

COLLEGE OF CHIROPODISTS OF ONTARIO

Minutes

Meeting of the Council of the College of Chiropractors of Ontario

180 Dundas Street West

19th Floor Boardroom

Toronto, Ontario

Friday, June 19, 2015

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

Present

Professional Members

Christine Burton

Julie DeSimone

Peter Guy

Stephen Haber

John Infanti (for the first portion of the meeting)

Jamie Maczko

Cesar Mendez

Peter Stavropoulos

Millicent Vorkapich-Hill

Public Members

Donna Coyne

Khalid Daud

Wilhelmina Gonzales

Grace King

Sohail Mall

Agnes Potts

Regrets:

Ann-Marie McLaren

Staff: Felecia Smith, Registrar and CAO

Legal Counsel: Alan Bromstein

Observers:

John Hardy

Andrew Klayman

Sonia Maragoni

Bruce Ramsden, President, OPMA

Sarah Robinson, President, OSC

Ross Wallace, Representative of Santis Health
Rosemarie Childerhose - Manager, Market Access & Government Affairs—National Advocacy,
Valeant Canada

Part 1

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, Peter Stavropoulos who acted as Chair.

MOVED BY: Peter Stavropoulos

Seconded by: Jamie Maczko

That Council appoint Ray Macdonald as the June 19, 2015 secretary

CARRIED UNANIMOUSLY

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

MOTION

MOVED BY: Donna Coyne

Seconded by: Agnes Potts

That the agenda be approved

CARRIED UNANIMOUSLY

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

There were a number of suggested amendments to the minutes:

1. Christine Burton was absent
2. Wilhelmina Gonzales was absent
3. Ray Ferraro was present.
4. The Registrar is the CAO of the College

MOTION

MOVED BY: Sohail Mall

Seconded by: Stephen Haber

That Council approve the minutes of the February 20, 2015 as amended.

CARRIED UNANIMOUSLY

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

Part 2

Items for Information Purposes

Update and Discussion

5.10 Possible change of Council and Committee Composition*

MOTION

THAT Council request that John Infanti resign as a member of Council, effective immediately

MOTION

THAT if Mr Infanti's resignation as a Member of Council has not been received before 12:01 a.m. June 20, 2015 that he be removed from all committees and working groups of the Council at that time

Mr. Infanti was invited to speak. He provided to Council members with written hand-out information. Mr. Infanti said the following. He indicated that it was unfortunate that the Executive had chosen to not allow him to explain himself more formally prior to today. The comments he made on Facebook were done on a member only site whose banner carries the words "secret group" in its header. He indicated that he was upset by the e-mail sent by the complaints officer on April 21^s and that he reacted like most people would when they feel that they are being bullied and treated unfairly. Mr. Infanti indicated that some of the issues referred to in the e-mail (e.g. use of chiropodist/podiatrist or a picture of an x-ray image on his home page) are reminiscent of an issue put forward when the OPMA launched attacks on chiropodists. He felt that the issues raised in the e-mail were very silly, petty and vexatious. Another issue raised from the College was that the URL suggests podiatric medicine. He visited the website of the Michener and everywhere there are courses listed such as Podiatric Medicine 1, 2 and 3. He felt it was offensive that the College had said that he had not identified himself as a chiropodist. Mr. Infanti indicated that despite his upset, he politely asked the College for clarification. He indicated he made changes to his website under duress because of a lack of guidance. He said that he was trying to help the profession with his first post on Facebook. He was only asking anyone else if they were being attacked the way he was so the OSC or CFPM could deal with it. Mr. Infanti indicated that he made a mistake in his choice of words on the second post. He was attempting to convey the message that if the OSC had more resources it would be able to stop the OPMA's frivolous campaigns [if this was indeed a campaign] and destroy these campaigns – that is what Mr. Infanti indicated was the meaning of the second post. He apologized and indicated that he did not wish anyone harm. He said that he wanted to provide his side of the story so that people will know the whole story and can judge him accordingly.

Mr. Bromstein indicated that in order for a motion to be before Council, the Executive Committee needed to bring the motion and had to do so in a particular time frame so that members of Council would be aware of it. The Executive Committee had offered to meet with Mr. Infanti the morning of the Council meeting. Members of the Committee were willing to withdraw the motions if the explanation provided by Mr. infanti was sufficient. Mr. Infanti preferred not to meet with the Executive Committee but rather to speak to Council directly. The two motions before Council had to be there in order for them to be discussed. There was no formal complaint. Rather, information came to the attention of the Registrar from two individuals. Based on the information, the Registrar dealt with the information in the same

fashion as she would deal with any other person where the propriety of the advertising came to her attention. There was no ability to provide the name of the complainants. The Registrar commented that the persons did not want to file a formal complaint. The College tried to resolve the matter so it does not escalate into a formal complaint. It does not, however, stop another person from launching a formal complaint.

