Meetings, Fees and Expenses (Schedule 1)	209,893	265,520
Audit	13,512	13,557
Federation Meetings	12,809	17,740
CFCRB Assessments	25,000	25,000
Regulated Health Professions Act	6,309	1,487
Consulting Fees - Peer Assessors	105,659	12,846
Consulting Fees - Road Show	12,983	-
CCEC Dues	60,000	-
Consulting Fees - Complaints	16,249	10,221
Consulting Fees - Discipline	2,383	7,946
Legal Fees - Complaints	4,955	6,068
Legal Fees - Executive	29,191	18,770
Legal Fees - Discipline	260,116	241,905
Legal Fees - General	45,429	19,354
Equipment Lease (Note 5)	34,784	32,473
Media Advertising	4,550	4,309
Total Expenditures	2,151,192	2,019,364
Excess of Income Over Expenditures Before Amortization	140,895	43,901
Amortization	35,399	31,929
Excess of Income over Expenditures	\$ 105,496	\$ 11,972

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

STATEMENT OF CASH FLOW

Statement 3

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

	2003	2002
Cash and Equivalents Provided by (used for):		
Operating Activities		
Excess of Income over Expenditures (per Statement 2)	\$ 105,496	\$ 11,972
Restricted Fund Expenditures during the year (per Statement 4)	(140,066)	(568,321)
Amortization - Capital Assets	35,399	31,929
(Increase) Decrease in Prepaid Expenses and Sundry Assets	(24,754)	8,090
(Decrease) Increase in Accounts Payable and Accrued Liabilities	(165,638)	166,465
Increase in Deferred Revenue	123,521	21,353
	(66,042)	(328,512)
Investing Activities		
Purchase of Capital Assets (Net)	(43,280)	(4,060)
Change in Cash and Equivalents During the Year	(109,322)	(332,572)
Cash and Equivalents at the Beginning of the Year	2,689,663	3,022,235
Cash and Equivalents at the End of the Year	\$2,580,341	\$2,689,663
Cash and Equivalents Represented by:		
Bank	\$ 574,121	\$ 480,372
Short-term Investments	2,006,220	2,209,291
	\$2,580,341	\$2,689,663

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

STATEMENT OF CHANGES IN NET ASSETS

Statement 4

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

	2003	2002
Unrestricted Fund		
Balance, January 1,	\$2,171,187	\$2,734,215
Add: Excess of Income Over Expenditures (Per Statement 2)	105,496	11,972
	2,276,683	2,746,187
Less: Transfer to Restricted Fund	(250,000)	(575,000)
Balance, December 31,	2,026,683	2,171,187
Restricted Fund (Note 6)		
Balance, January 1,	\$ 100,910	\$ 94,231
Add: Transfer from Unrestricted Fund	250,000	575,000
	350,910	669,231
Less: Legal fees paid during the year	(140,066)	(568,321)
Balance, December 31,	210,844	100,910
Total	\$2,237,527	\$2,272,097

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

SCHEDULE OF MEETINGS, FEES AND EXPENSES

Schedule 1

For the year ended December 31, 2003

(With 2002 Comparisons)

	Fees	Expenses	Total 2003	Total 2002
Dr. Marshall Deltoff 7	\$ 450	\$ 63	\$ 513	\$ -
Dr. Allan Gotlib 1	42,050	3,372	45,422	27,818
Dr. Gilles Lamarche 2	17,250	20,146	37,396	46,182
Dr. Jacques Laquerre 1	6,925	12,956	19,881	25,908
Dr. David Leprich 4,7,8	4,075	1,926	6,001	6,735
Dr. Lynda A. Montgomery 1,3	12,450	11,672	24,122	20,010
Dr. Andrew R. Potter 1,6,8	11,600	9,296	20,896	17,126
Dr. John Schellenberg 3,4,6	9,075	7,873	16,948	-
Dr. Brian Schut 2,5	6,825	1,466	8,291	3,993
* Dr. Keith Thomson	18,340	10,685	29,025	92,340
Dr. Donald Viggiani	-	-	-	24,126
Ms. Jo-Ann Willson	-	1,398	1,398	1,282
	\$129,040	\$ 80,853	\$209,893	\$265,520

Note: Numbers refer to committee membership, April - December 2003

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

* On Council until April 2003. Subsequently, CCO consultant.

NOTES TO FINANCIAL STATEMENTS

December 31, 2003

1(a) Purpose and Structure of the Organization

The College of Chiropractors of Ontario governs and regulates chiropractic in Ontario. There are 16 Council Members, nine members are elected and seven are appointed by the Lieutenant Governor in Council. There are seven Statutory Committees and one Non-Statutory Committee.

