

## **NOTICE OF PUBLICATION BAN**

In the College of Physicians and Surgeons of Ontario and Dr. Mark Waxman this is notice that the Discipline Committee ordered that no person shall publish or broadcast the names and identity of the three complainants from the original Discipline Hearing that resulted in the revocation of Dr. Waxman's Certificate of Registration on November 18, 2002, or any information that could disclose the identity of the three complainants from the original Discipline Hearing, under subsection 45(3) of the *Health Professions Procedural Code* (the "Code"), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

93(1) Every person who contravenes an order made under section 45 or 47 is guilty of an offence and on conviction is liable to a fine of not more than \$10,000 for a first offence and not more than \$20,000 for a subsequent offence.

**Indexed as: Waxman (Re)**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE  
OF PHYSICIANS AND SURGEONS OF ONTARIO**

**IN THE MATTER OF** a Hearing directed  
by the Registrar to the Discipline Committee of  
the College of Physicians and Surgeons  
of Ontario, pursuant to Section 73  
of the *Health Professions Procedural Code*,  
which is Schedule 2 to the *Regulated Health Professions Act, 1991*

**BETWEEN:**

**DR. MARK WAXMAN**

**- and -**

**THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

**PANEL MEMBERS:**

DR. M. GABEL (Chair)  
DR. T. MORIARITY  
S. BERI  
DR. E. STANTON  
E. ATTIA (PHD)

**Hearing Date:** June 9, 2008  
**Decision/Release Date:** June 9, 2008  
**Release of Written Reasons Date:** September 5, 2008

**PUBLICATION BAN**

## **DECISION AND REASONS FOR DECISION**

Dr. Mark Waxman made an application to the College of Physicians and Surgeons of Ontario (the “College”) for reinstatement of his certificate of registration. Dr. Waxman’s certificate was revoked on November 18, 2002 when he was found guilty of professional misconduct, after pleading “no contest” to sexual abuse of patients, as defined in the *Health Professions Procedural Code* (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*. The Registrar referred Dr. Waxman’s application for reinstatement to the Discipline Committee, and the Committee heard the application on June 9, 2008. The College consented to the application, subject to the imposition of specified terms, conditions and limitations. At the conclusion of the reinstatement hearing, the Discipline Committee delivered a written order, with written reasons to follow, directing the Registrar to issue to Dr. Waxman a certificate of registration subject to specified terms, conditions and limitations.

## **BACKGROUND**

On November 18, 2002, on the basis of agreed facts, Dr. Waxman pled no contest to allegations of professional misconduct in that he sexually abused patients, engaged in sexual impropriety with patients and engaged in conduct or an act relevant to the practice of medicine that, having regard to all circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. The Discipline Committee accepted all of the facts set out by reason of the plea of no contest and ordered the following penalty:

- (i) Dr. Waxman will attend before the Discipline Committee to be reprimanded;
- (ii) Dr. Waxman’s certificate of registration will be revoked, such revocation to take effect immediately;
- (iii) Dr. Waxman will pay costs to the College in the amount of \$2500.00;

- (iv) Dr. Waxman will reimburse the College for any amount the College may pay, up to a maximum of \$10,000 for funding for therapy and counseling for Patient A under section 85.7 of the *Health Professions Procedural Code*;
- (v) Dr. Waxman will post security acceptable to the College to guarantee the payment of the amounts referred to in paragraph (iv) above; and,
- (vi) The results of this proceeding will be included in the register.

Dr. Waxman's certificate of registration was so revoked on November 18, 2002.

On November 19, 2007, Dr. Waxman made an application for re-instatement of his certificate of registration.

## **EVIDENCE**

Counsel for Dr. Waxman and counsel for the College made oral submissions to the Discipline Committee. Counsel for Dr. Waxman filed a statement of facts and argument which was not substantially contested by counsel for the College. Counsel for both the College and Dr. Waxman filed a Joint Book of Documents and Exhibits containing evidence in support of the application. Counsel for the College informed the Discipline Committee that the College consented to the application for reinstatement subject to specified terms, conditions and limitations. The Discipline Committee also heard from Dr. Waxman, who, by his testimony, acknowledged the impropriety of the conduct that led to the revocation and expressed remorse for his misconduct.