MOTION

MOVED BY: Peter Stavropoulos

SECONDED BY: Pete Guy

THAT the public be excluded from the meeting pursuant to clause 7.2() of the Health Professions Procedural Code under the Regulated Health Professions Act, 1991 in that instructions will be given to or opinions received from solicitors for the College.

Council resumed and Mr. Bromstein explained the term fiduciary duty. He explained that it arises out of the word trust and in Canada directors (Council members) are regarded as fiduciaries of the College and as such must insure the corporation's interests are paramount. The directors fiduciary duty is to act honestly and in good faith with a view to the best interests of the corporation and if the directors fail to meet this fiduciary duty, courts will hold the director strictly liable. Fiduciary duty obliges the director to prefer the interests of the corporation over anyone else, including themselves, and over the interests of even the individuals who elected them.

Mr. Infanti said that in light of the explanation in camera and in the best interests of the College, he would submit his resignation for the better of the College needs over his own and he wished College Council to accept it. The President thanked Mr. Infanti for putting the best interests of the College first. He also thanked him for his service to the College. Mr. Infanti then signed a brief written resignation.

The motions were therefore not dealt with.

4.1 HPRAC Update (Don Gracey)

The deadline for HPRAC delivering the report to the Minister has been postponed until the end of August. This is the longest review that has taken place – over 2 years. Mr. Gracey reviewed the next steps as followed:

1. It will take the Ministry 45-60 days or more to review the report and decide what the Ministry is going to do with the report. No doubt it will be posted on the Ministry's website. Sometimes another round of comments is asked for.
2. The Ministry may ask the College what they think of the report.
3. A number of branches and divisions of the Ministry will need to be involved – for e.g. those who deal with the *Healing Arts Radiation Protection Act* will be involved. The Ministry will have to consult broadly.
4. Once the Ministry decides what it will do with the report, legislation needs to be drafted and will go through the legislative process – first reading, second reading, referral to committee, public hearings, a report to committee, third reading Royal assent and Proclamation.
5. Thereafter, it is up to the College to implement the recommendations. Timing for how long this will take to be completed depends on what else is going on at the Ministry and how quickly the College reacts.

Some of the issues the College needs to think about include:

1. Capacity of the College to implement all the possible changes since the membership at the College will remain small for the foreseeable future.
2. Whether the scope should be anatomically extended to the ankle. There has been push back from some areas. What exactly does 'structures affecting the foot and ankle mean?
3. The absence of professional support as manifested by the OSC and the CFPM is of concern. How many chiropractors are going to upgrade? Is the majority of the profession behind this initiative? The government could arrive at a different structure.
4. Educational programs – where is the bridging or refresher programs going to be provided, who is going to pay for them, if a new podiatry program is launched in Ontario, who is going to pay for it and when would it be available. This is a very difficult issue.

Part 3

For Decision

5.1 Approval of the Audited Financial Statements for 2014 (Presented by Vinay Raja)

MOTION

THAT Council approve the College's audited financial statements for the year ended December 31, 2014 as appended at Tab 8 of the agenda book distributed on June 19, 2015 Council meeting.

CARRIED

Mr. Raja indicated that in the past two years, the College had a deficit of over half a million dollars. As auditors, there is a consideration to be made as to whether the College is a going concern and whether the College can meet its obligations over the next 12 months and be able to continue. The auditors determined that the College is a going concern. In order to come to that conclusion, the auditors reviewed the 2015 budget where there is projected to be a significant surplus in 2015. They also looked at the interim financial statements up to April 2015. The College is on its way to projecting a surplus and eliminate the deficit in 2015. There was no need for a qualification in the financial statements.

5.2 Appointment of the Auditors for 2015

MOTION

THAT Council appoint the firm of Clark, Henning LLP to be the College's auditors

CARRIED

Part 2

Items for Information Purposes

Update and Discussion

4.2 Council Confidentiality Concern -CFPM's Submission Responding to College's Confidential Document Prepared in February 2014

The comments in the CFPM's submission did not match the College's submission – they were not aligned. It became apparent that the CFPM had responded to the College's February 2014

submission that had voluntarily given to HPRAC. HPRAC instructed the College not to release the 'submission' to the membership. The College did not do so. Only Council members, the Registrar and Mr. Bromstein had the submission. This information was brought to Council's attention.