1(b) Summary of Accounting Policies

(i) Capital Assets

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

Computers and Software	30% declining balance
Furniture and Equipment	20% declining balance
Facsimile Machines	Straight-line over 3 years
Leasehold Improvements	Straight line over lease term

(ii) Revenue Recognition

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

2. Capital Assets

	Cost	Accumulated Amortization	2003 Net	2002 Net
Furniture and Office Equipment	\$270,525	\$223,495	\$ 47,030	\$ 55,085
Computer and Software	293,940	239,569	54,371	38,435
	\$564,465	\$463,064	\$101,401	\$ 93,520

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

2004 – \$34,768
2005 – \$24,270

6. Restricted Fund

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

7. Comparative Figures

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



College Council 2003

EXECUTIVE COMMITTEE MEMBERS



Dr. Allan Gotlib President
Executive, chair

"Self-regulation represents our profession's best value in Ontario's health care system."



Dr. Drew Potter Vice President
Advertising, Quality Assurance

"It has been interesting to be part of the evolution of the peer assessment program."



Dr. Jacques Laquerre
Treasurer

"Financially, 2003 was a difficult year due, primarily, to the inquest, but CCO remains on budget."



Mrs. Helen Foster
Discipline, chair

"We worked hard, took our responsibilities seriously, but never lost our sense of humour."



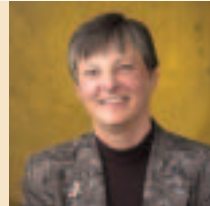
Mr. Richard Frame
Patient Relations, chair

"CCO staff support the Council members and Council members support the staff; – we can all be proud of the work we do."



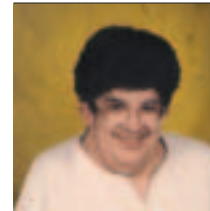
Dr. Lynda Montgomery
Discipline

"During a year of challenges for the profession, CCO took a leadership role in a number of issues and shared resources with other involved organizations."



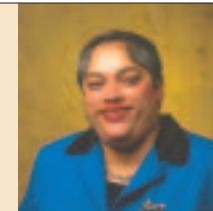
Mrs. Regina Willmann
Quality Assurance, chair, Complaints

"Juggling a full-time career, family life and CCO poses many challenges, but keeps life interesting and the mind exercised."



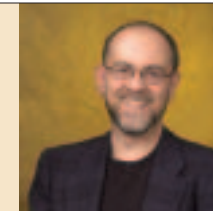
Ms Georgia Allan
Patient Relations

"Joining Council has been a truly memorable experience."



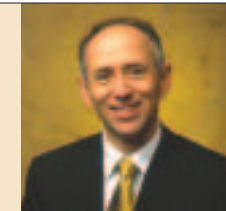
Ms Clarissa D'Cunha
Complaints, alternate

"I have continued to learn more about the chiropractic profession and the self-regulatory role of the college."



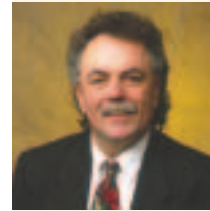
Dr. Marshall Deltoff
Registration

"Before we can expect the public to appreciate and respect chiropractic and what it has to offer, we must do so."



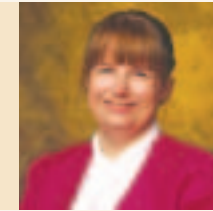
Dr. Gilles Lamarche
Complaints, chair

"Thank you to a wonderful team dedicated to resolving important issues in the public interest."

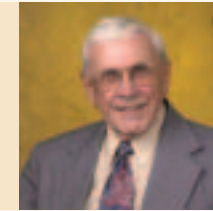


Dr. David Leprich
Advertising, chair, Fitness to Practise, chair, Registration, chair

"Reconciling differing perspectives with the CCO mandate in 2003 has been rewarding."

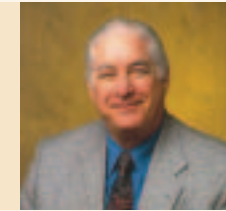


Ms Jane Ann McLachlan
Discipline, Quality Assurance



Mr. John Quinney Advertising, Fitness to Practise, Registration

"I have been impressed with the sincere approach of Council in emphasizing best chiropractic practices in the public interest."



Dr. Brian Schut
Complaints, Patient Relations

"CCO supports the profession's diversity while the profession matures."



Dr. J. Schellenberg Discipline, Fitness to Practise, Quality Assurance

"I have much heartfelt gratitude for the many lifelong friends and colleagues that chiropractic in Ontario has given me."



Dr. Bruce Walton Chiropractic Review Committee, chair

"I never realized how much work is done to ensure our members are dealt with fairly and justly. It has been gratifying to be a part of this important process."