Counsel for Dr. Waxman reviewed the following reports and letters regarding Dr. Waxman, which were included in the filed Joint Book of Documents:

### **1) Report of August 2, 2006 from Psychiatrist**

Dr. Waxman was assessed in August of 2006 by Dr. Z, a psychiatrist specializing in physician health. Dr. Z is a Clinical Professor in the Department of Psychiatry at a University in Canada and is the Director of a Marital Therapy Clinic in, British Columbia

. Dr. Z was asked to offer an opinion as to whether or not Dr. Waxman was: (i) fit to return to the practice of family medicine, (ii) if his professional misconduct could be explained by a medical or psychological diagnosis or condition and, if so, (iii) how that diagnosis or condition might affect him in the future if he should be allowed to return to medical practice, and (iv) what recommendations he might have for Dr. Waxman's ongoing care and treatment.

Dr. Z reviewed the documentation of the Discipline Committee proceeding of November 2002, the Decision and Reasons of the Discipline Committee from January of 2003, victim impact statement, disclosures for the complainants, Complaints Committee materials and other relevant documentation and conducted an interview with Dr. Waxman.

Dr. Z's opinion, as outlined in this report of August 2, 2006 was as follows:

- (i) Dr. Waxman was not yet fit to return to the practice of family medicine despite having relatively stable mental health. He felt he required some specific treatments to ensure fitness;
- (ii) Dr. Waxman's professional misconduct could largely but not wholly be explained by his diagnosis of anxiety and bipolar affective disorder. He felt that, irrespective of his mental health, part of the misconduct could be attributed to his inability to appreciate boundary issues and the responsibility and fiduciary nature of the doctor-patient relationship; and,
- (iii) With ongoing and long term care by a psychiatrist, education regarding the parameters of the doctor-patient relationship and monitoring by the College, Dr. Waxman could practice safely and competently in the future.

Dr. Z recommended that Dr. Waxman continue in treatment with his psychiatrist (for supportive and insight-building psychotherapy), be monitored for his medications and that his treating psychiatrist submit reports to the College for a period of at least five years. In addition he recommended intensive education regarding doctor-patient boundaries and psychological testing.

It was Dr. Z's opinion that following these recommendations would ensure Dr. Waxman's fitness, safety and competence in medical practice in the future.

**2) Report of January 12, 2007 by Psychologist**

In November of 2006 Dr. Waxman was assessed by Dr. Y, a registered psychologist with an interest in personality and psychodiagnostic assessment. Dr. Y is a Professor in the Department of Psychiatry at an Ontario University. Dr. Y was asked to offer an opinion regarding Dr. Waxman's fitness to return to the practice of family medicine, whether or not his professional misconduct could be explained by a medical or psychological diagnosis or condition and, if so, how that diagnosis or condition would likely affect his future practice of medicine.

Dr. Y reviewed all of the relevant documentation, interviewed Dr. Waxman and administered detailed psychometric and personality testing.

Following the results of psychological testing and interviews conducted during his evaluation of Dr. Waxman, Dr. Y offered the following opinion:

- (i) Dr. Waxman demonstrated no evidence of current psychopathology or personality pathology that would interfere with his fitness to practice;
- (ii) Dr. Waxman's professional misconduct could be explained partially by his mood disorder; and,
- (iii) Dr. Waxman's mood disorder was, at the time of the assessment, treated and stable and he demonstrated insight into the psychiatric nature of his condition, the importance of ongoing treatment and monitoring and the inappropriateness of his past behaviour relating to the College complaints.

Dr. Y recommended ongoing pharmacological treatment and ongoing insight-oriented therapy as well as professional education regarding interpersonal boundaries. It was Dr. Y's opinion that were these recommendations followed Dr. Waxman's mood disorder was unlikely to have any further detrimental affect on his fitness to practice medicine.

### **3) Report of October 1, 2007 from Treating Psychiatrist**

A report, dated October 1, 2007, was provided by Dr. Waxman's treating psychiatrist, Dr. X, B.Sc. (OT), M.D., F.R.C.P.(C), supporting his current well-being, his compliance with treatment recommendations and commitment to ongoing support, treatment and monitoring.

