

**DISCIPLINE COMMITTEE OF
THE COLLEGE OF CHIROPODISTS OF ONTARIO**

B E T W E E N:

COLLEGE OF CHIROPODISTS OF ONTARIO

- and -

DAVID W.G. ALLISON

NOTICE OF HEARING

THE INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE of the College of Chiropractors of Ontario (the “**College**”) has referred specified allegations against **David W.G. Allison** (Registration #930364) to the Discipline Committee of the College. The allegations were referred in accordance with paragraph 26(1)1 of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*. Further information about the allegations is contained in the Statement of Allegations attached to this Notice of Hearing. A discipline panel will hold a hearing under the authority of sections 38 to 56 of the *Health Professions Procedural Code* for the purposes of deciding whether the allegations are true.

**IF YOU DO NOT ATTEND AT THE HEARING IN ACCORDANCE WITH THE
PRECEDING PARAGRAPH, THE DISCIPLINE PANEL MAY PROCEED IN YOUR**

ABSENCE AND YOU WILL NOT BE ENTITLED TO ANY FURTHER NOTICE IN THE PROCEEDINGS.

If the discipline panel finds that you have engaged in professional misconduct, it may make one or more of the following orders:

1. Direct the Registrar to revoke your certificate of registration.
2. Direct the Registrar to suspend your certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions and limitations on your certificate of registration for a specified or indefinite period of time.
4. Require you to appear before the panel to be reprimanded.
5. Require you to pay a fine of not more than \$35,000 to the Minister of Finance.

The discipline panel may, in an appropriate case, make an order requiring you to pay all or part of the College's costs and expenses pursuant to section 53.1 of the *Health Professions Procedural Code*.

You are entitled to disclosure of the evidence against you in accordance with section 42(1) of the *Health Professions Procedural Code*, as amended. You, or your representative, may contact the lawyer for the College in this matter:

Debra McKenna
WEIRFOULDS LLP
Barristers & Solicitors
4100-66 Wellington Street West
PO Box 35, TD Bank Tower
Toronto, ON M5K 1B7
t. (416) 947-5080
f. (416) 365-1876
e. dmckenna@weirfoulds.com

You must also make disclosure in accordance with section 42.1 of the *Health Professions Procedural Code*, which states as follows:

Evidence of an expert led by a person other than the College is not admissible unless the person gives the College, at least ten days before the hearing, the identity of the expert and a copy of the expert's written report or, if there is no written report, a written summary of the evidence.

Date: July 28, 2020



Felecia Smith, LL.B., Registrar
College of Chiropodists of Ontario
Dundas Street West
Toronto, Ontario
M5G 1Z8

TO: David W.G. Allison
2494 Danforth Avenue
Unit #205
Toronto, Ontario
M4C 1K9

STATEMENT OF ALLEGATIONS

1. At all material times, David W.G. Allison (“**Mr. Allison**” or the “**Member**”) was a registered member of the College.

2. During the period of time from approximately January 2020 to February 2020 (the “**Relevant Period**”), Mr. Allison engaged in professional misconduct within the meaning of the following paragraphs of section 1 of the *Professional Misconduct Regulation*, O. Reg. 750/93 under the *Chiropody Act, 1991*:
 - (i) paragraph 2 (failing to meet or contravening a standard of practice of the profession) and, in particular, the College’s standards pertaining to:
 - i. Assessment and Management;

 - ii. Competence;

 - iii. Patient Relations; and/or

 - iv. Records;

 - (ii) paragraph 11 (giving information about a patient to a person other than the patient or his or her authorized representative except with the consent of the patient or his or her authorized representative or as required or allowed by law);

- (iii) paragraph 15 (failing to advise the patient to consult with a physician or other regulated health professional where the member recognizes, or ought to recognize, a condition that is beyond the competence or experience of the chiropractor or that requires such a consultation to ensure the proper care of the patient);
- (iv) paragraph 17 (failing to keep records as required by the regulations);
- (v) paragraph 30 (contravening the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts), specifically:
 - i. Ontario Regulation 750/93 (Professional Misconduct) under the *Chiropractic Act, 1991*, as specified in this Notice of Hearing;
 - ii. Ontario Regulation 203/94 (General) under the *Chiropractic Act, 1991*, and, in particular, Records (Part III); and/or
 - iii. section 51(1)(c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*; and/or
- (vi) paragraph 33 (engaging in conduct or performing an act, in the course of practising the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional).

PARTICULARS OF THE ALLEGATIONS

1. At all material times, Mr. Allison was a chiropodist registered with the College to practise chiropody in the Province of Ontario.
2. During the Relevant Period, the Member engaged in the practice of chiropody at The Foot Guy located in Toronto, Ontario (the "**Clinic**").
3. On or about February 29, 2020, the College received a complaint from P.H. about the Member (the "**Complaint**"). As set out in the Complaint, P.H. is the brother of M.H., a patient of the Member.
4. On or about January 23, 2020, the Member had an appointment to assess M.H. It was the Member's first visit with M.H.
5. M.H. had made the appointment because he had developed a blister on his right foot following ice-fishing on or about January 19, 2020. At the material time, M.H. was 58 years old.
6. Upon arrival at the Clinic, M.H. was provided with a patient intake form to complete and then brought into the examination room to see the Member.
7. The Member did not take and/or record any patient history in his clinical notes.

8. On examination, M.H. presented with a large lesion on the right lateral edge of the right foot. The area around the lesion was swollen. The lesion and/or swelling extended up the leg.
9. The Member queried and charted in his clinical notes whether the lesion was cellulitis.
10. The Member then applied a 10% povidone iodine solution to the right foot and covered the lesion with a sterile dressing. He provided M.H. with directions for changing the dressing and prescribed him with a 7-day course of amoxicillin, with two repeats.
11. According to the Member, M.H. then left the Clinic with directions to follow-up with a family doctor.
12. Approximately a week or so later, M.H. contacted the Member and inquired about refilling his prescription. The Member spoke to M.H., but did not see M.H or make any follow-up appointment. The Member did not record any discussion with M.H. in his clinical notes.
13. That was the last contact the Member had with M.H.
14. On or about February 26, 2020, M.H. attended at the emergency department at Michael Garron Hospital in Toronto. On presentation, M.H. complained of sweats and chills, increased swelling, and a discoloured wound on his right foot.

15. Upon admission to the hospital, it was noted that M.H.'s blood glucose level was 27.2.
16. M.H. was ultimately diagnosed on February 26, 2020, with a gangrenous foot and taken to the operating room later that day for an above-the-knee amputation.
17. On or about February 29, 2020, P.H. attended at the Clinic and spoke with the Member. At that time, P.H. requested his brother's patient records. The Member provided the records to him.
18. No consent from M.H. was obtained by the Member prior to providing P.H. with his brother's patient records.
19. M.H. was discharged from Michael Garron Hospital to the Providence Healthcare for rehabilitation on or about March 5, 2020.

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Chiropodists of Ontario
