

COLLEGE OF CHIROPODISTS OF ONTARIO

Agenda

Meeting of the Council of the College of Chiropractors of Ontario

180 Dundas Street West

19th Floor Boardroom

Toronto, Ontario

Friday, February 20, 2015

9:00 a.m. - 5:00 p.m.

Present

Professional Members

Christine Burton

Julie DeSimone

Peter Guy

Stephen Haber

Jamie Maczko

Cesar Mendez

Peter Stavropoulos

Millicent Vorkapich-Hill

Public Members

Donna Coyne

Khalid Daud

Ray Ferraro

Grace King

Sohail Mall

Agnes Potts

Regrets:

Christine Burton

Wilhelmina Gonzales

Ann-Marie McLaren

Staff: Felecia Smith, Registrar and CAO

Legal Counsel: Alan Bromstein

Observers:

John Hardy

Shel Freelan

Sonia Maragoni

Bruce Ramsden, President, OPMA

Sarah Robinson, President, OSC
Sarah Soteroff, Senior Communications Consultant working with the OSC
Rosemarie Childerhose - Manager, Market Access & Government Affairs—National Advocacy,
Valeant Canada

Part 1

1. Call to Order, Appointment of Secretary, Approval of the Agenda

The meeting was called to order at 9:00 a.m. by the President, Jamie Maczko who acted as Chair. Mr. Ray MacDonald was appointed secretary.

2. Declaration of Conflict of Interest, Taping Policy, Welcoming Policy, Welcoming of Observers

There were no declarations of conflict of interest with respect to the approved agenda. The policy against taping of the meeting was announced by the President. All observers were welcomed by the President.

3. Approval of the Agenda

Mr. Mazcko indicated that agenda Item 5.6 relating to the draft Orthotic Standard should become Item 4.6 as it is for information purposes, not decision.

MOTION

MOVED BY: Sohail Mall

Seconded by: Donna Coyne

That the agenda be approved.

CARRIED UNANIMOUSLY

4. Approval of Minutes of the October 17, 2014 Meeting

MOTION

MOVED BY: Sohail Mall

Seconded by: Stephen Haber

That Council approve the minutes of the October 17, 2014 meeting, as presented.

CARRIED UNANIMOUSLY

The President thanked Mr. Ferraro for his service to the College and the public of Ontario for the past 10 years. He also welcomed Ms. Agnes Potts, the College's new Public member.

****THE AGENDA ITEMS MAY NOT NECESSARILY BE DEALT WITH IN THE ORDER THEY
APPEAR****

Part 2

Items for Information Purposes

Update and Discussion

4.1 HPRAC Update

Mr. Gracey provided an update. The College's submission went to HPRAC as scheduled at the end of November. The public consultation has been underway since that date and extends to March 20, 2015. It provides an opportunity for all stakeholders and members of the public who are interested in doing so to comment on the College's submission, the position the College has taken and the recommendations the College has made. HPRAC also reached out to a number of stakeholders, especially with a focus on seniors (e.g. Ontario Long Term Care Association, Ontario Association of Non Profit Homes). Basically they are interested in understanding what the obligations are for those in the senior sector in terms of providing foot and ankle care to seniors and in particular, what the situation is in the long term care homes sector. They both supported the College's recommendation to convert to a North American style podiatry model, although they acknowledged that the impact on the long term care home sector would not be that significant and that there would still be serious access problems to qualified foot care in that particular sector. The College has also proactively reached out to stakeholders to ask if they have read the submission, if they have any questions or concerns. A few stakeholders have asked to meet with the College to discuss the submission. We met with the Registered Nurses Association of Ontario and the Ontario Chiropractic Association has asked for a briefing.

Mr. Maczko and Stavropoulos met with the head of the Podiatric Association of Canada, Mr. Jonathan Strauss on February 4, 2015 in Kitchener. Mr. Maczko informed Council about the meeting by indicating the issues that the Podiatrists had with the College's submission and the Podiatric Association's response to the issue as follows:

Issue 1

"In response to Q1 on p.13, the document states that podiatrists have "advocated to insurance companies that podiatrists alone should be recognized for manufacturing, dispensing and fitting foot orthotics and orthopedic shoes."