Dr. X indicated that Dr. Waxman had demonstrated insight into and understanding of interpersonal boundary issues and his role as a physician. Dr. X expressed a willingness to provide long term care and follow up for Dr. Waxman and stated that she believed he was fit to return to practice.

### **4) Report of October 19, 2007 from Sleep Medicine Specialist**

A report, dated October 19, 2007, was provided by Dr. W, a sleep medicine specialist, who had performed a sleep study on Dr. Waxman in August of 2006. Dr. W had been asked to offer an opinion on Dr. Waxman's health status.

Dr. Waxman had originally been referred by his family physician for a sleep assessment. Dr. Waxman's sleep study revealed severe sleep apnea and he was placed on treatment with nasal CPAP (Continuous Positive Airway Pressure).

It was the opinion of Dr. W that Dr. Waxman's formerly untreated sleep apnea may have impaired his judgment and interfered with intellectual functioning, alertness, vigilance and cognitive capabilities. Dr. W felt that Dr. Waxman's sleep apnea had been adequately treated and that he could return to his previous occupation as a family physician.

### **5) Report of October 26, 2007 from Sexual Medicine Specialist**

Dr. Waxman met with Dr. V, M.D., M.Sc., FRCSC, a specialist in sexual medicine at an Ontario Hospital, on four occasions in 2007 to discuss the issue of boundaries in the doctor-patient relationship. Dr. V is a Professor Emeritus at an Ontario University, Faculty of Health Sciences, Department of Obstetrics and Gynaecology. Together they reviewed a number of cases of boundary crossings and violations by physicians with their patients.

As outlined in the report from Dr. V dated October 26, 2007, it was his opinion that Dr. Waxman demonstrated a clear understanding of boundary issues in professional patient relationships and has a well thought out plan to identify and respect boundaries in his future professional practice. Dr. V felt Dr. Waxman was able to return to clinical practice.

**6) Letter of November 16, 2007 from Physician Health Program**

In January of 2004, Dr. Waxman enrolled in the Physician Health Program (PHP) of the Ontario Medical Association (OMA) for a five-year period of psychiatric monitoring and advocacy.

A letter from his case manager and primary monitor, Mr. A, MSW RSW, dated November 16, 2007, indicated that Dr. Waxman had met regularly with Mr. A, appeared to be physically well and emotionally stable, had maintained employment and supportive social connections, had continued to work with his psychiatrist and had sought support to strengthen his interpersonal skills including the role of healthy boundaries in professional relationships.

Mr. A confirmed that Dr. Waxman had been compliant with the Physician Health Program and demonstrated effective coping mechanisms to deal with his mental health issues.

**7) Report of October 12, 2007 from Family Physician**

On five occasions from March through August 2007, on a monthly basis, and on September 5, 12, 19 and 26 of 2007, Dr. Waxman met with a family physician, Dr. U, for half day sessions to determine if his knowledge, skills and judgment are at an appropriate professional standard reflecting fitness to return to independent work. Dr. U is a Certificant and a Fellow of the College of Family Physicians of Canada, as well as an Assistant Professor in the Department of Family and Community Medicine at an Ontario University, and has served as a family medicine monitor and mentor for a number of physicians in the past. Dr. U is also on active staff at several Ontario hospitals.

A variety of issues and topics were discussed during these sessions including the logistics of running a practice, medical record-keeping, common problems and hypotheticals



presenting in family practice and approaches to specific diseases and conditions. In addition they focused on the responsibility and fiduciary nature of the doctor-patient relationship including boundary issues. In addressing the latter, a number of College discipline decisions pertaining to cases involving boundary violations and ethical issues were reviewed and discussed with Dr. Waxman.

It was the opinion of Dr. U that Dr. Waxman is highly motivated to return to practice, is a genuinely dedicated professional and that he could safely return to family practice albeit in a setting where he would work with other physicians for a period of twelve to eighteen months in order to receive the guidance and input of colleagues and rebuild his confidence needed to run an independent practice. Although at that point in time Dr. U did not have any opportunity to directly observe Dr. Waxman's clinical care, he did not feel any of Dr. Waxman's potential patients would be exposed to harm or injury. Dr. U felt Dr. Waxman had achieved an understanding of the fiduciary nature of the doctor-patient relationship and his judgment in this area is sound.