4.3 Retaining Experts to Assist the College – Update

Mr. Stavropoulos indicated that the experts had been selected by a panel that included Meaghan Hault, Grace King, Mr. Stavropoulos and the Registrar. The Committee is in the process of formalizing the response to all of the applicants.

4.15 Mentoring of Members – General Requirements

Mentors are used for both ICRC and discipline matters. The College will first contact those experts on our list of experts to determine if they wish to undertake a mentorship. Many have indicated that they do not want to pursue mentoring. We may also pursue the other applicants. The mentors are paid a fee to cover their time for attending at the site of practice and preparing the report, disbursements and any other incidental costs. The College does not make a profit from mentoring sessions. There might be instances where the College would have to subsidize some of the costs but for the most part, the individual members cover these costs. Successful completion of the mentoring is something that most Colleges are struggling with. Most Colleges understand that they must accept the mentors observations and determination that all issues have been addressed. This would determine successful completion of the mentorship. By formalizing the process, we are better ensuring that successful mentoring occurs. The list of mentors and experts will not be a public document.

4.3 Transparency Initiative – Update [See Agenda Item 5.3 below]

This matter relates to amendments to the College's by-law. The proposed amendments were sent out to the membership. No comments were received. The amendments are before Council for final approval.

Part 3

For Decision

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

MOTION

THAT Council approve certain amendments to Article 42 of the College's By-law No. 1, General CARRIED UNANIMOUSLY

Part 2

Items for Information Purposes

Update and Discussion

4.5 Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991* - Update

A number of follow up letters and questions were received from the Task Force which the College responded to. Mr. Bromstein explained that the reason for the follow up is because the initial request was framed about complaints and not reports. There is a difference between

reports and complaints and some colleges may have responded only responded if it was a complaint and did not respond if it was a report that the Registrar dealt with. From the outset, our College provided everything we had.

4.6 By-Election – District 4

The Executive Committee originally put forward the following motion:

MOTION

THAT Council direct the Registrar to hold a by-election in respect of District 4

However, due to events that occurred earlier in the meeting, the President is asking for an amendment to the motion above as follows:

MOTION

MOVED BY: Peter Stavropoulos

SECONDED BY: Sohail Mall

THAT Council require the Registrar to hold a by-election in Districts 3 and 4 for new chiropodist Council members.

CARRIED

The following motion was then moved by Council

THAT Council require the Registrar to hold a by-election in Districts 3 and 4 for new chiropodist Council members.

CARRIED

4.7 Monitoring Suspended Members – follow-up from last Executive meeting discussion

Through ongoing discussions relating to non-administrative suspensions, it came to the attention of the Executive that the College did not have in place formal monitoring to ensure that a member was complying with the suspension order. The Executive felt that this was inappropriate. The Registrar canvassed other Colleges to determine what process they use and legal counsel provided some insight. First and foremost, there would be a need to notify insurance companies, CLIA and appropriate government institutions (e.g. if the person was working on a family health team or other facility) that a person is suspended. OHIP would be notified in the case of podiatrist members. The College already conducts these notifications. The member is also not to profit from his or her practice during a suspension. A locum member cannot assist a suspended member to do anything that they are not allowed to do during their suspension. The suspended member cannot profit from their practice. All monies, after expenses, must go to the locum and not the suspended member. Members will be reminded of this fact in the upcoming newsletter.

4.8 Advertising Question from the OPMA

The question relates to whether members are allowed to say that they can correct foot, ankle, lower leg, knee and hip problems in advertising. When the foot structures are corrected with an orthotic device, one is ultimately relieving stress to the ankle, knees and hips. The Executive Committee approved the response that was sent to the OPMA which essentially referred the OPMA back to the guidelines.

4.9 Chiropractic Review Committee (CRC)– Revocation of s.9 of the *Chiropractic Act*

The section of the Act has been revoked by the government. The Registrar was advised about this after the revocation occurred. This committee dealt with matters relating to OHIP in relation to podiatrist members. A number of years ago a survey was being conducted about these committees and this College's specifically. The CRC was an anomaly as it existed under the Chiropractic Act but operated totally arm's length from the College. These types of Committees were no doubt expensive to maintain and cumbersome in that they had all sorts of reporting duties. The CRC was not a busy committee.