PAC Response:

The Podiatric Association (PAC) has always stated to insurance companies, including at meetings of CHCAA and CLHIA, that there should be four dispensers of foot orthoses – chiropodists, orthotists, podiatrists and podiatrists.

Issue 2

In response to Q1 on p.13, the document states that podiatrists "have claimed that chiropodists and podiatrists have a conflict of interest when they both prescribe and dispense foot orthotics."

PAC Response

PAC has not held this position for many years.

Issue 3

The Pedorthic Association of Canada was omitted from the list of stakeholders on pp.25-27.

PAC Response

PAC consulted with the College regarding this HPRAC submission on March 24, 2015 and should be included as a stakeholder. In fact, PAC has been in talks with the College since 2009.

Issue 4

In response to Q1 on p.13, the document refers to the Pedorthic Association of Canada as the "Canadian Association of Pedorthists."

PAC Response

We respectfully ask that we be referred to correctly in all instances.

Shortly after the consultation ends, HPRAC will publish whatever submissions they have received. It is important that the College quickly and carefully analyze the submissions, to determine what the issues are, if there are thematic problems and where the support or opposition is. As HPRAC has done in the past, they will call the College in to ask their view about what has been received. The College must be able to respond quickly as HPRAC is scheduled to make its report with recommendations to the Minister around the end of July. Apparently there is pressure for HPRAC to meet the timetable. The report should be on their website. The College will again need to analyze what HPRAC is recommending and whether it is acceptable or unacceptable and how it may or may not work. The Minister could institute another round of consultations. As the Minister has done in the past he would talk to the College and the Association about how this is going to work.

Comments from stakeholders thus far have been very positive. Mr. Gracey indicated that there have basically been 3 themes from the stakeholders:

1. Given the heterogeneity of the profession and given the current registrants under the College's proposal and the fact that people are going to be grand parented, how will the College manage the transition?
2. How will the College ensure that people have the competencies they need in order to perform safely and effectively the new authorized acts they have elected to perform?; and
3. How are members of the public and other health care practitioners going to be able to distinguish between who can do what and who cannot do what and does the College have the capacity to do so?

It is interesting that in the Journal of the U.K. Society of Chiropodists and Podiatrists, an article basically said that the College has got it all wrong and the College should be adopting a chiropody model. When the College discussed the U.K. model we dealt directly with the regulatory body in the United Kingdom, the Health and Care Professions Council. The submission reproduced verbatim what we were told.

HPRAC has also asked to be able to conduct a site visit of two clinics. The College has made every effort to reach out to all stakeholders, to touch base, to request meetings and to offer

further dialogue right across the board. It is unusual for Colleges to make submissions. The CPSO apparently intends to make a submission.

4.2 Retaining Experts to Assist the College – Update

Mr. Stavropoulos updated Council on this initiative. It is evident that we need to develop a roster of experts under a number of subject categories. The College put out a call to the membership in December and we received thirty interested applicants. This has been under the oversight of ICRC counsel. We have a selection panel consisting of Ms. King, Meaghan Hault, the Registrar and Mr. Stavropoulos.

4.3 Transparency Initiative* (see also 5.3 below)

4.4 Clinic Oversight

The question of oversight of clinics arose through the HPRAC review. We need a mechanism in place to ensure that the public is safe. There are also concerns about multi-disciplinary clinics. There is a coalition of Colleges considering creating a policy or standards or guidelines that would govern their members in terms proper practice in such facilities. The Registrar was directed by Executive to contact the appropriate colleges and Registrars in B.C. and Alberta to obtain some guidance. The Registrar advised that she had heard back from the College of Physiotherapists which is the College that has begun the process in Ontario. The consortium includes speech language pathologists, chiropractors, kinesiologists, massage therapists and occupational therapists. They have formally extended an invitation to our College to join the group. Their aim is to develop a proposal to government for the regulation of clinics. The Council at the College of physiotherapists made the decision to pursue clinic regulation based on growing concerns about the connection between private ownership of clinics and the financial pressures on the professionals who work there. Lack of regulation in the business practices side could compromise quality of care and ethical business practices.