#### **8) Report of November 4, 2007 from Psychiatrist**

In October of 2007, Dr. Waxman was reassessed by Dr. Z, the psychiatrist specializing in physician health. Dr. Z was asked to provide an opinion, in the form of a supplementary report, regarding: (i) Dr. Waxman's current health status, (ii) whether or not Dr. Waxman had addressed or made efforts to address the recommendations made in his previous report (dated August 2, 2006), (iii) whether or not Dr. Waxman was fit to return to the practice of family medicine in a supervised setting, and (iv) what recommendations he would have for Dr. Waxman's ongoing care and treatment.

Dr. Z reviewed his own initial report (dated August 2, 2006), the report of the psychological assessment of Dr. Waxman by Dr. Y (January 12, 2007), clinical notes of Dr. Waxman's treating psychiatrist, Dr. X, and her reports to the Physician Health Program (August 31, 2006 to July 30, 2007), consultation report and laboratory findings by Dr. W of the Sleep Disorders Clinic (October 5, 2006), psychiatric report by Dr. X, (October 1, 2007), the report by Dr. U regarding knowledge, skills and judgment and Dr. Waxman's understanding of the fiduciary nature of the doctor-patient relationship

(October 12, 2007), copies of the continuing education programs and certifications Dr. Waxman had completed (April 2005 to September 2007) and the report from Dr. V, regarding Dr. Waxman's appreciation of doctor-patient boundaries (October 26, 2007).

Dr. X re-interviewed Dr. Waxman on October 31, 2007.

Dr. X' opinion, as outlined in his report of November 4, 2007, was as follows:

- (i) Dr. Waxman's current mental health is good, he is receiving proper treatment with which he is compliant and he has no symptoms of his bipolar affective disorder. Having had his sleep apnea treated his physical health is also good.
- (ii) Dr. Waxman has addressed the recommendations made in the previous report in that he has continued in treatment with his psychiatrist as confirmed by her reports. He does not miss appointments and is compliant with treatment. His psychiatrist continues to send reports to the Physician Health Program. Dr. Waxman has also worked on the subject of boundaries in the doctor-patient relationship with his psychiatrist, a physician mentor/assessor and a sexual medicine specialist. Dr. Waxman was able to outline in detail potential boundary crossings and violations and how to avoid them in future. In addition he underwent psychological testing in November 2006 with no evidence of personality pathology.
- (iii) Having worked on updating his clinical skills, learning about boundary issues and continuing to participate in active and closely monitored psychiatric treatment, Dr. Waxman is fit to return to medical practice as a family physician and is not at risk for re-offending.

## **9) Independent Psychiatric Examination (March 2008)**

In March of 2008, Dr. Waxman underwent an independent psychiatric examination by Dr. T, M.D., FRCPC, with regard to his fitness to practice. Dr. T is a Professor at an Ontario University, Department of Psychiatry.

Dr. T interviewed Dr. Waxman on March 12, 2008 and reviewed the Decisions and Reasons for Decision of the Discipline Committee, dated January 16, 2003 and the reports of Dr. Y dated January 12, 2007, Dr. X dated October 1, 2007, Dr. Z dated August 2, 2006 and November 4, 2007, Mr. A, the Physician Health Program monitor, dated November 16, 2007, report from Dr. W dated October 19, 2007, Dr. V dated October 26, 2007, and Dr. U dated October 12, 2007.

Dr. T interviewed Dr. Waxman and offered his opinion that Dr. Waxman is unlikely to engage in sexual relationships with patients in the future providing his bipolar disorder does not relapse. Dr. T expressed concern about his practicing in an unsupervised fashion as he felt Dr. Waxman may have a tendency to blur interpersonal boundaries in certain circumstances where subtle factors may be an issue.

#### **10. Certificates and Letter Dated June 4, 2008**

In addition to the previously outlined reports and letters regarding Dr. Waxman's assessments, the following were also submitted in the Joint Book of Documents: (1) certificates confirming Dr. Waxman's participation in continuing education programs; and, (2) a letter dated June 4, 2008 from Dr. S, a community-based physician, practicing in a multidisciplinary medical clinic, advising that he is willing to act as a practice monitor and supervisor for Dr. Waxman should his certificate of registration be reinstated.