4.13 College Succession Planning

The President indicated that there has always been a need for succession planning because at some point in time, the Registrar may retire although this will not be for a long while. Mr. Mall became aware of a seminar on this topic and requested that he be given permission to attend on behalf of Council. The seminar was brought by the Institute of Corporate Directors which is a body that essentially provides continuing education courses and helps guide Boards and individual Directors in regards to achieving success. Mr. Mall indicated that the College 'loves the Registrar and the College has no plans for her to go anywhere but if she wins the lottery where would happen to the College?' The Committee will assist the College when the College's administrator leaves. Mr Mall indicated that the information will assist in regards to engaging a headhunting firm when needed. Council was very grateful for the report.

MOTION

MOVED BY **Sohail Mall**

SECONDED BY **Millicent Vorkapich-Hill**

THAT Council approve the formation of a working committee to assist the College in succession planning composed of not more than 3 persons to be chaired by Sohail Mall and the members to be Council members as selected by Mr. Mall

CARRIED UNANIMOUSLY

The Committee will interact with the Registrar and it will report back to Executive.

The Registrar reported that she had hired a new administrative assistant, Tera Goldblatt, after a long and difficult search. Sheila Lefkowitz will be retiring at the end of June but will stay on to train the new person. Tera has a degree from Wilfred Laurier and Ryerson. The Registrar indicated that she interviewed about 20 possible candidates. She indicated that it is difficult to attract people to such a small office. The Registrar was asked whether this person would be able to take over the bookkeeping function and matters that are currently outsourced. The Registrar indicated that she believes it is very important, given the size of the College that an independent third party be responsible for the bookkeeping aspect.

The Registrar also advised that the College has a new IT person to replace Bob Wilkins. Mr. Wilkins has been interested in retirement for many years. Janice Carlson is the communications and IT person for the College of Respiratory Therapists and helps the COLlege out on an as needed basis. The timing of her hire was very fortuitous because the College's internet provider and company that hosted the website and e-mail closed its doors on very short notice. The College has to scramble over a weekend to obtain a new provider. BIT continues to provide the hardware and set up of our computers.

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

The Registrar explained that it is difficult to get an overall discount rate at hotels because of the infrequency of our bookings. Hotels have different rates at different times of the year that literally change daily or weekly. The hotels will not guarantee a rate far in advance. Since the Council meetings are booked up to 2017, there is advance notice for Council members to book their hotel early. For other committees such as the registration exam committee, advance notice of the date is usually not a year ahead. However, as soon as a meeting date is arranged, we advise those that assist to book their accommodations.

4.12 PAC Meeting at the Michener – April 15, 2015

This is a program advisory committee that meets yearly at the Michener. The Committee's purpose is to obtain information from stakeholders as to what changes they would like to see in terms of program content. This year there was an emphasis on improving continuing education for chiropractors.

4.14 Listing of Members' Names on the Public Register

There are some members who are registered with the College under one name but practice under a different name. The practice name that they work under is not on our public register. Whatever name a person practises under is the same name that must be on the public register. They both must be consistent. Mr. Bromstein suggested that in the annual renewal form members be asked to confirm that s/he practises using the name on the annual renewal form. If they do not, they need to indicate what name they practice under. Members of the public must be able to find the chiropractor or podiatrist they received treatment from on the public register. The two must be consistent.

4.16 Independent Legal Counsel and Pre-Hearing Officer - Discipline Matter

The purpose of the pre-hearing is to resolve the issues or reduce the issues which thereby reduce the cost of a discipline hearing. The College is present and the member may or may not be represented. The mediator may also have independent legal counsel if they are not a lawyer.

A prehearing officer is needed for a pre-hearing conference. Some Colleges use past members of the Discipline Committee or a well-informed member of the profession who has experience in discipline matters. In some cases, it is more effective to use a lawyer who has experience in these matters, specifically one who has functioned as ILC. Oftentimes the issues are more legal than professional. It is not a good idea for ILC to the discipline committee to also have crafted the joint submission. You could do it with the consent of both parties.

Part 3

5. For Decision

5.8 Acupuncture – Developing a Policy Statement [follow up from Council meeting]

Members are legally allowed to do acupuncture, even though it is not within the authorized acts listed in the *Chiropractic Act*. When the College of Traditional Chinese Medicine was commenced, the RHPA was amended so that members of our College are exempt from s.27.1 of the Regulated Health Professions Act which is the prohibition about doing controlled acts for the

purpose of performing acupuncture, a procedure performed on tissue below the dermis in accordance with the standard of practice within the scope of practice of chiropody. Acupuncture would be done in an assistive way in regard to the scope of practice and authorized acts in the Chiropody Act. The question is whether those chiropodists or podiatrists who are registered with the College of Traditional Chinese Medicine will be practising as a member of that College or our College. Members would need to know which shingle they are operating under and the public wants to know who the professional is that they are visiting.