4.5 Acupuncture

This arose as a result of the HPRAC review. Members of the College are able to do acupuncture. The College does not, however, have a standard or position in place as yet in relation to acupuncture. Mr. Bromstein reminded Council that no matter what, it is professional misconduct to do something you are not trained or competent to do. Standards of Practice are not force of law. Standards guide the profession in understanding what the College believes that right thinking members of the profession would do in a case. Members must also be treating the foot in relation to any acupuncture undertaken.

Mr. Bromstein suggested that we could develop a standard or some form of position or guideline. The matter will go back to the Executive Committee who will look at the options of a policy or standard and then come back with a formal recommendation to Council at the next meeting.

4.6 Delegation

Mr. Bromstein explained that s.27 of the *Regulated Health Professions Act* (RHPA) says that no person shall perform a controlled act set out in section 2(2) in the course of providing health care service to an individual unless the person is a member authorized by a health profession Act to perform the controlled act. That is the reason that we have authorized acts or the

performance of the controlled act has been delegated to the person by a member who does not have the authorized act. If a person is going to delegate, the delegation of a controlled act by a member must be in accordance with any applicable regulations under the *Regulated Health Professions Act* governing the member's profession. Many years ago, government presumed that there would need to be a regulation for a person to accept delegation or to delegate any of their controlled acts. If a regulation is in place, it must be allowed. In the absence of a regulation, a member can delegate anything, a member can accept delegation of anything from a person who themselves has the authority to do the act. The College of Physicians and Surgeons has taken the position that delegation only occurs outside of a hospital setting and only for a person who is the physician's patient. Mr. Bromstein indicated that he could not think of a situation where our members ought to be delegating their authorized acts to someone else who themselves cannot do it under their legislation. The member is putting themselves at risk. If something is delegating to another individual an act that is outside their scope, why would they do it and do they have any insurance coverage for it? Authorized acts are what set members apart from unregulated professionals. Delegation is a way to give another person the legal authority to do a controlled act that they would not otherwise be entitled to do.

4.7 Great West Life Survey

The College was approached by Great West Life to participate in a survey. The Practice Working Group and the Executive Committee were involved in preparing the response. The responses were supported by scientific research as is appropriate in all medical circumstances. The College receives a number of questions from insurance companies about different treatment modalities.

4.8 Tens Unit – follow up regarding a question from an insurance company

This was another question from an insurance company. It related to whether a member was able to sell a Tens Unit and whether this was within the scope of practice. The employee at the insurance company was referred to the College's Conflict of Interest Policy and the Professional Misconduct Regulation. The question was in two parts; what are the indications for a Tens Unit and when would it be used to treat conditions?

It was explained that a tens unit allows a person to put electrodes on the part of the body that needs it and electricity runs through the pads and to one's muscles. The units are available in Shoppers Drug Mart. They can only be used within the scope of practice of the profession. Mr. Bromstein suggested that these types of devices be sold to the patient at cost as a service.

4.9 Letter from Minister Hoskins dated December 24, 2014

The Minister has put together a task force to look into the prevention of sexual abuse of patients. The members of the task force are Mary Lou McPhedran, Roy McMurtry and Sheila McDonald. The Ministry has asked all the Colleges for 10 years of history for either ICRC or discipline matters that the College has dealt with relating to sexual abuse of a patient and boundary issues. The Federation is planning a teleconference to try to ensure that everyone is interpreting the questions the same way and using the same language. Our College has only dealt with one matter that related to a boundaries issue. The Executive Committee will review the College's response before it is sent to the Ministry.

4.10 Healing Arts Radiation Protection Act – Initial Meeting regarding potential amendments to the Act

The College attended a meeting with representatives of HARP. The materials found at Tab10 of the Council binder explain what transpired at the meeting and the outcomes.