#### **PROPOSED ORDER**

Counsel submitted to the panel a jointly proposed order for the reinstatement of Dr. Waxman's certificate of registration with largely agreed upon specified terms, conditions and limitations. The College consented to the proposed order but submitted that, while the College acknowledged Dr. Waxman's efforts at rehabilitation, the terms and conditions of the proposed order needed to be stringent given the exploitative nature of his past conduct and the concerns of the independent psychiatrist/assessor regarding the potential for Dr. Waxman to continue to have some difficulties with subtle professional boundaries.

## **APPLICATION FOR REINSTATEMENT**

The following provisions of the Code are relevant to applications for reinstatement in relation to revocation for sexual abuse of a patient:

72(1) A person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings may apply in writing to the Registrar to have a new certificate issued or the suspension removed.

...

(3) An application under subsection (1), in relation to a revocation for sexual abuse of a patient, shall not be made earlier than,

(a) five years after the revocation...

...

73(1) The Registrar shall refer the application, if the revocation or suspension was on the grounds of,

(a) professional misconduct or incompetence, to the Discipline Committee.

...

(5) A panel may, after a hearing, make an order doing any one or more of the following:

1. Directing the Registrar to issue a certificate of registration to the applicant.
2. Directing the Registrar to remove the suspension of the applicant's certificate of registration.
3. Directing the Registrar to impose specified terms, conditions and limitations on the applicant's certificate of registration.

(5.1) A panel may not make an order directing that the Registrar issue a new certificate of registration to an applicant whose certificate has been revoked for sexual abuse of a patient unless the prescribed conditions are met.

In applications for reinstatement the burden of proof is on the applicant to establish suitability for reinstatement of his or her certificate of registration. The standard of proof is on the balance of probabilities.

In considering this matter the Discipline Committee considered all of the submissions made by counsel for Dr. Waxman and counsel for the College, and reviewed and relied on the evidence that was filed on consent. The Discipline Committee considered and applied the relevant sections of the Code and noted that the statute is silent on the criteria that the Committee should apply on an application for reinstatement. Counsel for both parties submitted that the factors to be considered on such an application were those set out by author Richard Steinecke, in *A Complete Guide to the Regulated Health Professions Act* (2007: Canada Law Book) at pages 8-14.4 to 8-14.5 regarding reinstatement applications and page 8-14.6, paragraph 8.330 concerning the factors usually considered relevant on an application for reinstatement. In addition, other panels of this Committee have reviewed the considerations that may be applicable on an application for reinstatement: see *Miller v. C.P.S.O.* (2004) at p.3, and *McHugh v. C.P.S.O.* (2005) at p. 8. These considerations include:

- i) the facts giving rise to the revocation;
- ii) changes in the physician's circumstances since the time of revocation;
- iii) the success of the physician's rehabilitation, including insight into past misconduct;
- iv) the physician's current mental health and future prognosis;
- v) the physician's current competency, skill and fitness to practice;
- vi) the physician's present character; and,
- vii) the public interest, particularly the protection of the public.

The Discipline Committee must be satisfied that the public would be adequately protected if the physician were re-admitted to practice. Significantly, the College consented to the application for reinstatement, provided that a number of specified terms and conditions formed part of the Committee's order, as discussed below.

**DECISION AND REASONS FOR THE DECISION**

The Discipline Committee accepted as true the evidence that was filed on consent.

In considering the jointly proposed order for reinstatement the Discipline Committee had the following concerns:

1. The frequency and duration of psychiatric treatment was not clearly specified in the proposed order;
2. An undertaking by the practice monitor/supervisor was not included;
3. No recourse was specified if reports of monitoring, treatment, etc. are not received within the specified time frame;
4. Dr. Waxman's graduated return to practice be limited to no more than 5 hours per day for at least the first 3 months after returning to practice in keeping with the recommendations made by the physician health psychiatrist who assessed Dr. Waxman; and,
5. The costs of chaperones, practice monitors, reporting and the reassessment to be performed at the end of one year of practice all be borne by Dr. Waxman.

Based on the evidence before the Committee, and all the circumstances of this case, the Committee concluded that Dr. Waxman had satisfied the burden of demonstrating to the satisfaction of the Committee that he could safely be returned to the practice of medicine, subject to the imposition of specified terms, conditions and limitations on his certificate of registration.