College Staff for 2003

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

2003

THE YEAR | *in review*

Council Meeting, April 12, 2003

signing of agreement between the Council on Chiropractic Education (Canada) and CCO

(L-R) Dr. Doug Pooley,
Dr. Grayden Bridge,
Dr. Allan Gotlib



Canadian Federation of Chiropractic Regulatory Boards Conference

Québec City, March 2003

(L-R) Dr. Allan Gotlib, Ms Jo-Ann Willson,
Dr. Keith Thomson, Dr. Greg Stewart, Mr. Peter Waite



Quality Assurance Committee Meeting

September 30, 2003 – Tackling the first batch of peer assessments

(L-R) Mrs. Regina Willmann (chair), Dr. Jeffrey Lustig,
Dr. John Schellenberg, Ms Sue Gargiulo, Ms Jo-Ann Willson, Dr. Drew Potter, Ms Patricia Henshaw



Ontario Chiropractic Association Convention

October 4, 2003

Dr. Keith Thomson and Ms Jo-Ann Willson spoke on the topic "Peer Assessment: Developing a Gold Standard"



District 4 Election Day

March 25, 2003

(L-R) Ms Clarissa D'Cunha (scrutineer),
Dr. Allan Gotlib (scrutineer),
Dr. Marshall Deltoff (elected),
Dr. James Laws (candidate),
Ms Kristina Mulak (scrutineer)



Council Meeting

April 12, 2003

(L-R) Dr. Brian Schut,
Dr. Lynda Montgomery,
Dr. Michaela Cadeau



Canadian Memorial Chiropractic College

Graduation, June 21, 2003

(L-R) Dr. Donald Langford,
Dr. Dennis Mizel,
Ms Jo-Ann Willson,
Dr. Stanley Gorchynski

2003

THE YEAR | *in review*

2002 Annual General Meeting

*The Bedford Room, Park Hyatt, Toronto
June 20, 2003*

(L-R) Ms Clarissa D’Cunha,
Mr. Grenville D’Cunha

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

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



Various guests



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



(L-R) Dr. Allan Gotlib, Ms Sue Gargiulo,
Dr. Keith Thomson, Mrs. Helen Foster,
Dr. Drew Potter, Ms Clarissa D’Cunha

2003

THE YEAR | *in review*

Peer Assessment Workshop

March 29, 2003

(L-R) Dr. Bob Szczurko, Dr. Timothy Barnes, Dr. David Zurawel, Dr. Richard Stover



North York Chiropractic Society Meeting

June 2, 2003



Orangeville Dundas Chiropractic Society Meeting

June 11, 2003



Council/Staff Holiday Party

McLean House,
November 28, 2003

(L-R) Dr. Gilles Lamarche,
Dr. Renee Dalaire



Peer Assessment Workshop

March 29, 2003

(L-R) Dr. Drew Potter,
Dr. Jeffrey Lustig,
Dr. Joyce Allman,
Dr. Ruth Hitchcock



London Chiropractic Society Meeting

April 30, 2003

Back row, 2nd from right -
Mr. John Quinney, public member



2003

THE YEAR | *in review*

Council/Staff Holiday Party

McLean House, November 28, 2003

(L-R) Mrs. Lana Schut, Mr. Don Versage



Council/Staff Holiday Party,

McLean House November 28, 2003

(L-R) Dr. Allan Gotlib,
Ms Jo-Ann Willson,
Ms Jane Ann McLachlan



Canadian Federation of Chiropractic Regulatory Boards Conference (CFCRB)

Québec City, March 2003

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



Chiropractic Practice Guidelines Group

Sheraton Centre, Toronto, June 2003



2003

THE YEAR | *in review*

**Council on Licensure, Enforcement
and Regulation Conference,
September 2003**

Standing, (L-R) Mr. Robert Morton, Vice Chair, Health Professions Regulatory Advisory Council ("HPRAC"); Dr. Rob Alder, Chair, HPRAC
Seated, (L-R) Ms Sharon Saberton, Registrar, College of Medical Radiation Technologists of Ontario; Ms Jo-Ann Willson, Registrar, CCO



**CCO/Ontario Chiropractic Association
(OCA)/Chiropractic Review Committee (CRC)
Consultation Meeting on Orthotics and
Immunization, September 2003**

Back Row (L-R) Dr. Drew Potter (CCO), Dr. Tom Gadsby (OCA),
Dr. Dennis MizeI (OCA), Dr. Dean Wright (OCA), Dr. Eleanor
White (OCA), Mr. Bruce Squires (OCA), Dr. Bruce Walton (CRC)
Front Row (L-R) Dr. Allan Gotlib, Ms Jo-Ann Willson, Mrs.
Regina Willmann (CCO)