5.3 Standing Drug Committee - Circulation of Draft Regulation

The College circulated the draft Regulation for at least 60 days. The College received 4 comments. There was one comment from a member, as well as one from the College of Traditional Chinese Medicine and Acupuncturists of Ontario, the OSC and OPMA.

MOTION

THAT Council approve the following amendments to Ontario Regulation 203/94 namely pages 11-115 of the Council book...

AND THAT Council direct the registrar to forward the proposed regulation amendments to the Minister of Health and long Term Care.

CARRIED

The question was asked whether the College should separate the NCPR drugs as they may require greater scrutiny. The Executive felt that the entire list should be put forward because we do not want to delay access to other drugs which members have had a long standing need for.

The College will consult with the RCDSO, CPSO, Pharmacists, CNO, and Midwives. The latter two Colleges will also be asked if they are interested in forming a working group so that we are able to develop consistent standards etc. The rumour that the CNO has a regulation in place has been confirmed to be inaccurate. If a member is able to prescribe oral drugs or inject substances in a particular class or category than the onus will be on the member to educate themselves about the new drugs. It is a matter of continuing education and ensuring continuing competence as a regulated health professional.

5.4 Inhalation Standard of Practice – Update [Circulation to Members]

No comments were received from members. The College must still determine its level of involvement in authorizing people members to be able to do this, looking at their credentials, making sure they have the programs, appropriate training , equipment is up to date and that they have the basic cardiac resuscitation program. This will need to go back to the Executive Committee. In the interim, the College will move ahead with the program. The target is minimal sedation but the member needs to train for moderate sedation because the patient could approach this without the intent to do so.

5.7 Genesis Wart Treatment – Report of the Technical Committee and information circulated to members

The President explained that when he created the e-mail that went out to the profession, he overstated the conclusion of the Technical Committee. A new version of the information to be sent to members was created by Executive.

MOTION

THAT Council direct the Registrar to send the follow up statement referred to at Tab 13, page 216, to the membership to correct what was previously put out.

CARRIED UNANIMOUSLY

5.9 Radio Frequency Ablation – Continuing Follow-up

The President explained that some time ago, The Registrar had a question from a member asking if members were allowed to undertake this procedure. Mr. Bromstein provided an opinion to Council. Subsequent to the initial decision by Council, additional information became known which explained to Mr. Bromstein that really this is part of the authorized scope in performing soft tissue procedures. We are now satisfied that this is within scope. The greater question is whether this form of energy is one permitted to our members. The Executive determine that this question is best dealt with by the Technical Committee. We are asking the Committee to respond by the end of September or earlier if possible..

Part 4

6. Other Statutory Committee Reports

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

6.1 ICRC – Peter Stavropoulos

A number of questions arose from the report. The first question was whether the frivolous and vexatious complaints were between one professional member versus another or are they from a patient. The matter is under appeal to HPARB so information cannot be discussed. A second question focussed on whether the Committee was required to have legal counsel join all ICRC meetings. The response was that it is much better to properly deal with these matters properly as many or most are legal and lay people are not expected to necessarily know the proper legal process or response.

Part 3

5. For Decision

5.6 Clinic Oversight Consortium [Joyce Huang and Angie Brennan were in attendance to make a presentation] – Update and Direction [see 5.6 below]

The President explained, by way of background, that there are a number of Colleges who have expressed an interest in providing a greater degree of protection to the public in situations where members of regulatory college are working together either in conjunction with or working for businesses or corporations or in conjunction with non-regulated health professional. There is a need to be able to address the concerns through one mechanism.

Highlights of the Presentation include:

1. The College felt it was unfair to only impose obligations on the individual health professionals and not on their employers and the clinics where they work.
2. It was felt that the current system is leading to reduced quality of care of patients and has increased costs for individuals. Over time fewer services will be available.