Having considered the facts giving rise to the revocation, the submissions made by counsel for Dr. Waxman and the counsel for the College, the relevant statutory provisions and taking fully into account the factors considered relevant on an application for reinstatement and the available case law, the Discipline Committee is satisfied that:

- (1) as supported by the reports and letters in the Joint Book of Documents,  
Dr. Waxman has made significant and solid efforts to safeguard his physical and mental health and to rehabilitate and reeducate himself regarding doctor-patient boundary issues and the fiduciary role of the physician in this relationship; and,
- (2) the following order, revised to address the concerns of the Discipline Committee as delineated above, is sufficiently stringent in its terms, conditions and limitation to ensure protection of the public.

The Committee concluded that the terms and conditions provide a careful and safe framework for Dr. Waxman's re-entry to practice. The Committee noted that the proposed terms, conditions and limitations were largely agreed upon by both the College and Dr. Waxman. From the Committee's perspective, the terms and conditions and limitations provide safeguards to ensure Dr. Waxman is appropriately supported, monitored and assessed in his practice and treated for his condition. The Committee concluded that the terms and conditions were appropriate in all the circumstances.

## **ORDER**

Therefore, on June 9, 2008, the Discipline Committee ordered and directed as follows:

1. THE DISCIPLINE COMMITTEE ORDERS the reinstatement of Dr. Waxman's certificate of registration and directs the Registrar to impose the following terms, conditions and limitations on Dr. Waxman's certificate of registration:
  - (i) Dr. Waxman will have a chaperone present for all professional encounters with female patients. The chaperone will be a registered health professional acceptable to the College and will execute an undertaking which will include keeping a log of all female patient visits.
  - (ii) The College will be entitled to monitor Dr. Waxman's OHIP billings and patient records on a quarterly basis until the re-assessment of his practice as contemplated by (ix) below has been satisfactorily finalized. Such quarterly monitoring to be accomplished by means of submissions to the

College of such OHIP billings, patient records and log book as the College shall specify. This provision does not restrict the College from attending at Dr. Waxman's practice location, at other times while clause (i) is in force, to request and review such OHIP billings, patient records and log books as contemplated by this provision to ensure compliance with the terms of his certificate of registration.

- (iii) Dr. Waxman will continue to receive treatment from Dr. X, or any other certified psychiatrist acceptable to the College who will provide reports to the College on a quarterly basis for a period of five (5) years from the date of this Order. Thereafter, Dr. Waxman will continue to receive treatment from a psychiatrist on an ongoing basis who will report to the College if he or she has concerns as to Dr. Waxman's fitness to continue in practice. The frequency of treatment shall be at the discretion of the treating psychiatrist but not less than quarterly. Dr. Waxman will comply with all treatment recommendations of his treating psychiatrist.
- (iv) Dr. Waxman will enter into a five (5) year contract with the Physician Health Program (that is, until 2013).
- (v) Dr. Waxman will practice in a group setting, under the supervision of a practice monitor acceptable to the College, who will execute an undertaking and who will report to the College on a quarterly basis.
- (vi) In the event that any of the reports contemplated by this Order are not received in accordance with the time frame specified and if such failure is not rectified within thirty (30) days of notice of the non-compliance being given to Dr. Waxman, the Registrar may suspend his certificate of registration until the report(s) is received.
- (vii) Dr. Waxman will go through the re-entry to practice program and comply with any requirements or recommendations.



- (viii) Dr. Waxman will re-enter practice on a graduated basis beginning with no more than twenty (20) hours per week and no more than five (5) hours per day for the first three (3) months of practice.
  - (ix) Dr. Waxman will agree to and cooperate in a reassessment of his clinical practice one (1) year after his return to practice. This will include the College reviewing his billing records and log books. The costs for the reassessment shall be borne by Dr. Waxman.
  - (x) The costs of the chaperone, monitoring and reporting shall be borne by Dr. Waxman.
- 2. THE DISCIPLINE COMMITTEE retains jurisdiction on the application of a party to vary the terms and conditions of this order.
  - 3. THE DISCIPLINE COMMITTEE directs the results of this proceeding to be included on the register.