4.11 Expenses for Council and Committee members – should we develop a more up-to-date policy that provides guidelines for hotel accommodation, meals etc.

This is a reflection of the College's promise to the membership that we will review all opportunities to save costs. One area we need to review is the cost of accommodations. The College does not have enough demand to block book a hotel. This matter will be further explored by the Executive Committee.

4.12 Genesis Wart "Treatment"

The report prepared by the Technical Committee was reviewed and supported by the Executive Committee. The report before Council clarifies for the insurance company the question they posed. In the future, the College will try to fine tune the question to ensure that is easier for the Committee to deal with.

Part 3

5. For Decision

Items for Decision

5.1 Proposed Budget for 2015

The Registrar read out the questions posed by a Council member and the responses from the College's auditor, Mr. Vinay Raja:

1. What is the likelihood of the College recouping the money from the two discipline matters that have been decided (Frizzell and Quereshi)?

Mr. Raja responded by saying that when the discipline committee issues an order to a member to pay costs or whatever, it becomes an account receivable of the College. Each year, when they do their audit they evaluate the accounts receivable as to the collectability. In their opinion, if the receivable is impaired, they would make an allowance for the same. The Registrar advised that the College has received \$20,000.00 from Mr. Quereshi and have post-dated cheques from both members for the remaining amounts.

2. I do not see comments about the College's reserves. Where will the reserve fund be if we remain within the 2015 budget? Is there anything we are planning for that will help grow the reserve?

We plan to replenish the reserves and build the reserves from surpluses achieved in operations. Obviously the best way to grow them is not to spend a lot of money this year. The budget for 2015 projects a surplus of approximately \$200,000. If at the end of the day we do achieve the surplus, management might request or recommend to Council that the surplus be transferred to a hearing and discipline reserve fund as opposed to a general fund.

3. Is the auditor the same person from the same company that does our books?

No the person that does our books is an independent contractor, nothing to do with the audit firm.

4. In the auditor's perspective, what is draining our resources the most, salary, ICR, HPRAC review, legal fees?

All of the above. Mr. Raja said that if we were to review the financial statements of the College over the years the College generally incurs deficits as a result of costs incurred for investigations, hearing, discipline, etc. and it also incurs costs in order to be compliant with regulatory matters under the RHPA. There are also certain fixed costs associated with the operation of the College such as occupancy, human resources matters, rent, etc..

5. What have we done to help monitor and bring the ICRC cases down? Do we have stats on the type of cases?

The College constantly discusses where the complaints are in the newsletter and, where appropriate, by way of e-blasts. We are trying to contain costs by advising members that the issues discussed are on the College's radar.

Mr. Stavropoulos has indicated that on a going forward basis, the ICRC and discipline costs will be separated so that it is easier to budget.

A question was raised about the cost of credit card charges. The Registrar indicated that she had spoken to the auditor about this and he said it is the cost of doing business. The amount is higher this year because our fees and expenses have increased. We want an amount in the budget that will not be exceeded. The College does not control these expenses. In the past, when the College only accepted Visa, members were very unhappy. The College could make members aware of the charges for using a credit card if they feel empathetic they might be inclined to pay by cheque. Most corporate fees [those members that have a corporation] are paid by cheque.

MOTION

THAT Council approve the 2015 budget, as presented.

CARRIED UNANIMOUSLY

5.2 Inhalation Regulation – Standard of Practice

A question was raised why the document distinguishes between chiropody and podiatry practices. Mr. Mendez indicated that the wording should actually have been changed to practitioner or member. Mr. Bromstein indicated that the document is not final and will go through a number of iterations. If this was to be circulated to the membership, the language needs to be changed.

The portion of the standard that deals with member's authorization certificate should not be circulated. The Executive could circulate this to members for comment without the section about member authorization certificates included. We might simply advise that we anticipate that there will be a system put in place regarding the issuance of certificates to members who wish to be authorized to provide inhalation. If there is a certificate, it is likely to be on a cost

recovery basis for those members who want the certificate. Therefore Council members are to provide their comments on the Inhalation Standard of Practice. The Executive Committee will review the comments and then circulate it to the membership for comment.