3. There will be an erosion of health in the population and the confidence that the public has in the colleges and practitioners we regulate.
4. Some of the financial factors include billing practices relating to fraud, unnecessary or excessive care to maximize billing.
5. The general feeling amongst the consortium was that the proposed solution:
 - a. Has to be mandatory;
 - b. Facilitate accountability to professional standards on the part of the profession and clinic;
 - c. Had to have the ability to suspend or limit operations if patients are being put at risk;
 - d. Model must have a quality assurance component in the form of premise inspections;
 - e. Should not contradict the RHPA model;
 - f. Should not create undue burden on the professionals in the clinic that are regulated;
 - g. It must work in a multi-disciplinary setting;
 - h. It should be non-duplicative and cost neutral; and
 - i. Should not create undue burden on the Colleges
6. The model itself includes the following (which will no doubt change after stakeholder input)

Regulated Health Clinics Act

 - a. Clinic definition – at least one regulated health professional is responsible for providing health services;
 - b. Clinics will need to be regulated;
 - c. Clinics cannot employ health professionals who have been revoked by their college;
 - d. Oversight body is the Health Clinic Authority (equivalent to a College);
 - e. Council will be the governing body;
 - f. HCA will have some of the same objects;
 - g. Public register for all fee registered clinics;
 - h. Two committees – Exec. and Premises Inspection Committee;
 - i. Inspections will be of primary importance;
 - j. Absolute liability – negates the need for hearings – there will be a finding against a clinic if they breach a standard, regardless of intention; and
 - k. If a health college sees an issue with a clinic at the system level in the course of assessing their member's practice they will be obliged to report those to the HCA
7. Looking towards the end of 2015 to firm up what a model would be.
8. Consultation will take place between September and November and will include a number of different communication vehicles (e.g. video, roundtable discussions)

A discussion ensued as to whether there were too many layers of bureaucracy being added by the model. The RHPA regulates individuals and not facilities. The College conducted a survey where members were essentially asked if they were involved either part time or full time in these types of clinics that the consortium is meant to target. Forty five percent of the 300 members who responded said yes, that they were involved in these kinds of multi-disciplinary clinics either part time or fulltime. There is a sense that the health care system is becoming more and more inter-collaborative and there is not a currently a mechanism to facilitate inter-collaboration at the clinic level. Government is willing to listen and is happy to see a group of colleges working together in a very proactive way on this particular issue. There will be a

requirement that at least one regulated health profession is at the clinic that can be held accountable by the new regulator for the operations of the clinic.

In terms of costs, Ms. Huang indicated that if the College decides to stay in the project to see it through to fruition then there will need to be agreement as to how those costs will be shared in the subsequent phase which could include legislative drafting. The College of Physiotherapists is happy to pick up the share of a College who might not be able to contribute financially.

MOTION

MOVED BY: Agnes Potts

SECONDED BY: Sohail Mall

THAT Council support the College formally joining the Clinic Regulation Consortium

CARRIED (2 ABSTENTIONS)

6. Other Statutory Committee Reports

6.2 Discipline – Wilhelmina Gonzales

Mr. Stavropoulos noted an amendment to the report. The member, Ali Bandali post-operative management/laser outcomes does not correctly go under his hearing. It should be under Michael Acosta.

6.3 Quality Assurance [written report provided]

6.4 Registration – [no report]

Part 5

7. Working Group Reports

7.1 Practice Working Group [no report]

7.2 Registration Examination – [Stephanie Shlemkevich & Meghan Hault]

The Registrar advised that the written component of the examination took place on June 4, 2015 and the OSCE on June 5, 2015. Total of 26 people wrote the exam. There were 24 Michener graduates from 2015, one from 2014 and one international candidate. There were 14 chiropractors and podiatrists acting as examiners for the OSCE and Angoff.

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 5.3 above) – Cesar Mendez [oral report]

9. Next Meeting

9.1 Items for Agenda – Next Council Meeting

A suggestion was made that the Chairs of the Committees canvass their members to determine if they are interested in running in October. If someone is interested in being President or Vice-President, they can speak to the Registrar about what the role entails.

9.2 Next Meeting Date – October 23, 2015

A presentation was made to Mr. Stavropoulos and Mr. Mendez as this was their last Council meeting.

There was also a suggestion to have the statutory committees and working group descriptions posted on the website.

MOTION

MOVED BY: Cesar Mendez

SECONDED BY: Stephen Haber

THAT the public be excluded from the meeting pursuant to clause 7.2(b) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991 in that financial or personnel or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.

10. In Camera Session

- 8.1 Discussion of Council Code of Conduct
- 8.2 Clarification of Registrar and College Staff Benefits Compensation
- 8.3 2015 Registrar Performance Review

11. Adjournment