5.3 Possible by-law amendments –Article 42 -Recommendations to Council Relating to Transparency

In or about October 2014, Minister Hoskin's sent a letter to all the health regulatory Colleges indicating that the government wished to increase transparency at the regulatory Colleges and elsewhere. He requested specific information about the College's transparency initiatives. The College responded explaining what initiatives we currently undertake to increase transparency and what new measures we will undertake to increase transparency. The AGRE Colleges had put together a seminar about what all Colleges may consider in terms of their transparency initiatives. The intent was to ensure that all Colleges were basically taking the same approach. Most Colleges are undertaking the same initiatives although they are at different stages of progress with respect to amending their by-laws. The College had earlier approved the AGRE principles.

Section 23 of the Health Professions Procedural Code of the *Regulated Health Professions Act* lists 14 items that must be made public on the College's website with regard to members. This is Article 42.05 of the bylaw. The College is also allowed to put in place added transparency. Article 42.06 of the by-law includes a number of items that the College has added to the public register. Most colleges believe that it is unfair to make all complaints public since some complaints have no merit at all and it affects the reputation of the member.

The proposed amendments to the By-law relate to the transparency of the Inquiries, Complaints and Reports (ICRC) process as follows:

1. Adding the words "Subject to **article 42.02**". This is housekeeping amendment because the current by-law includes an incorrect article reference;
2. Oral Caution – Article **42.06 9.1** –where a decision of the ICRC is made on or after October 1, 2015 and includes a requirement that the member attend before a panel of that Committee to be cautioned, the public register would contain a notation of that fact, including a summary of the caution, the date of the panel's decision and if applicable, a notation that the panel's decision is subject to a review or appeal and is therefore not yet final. A panel only makes that decision based on the information before it. In the case of an oral caution, the ICRC believes that what the individual has done is, at the very least, inappropriate and very likely professional misconduct but it does not warrant a discipline hearing. It is an opportunity for peer to peer or group to group to make it very clear how serious the matter is. The requirement to attend for an oral caution would ultimately be determined by the ICRC and the circumstances for doing that would be determined as a policy of the ICRC. There must be a level of risk to the individual's action in order to get it to the point where the ICRC is going to require the person to attend;
3. Specified, continuing education or remediation program (SCERP) – **Article 42.06 9.2** On the public register there would be a notation of the fact that the member must complete a SCERP, including a summary of the continuing education or remediation program(s), the date of the panel's decision and, if applicable, a notation that the panel's decision is subject to a review or appeal and therefore is not yet final;

4. Articles **42.08.01** and **42.08.02** - The recommendation is that the oral caution will remain on the register for 24 months after the Registrar is satisfied that the member has appeared before a panel of the ICRC and received a caution. In terms of a SCERP, the recommendation is that the notation be removed once the Registrar is satisfied that the member has successfully completed the SCERP, including any monitoring associated with it. The College felt that it was balanced and fair. Once the SCERP and any monitoring is finished, by having it continue on the register suggests that the College believes that the person is still deficient when in fact the member is no longer deficient;
5. Court imposed Restriction on a Member's Right to Practise– Article **42.06 10.1** This is a new provision which will add to the public register a summary of any existing restrictions in the member's right to practice that have been imposed by a court or other lawful authority. This is applicable if the College is aware of the restriction, including the name of the court or other lawful authority that imposed the restriction and the date the restriction was imposed. If we are aware that a court has restricted the member's right to practise, that should be noted;
6. Referral to Discipline – **Article 42.06 16** - This refers to information the College will put up on its website respecting allegations referred to the Discipline Committee. The College is already posting this information. The amendment stipulates that the date of the referral, a brief summary of each specified allegation, the status of the hearing including the hearing date if one has been set, the next scheduled date for the continuation of the hearing if it was adjourned to a specific date or if the hearing was adjourned without a specific date, a notation to that effect and the Notice of Hearing all must be included. The public will now be able to follow what is going on;
7. Finding of Guilt by a Court - **Article 21.1** A summary and finding of guilt which the College is aware of if made by a court on or after January 1, 2015 against the member in respect of any criminal offence in any jurisdiction that the Registrar has reviewed and determined is relevant to the member's suitability to practise. This will be on the public Register.

There was a discussion of whether a written caution should continue to be referred to as a caution. Instead perhaps the College could use the words 'we would advise' or 'we would strongly recommend.'

MOTION

THAT Council approve in principle, amendments to the College's By-Law No. 1 General found at page 103-104 of the Council book

CARRIED UNANIMOUSLY

5.4 Standing Drug Committee

The amendments to the Regulation began years ago. The College sent out a survey to the membership asking what drugs they wanted in order to update the drug list. The final list before Council captures drugs that would fit into the current scope of practice. The Committee was advised not to include anything that would reflect or look like an expansion of scope. The list therefore does not include all the drugs that were on the survey – it has been pared down. It does include the narcotics that were allowed federally under the New Classes of Practitioners

Regulations. In order to propose a regulation amendment, the College needs to change the existing Regulation.

In the Regulation, there was no longer any need to differentiate between podiatrists and chiropodists. The Regulation is about members. There is nothing on the list that one class is allowed to do that the other class is not allowed to do. Initially the list was not like this due to controls under Federal legislation. There are a number of drugs that have been added and there are references to the maximum duration and the maximum daily dosage of drugs which is in s.4(1) of the Regulation.

The Registrar advised that she spoke to her contact at the Ministry within the last three weeks. She was advised that they will not entertain classes of drugs from any health profession at this point. She was also advised that in terms of the narcotics, the Ministry has a great deal of 'homework' that they must first complete when narcotics legislation is introduced to more professions. This must be finalised before they can entertain any amendments in relation to narcotics. However, this person indicated that the College should send up the list, including the narcotics, because the Ministry will then be forced to deal with it. The Registrar contacted the College of Midwives and they indicated that they have not begun the process of dealing with the narcotics legislation. It was recommended that the COLlege approach the CNO to determine if we could work together to approach government to request that this be expedited and moved along as quickly as possible.

Mr. Mendez raised the question of whether Tavaborole 5% solution should stay on the list when we circulate it because it is currently only available in the United States,. Mr. Bromstein suggested that when the College ultimately circulates the amended regulation to government, if it is still not available in Canada, then we can either take it off or we can make a notation to government that we expect it to be available although it is not recurrently available.

MOTION

Moved by: John Infanti

Seconded by: Jamie Maczko

THAT Council approve in principle, the recommendations regarding the drug list found at pages 111-115 of the Council book and that the proposed regulation amendment be circulated to members and other stakeholders for at least 60 days for comment.

CARRIED UNANIMOUSLY

5.5 Directors & Officers Insurance Coverage

The recommendation from the Executive Committee is that no change in the current coverage needs to be put into effect. Council reviewed the information and no action was taken. Mr. Guy suggested that since the College has never had a claim that we revise the policy to one which has a \$5,000.00 deductible but at the same limit. If there is an administrative cost to change this, the Executive Committee may consider a \$5,000.00 deductible on the renewal term because on the renewal term there would be no cost. It was determined that the insurance would be brought back to the Executive Committee at the next meeting, including the commercial insurance.

5.6 Special Accommodation Policy - Registration Examination

The policy was reviewed by a lawyer at WeirFoulds who has a particular interest and experience dealing with human rights complaints and tribunals. In the future, people will only be able to write the examination a limited number of times and this will become even more important. The same accommodations are made in the educational field.

MOTION

THAT Council approve the accommodation/registration examination policy, as appended.

CARRIED UNANMOUSLY

5.7 Orthotics Standard of Practice

Mr. Haber referred to PCFO- Casting methods – and indicated that he believes that the standard should say that all casts must be evaluated and compared to the patient’s feet by the member or a designated colleague while the patient is still in the office before being sent to the lab. The following suggested changes were made to the standard:

1. “Under PCFO - Part A subsection v – p. 170 – change to Methods for Obtaining a 3-D Anatomic Volumetric Foot Model for PCFO. “

Members using foam will be against the standard. However, Mr. Bromstein pointed out that if right thinking members of the profession and the experts involved were to say that in this circumstance foam is not within the standard of practice of this profession, then they are committing professional misconduct by using it.

MOTION

THAT Council approve the amendment to the orthotics standard title of that subsection under PCFO, Part V to Methods for Obtaining a 3-D Anatomic Volumetric Foot Model for PCFO.

CARRIED

Under PCFO – Part A subsection v – p.170 – third bullet: All casts/scans must be evaluated by the Member or designated colleague (Chiropodist or Podiatrist) before being sent to the lab, which evaluation must include a comparison of the patient’s foot to the cast/scan to ensure that it is an accurate reflection of the patient’s condition and the contours of the patient’s foot. Where a cast or scan is being taken by a properly trained assistant, for example, the Executive believed that the cast or scan had to be checked against the patient’s foot before the patient was allowed to leave. Every single case should be checked.

- 2.

MOTION

THAT Council approve under PCFO, Part A subsection v second bullet to read casting/scanning and under the third bullet will read all casts/scans and we will add “which evaluation must include a comparison of the patient’s foot to the cast/scan to ensure that it is an accurate reflection of the patient’s condition and the contours of the patient’s foot.”

CARRIED

3. Under Part V – DISPENSING PRESCRIPTION CUSTOM FOOT ORTHOSES TO THE PATIENT an amendment would read:

Best practice would have the custom foot orthoses both prescribed and dispensed by the same practitioner in order to provide patients with a seamless continuum of care and to ensure that there is no fragmentation or confusion of responsibility or liability for results.

However, another designated member (chiroprapist or podiatrist) may dispense the prescription custom foot orthoses to the patient.

Motion

THAT Council approve the amendment above.

CARRIED

A discussion ensued as to whether a fitting or dispensing maybe delegated. The belief is that the member must dispense the orthotic in order to ensure that the patient has the best chance of it functioning well for them. Patients also complain that the person who they saw and prescribed the orthotic was not there to have it fitted. From a protection of the public point of view, that is what sets our members apart.

4. The appendices will not form part of the standard.

MOTION

THAT Council delete Appendix A in the Orthotic Standard

CARRIED

5.

MOTION

THAT Council approve the Standard of Practice, as amended.

CARRIED

1 AGAINST

5.8 Radio Frequency Ablation – Continuing Follow-up

After the last Council discussion, it was determined that we would advise members in our newsletter that the College is looking into this further and we will get back to them when the review is complete. It was agreed that this would be dealt with at the June Council meeting.

5.9 Discipline Committee – Adding Ms Agnes Potts to the Committee

MOTION

MOVED BY: Ray Ferraro

SECONDED BY: Sohail Mall

THAT Council add Agnes Potts to the Discipline Committee

CARRIED UNANIMOUSLY

Part 3

6. Other Statutory Committee Reports

(Available from committees that have met since the last meeting of Council)

- 6.1 ICRC – Peter Stavropoulos
Report as presented
- 6.2 Discipline – Wilhelmina Gonzales
Report as presented
- 6.3 Quality Assurance [no report]
- 6.4 Registration – [no report]

Part 4

7. Working Group Reports

- 7.1 Practice Working Group [oral report]
- 7.2 Registration Examination – (Stephanie Shlemkevich & Meghan Hoult)
- 7.3 HPRAC Referral Committee – (see agenda item 4.1 above) Peter Stavropoulos & Jamie Maczko [oral report]
- 7.4 Education Committee – [no report]
- 7.5 Standing Drug Committee (see agenda item 5.8 above) – Cesar Mendez [oral report]

8. In Camera Session

9. Next Meeting

- 8.1 Items for Agenda – Next Council Meeting
- 8.2 Next Meeting Date – June 19, 2015

10. Adjournment