

# COLLEGE OF CHIROPODISTS OF ONTARIO

## Approved Minutes

### Meeting of the Council of the College of Chiropractors of Ontario

180 Dundas Street West

19<sup>th</sup> Floor Boardroom

Toronto, Ontario

Friday, June 23, 2017

9:00 a.m. - 3:00 p.m.

#### **Present**

##### *Professional Members*

Ed Chung

Adrian Dobrowsky

Peter Guy

Stephen Haber

Martin Hayles

John Infanti

Sasha Kozera

Jamie Mandlsohn

Tony Merendino

Millicent Vorkapich-Hill

##### *Public Members*

Agnes Potts

Donna Coyne

Jim Daley

Grace King

Sohail Mall

#### **Regrets:**

Julie DeSimone

**Staff:** Felecia Smith, Registrar and CAO

**Legal Counsel:** Alan Bromstein & Sarah Yun

#### **Observers:**

Sonia Maragoni, President, OSC

Bruce Ramsden, OPMA

#### **Guests:**

Don Gracey

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

## Part 1

1. Call to Order, Appointment of Secretary,  
Ray MacDonald was appointed secretary.

### Approval of the Agenda

#### **MOTION**

**Moved by: Grace King**

**Seconded by: Jim Daley**

**That Council approve the agenda for the June 23, 2017 meeting, as presented**

**CARRIED UNANIMOUSLY**

2. Declaration of Conflict of Interest, Taping 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 Minutes of the February 24, 2017 Meeting

There were a number of minor corrections:

1. Page 5 – Agenda Item 4.9 – paragraph 2, fourth line – word ‘there’ is missing in the sentence – “stated that if there is anything...”
2. Page 8 – Agenda Item 5.2 – second paragraph, second line - health professionalS provide health services
3. Page 11 – Agenda item 4.9 - second paragraph, seventh line - ...years that THE person..

#### **MOTION**

**Moved by: Tony Merendino**

**Seconded by: Donna Coyne**

**THAT Council approve the minutes of the February 24, 2017 meeting of Council, as amended.**

**CARRIED UNANIMOUSLY**

Mr. Haber asked if the transcripts of the meeting were available for review if ever required. The Registrar responded by saying that they are absolutely available in both hard copy and electronically. The transcripts are not available to the public. Mr. Bromstein indicated that the purpose of the minutes is to reflect the nature of the item and motions that arose from it, not the discussion. That is all that is important.

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

## Part 2

### **1. Update and Discussion**

- 4.9 Staff – Updates

The Registrar reported that Meghan Hoult has returned from maternity leave. It is wonderful to have her back. The Registrar also reported that Anub Simson's contract comes to an end June 30, 2017 and will not be renewed. However, it will be extended until July 28, 2017 to allow for the overlap for Meghan returning from maternity leave. It will also allow Anub to attend a discipline hearing in July that he has been working on over the past year. Tera is being promoted/ recognized for all the extra matters that she is responsible for and has been dealing with over the past year. She may have a change in job title.

The Registrar also reported that in 2018, extra space may become available next door to the College office. We do not know at this point how much space we will need or the cost.

#### 4.2 New Database - Request for Proposals - Update\*

The Registrar reported that the RFP was sent out well over a month ago. Once the database is in place, our website will become more customized and better organized. The current website is more of an 'off the shelf' model because we did not want to customize it twice. A question was raised regarding the educational designations and how they appear on the public register. For example, a Bachelor of Science will be spelled out in full whereas a DPM will not be. The Registrar indicated that standardization of education is on her to do list and perhaps it can be reviewed over the summer months. Whoever was inputting the information may have done it slightly different. A key could be added to the website to explain the designations.

#### 4.1 HPRAC - Update

Mr. Gracey indicated that the issues we are facing are not unique to our College. Many colleges have issues that have to be handled by the Ministry and are facing the exact same problems. Mr. Gracey was of the view that we need to press on and try to get this done. As the podiatrist class withers away, there will become less and less of a rationale to do it and to make changes to the educational system and other sorts of things. It is not good to also leave the HPRAC report as the last word on the College. Our rebuttal also indicates that we do not accept what HPRAC has said. The fact that a meeting has not been scheduled could indicate that the Ministry is going to 'play out the clock'. At some point we may have nothing to lose by sending a letter to the Minister indicating that this is a deliberate attempt by the bureaucracy to avoid dealing with the issues. Adrienne Spaford and Ian Chesney want to sit in on any meeting we have with the bureaucrats. Ms. Spaford is very supportive of our position. Mr. Gracey indicated that if we do not have a decision by the Ministry by Labour Day then that is the occasion on which we drag out the 'heavy guns' and send off a strong letter to the Minister and ask for an immediate meeting with him. He estimated to get the bill passed and to receive royal assent alone will be about \$50-60,000 dollars.

If a name change does nothing to further protect the public interest, we should not do it. One of the significant push backs from the Ministry is that Ontario does not need podiatric surgeons because wait times for orthopedic foot surgery is under control. Mr. Gracey indicated that was nonsense by the Ministry's own data. For both the forefoot and entire foot the wait times have never reached Ministry targets. In the last quarter of 2016, the wait times in both categories have started to go up again. The only published wait times is from the first consultation with the orthopedic surgeon to the surgical procedure. We have collected information from our members that the real wait times crisis is from the date of referral from the primary practitioners to the first consultation. The numbers are striking.

#### 4.3 HARP - Update

Mr. Haber, Mr. Bromstein and the Registrar met with representatives of HARP and the Ministry in March 2017. The result of the meeting is that a member of the College who is a graduate of a four-year DPM program may operate an x-ray machine, prescribe an x-ray examination and be designated a radiation protection officer in accordance with the Act. This is exactly what the College was seeking. The letter at Tab 3 goes on to ask that if there is any changes in education with the DPM program or any changes to any program relating to x-ray education, that we should advise them.

#### 4.4 Public Health and Infection Control – Meeting in March\* – Sasha Kozera

The next meeting is in July 2017. Nothing more has happened than what is reported in the report at Tab 4. There were a lot of infection control lapses in 2011 and the task group was put together in 2012 as a result of this. One recommendation was put forward was that there be mandatory IPAC education for both pre and post licensure and registration. Public health is meant to be a resource and not act in a punitive manner. There is a great deal of information on their website, including training and certification. They are interested in how the Colleges communicate with the membership about infection prevention and control and about any updates from IPAC and public health. It was suggested that these materials could be used as a SCERP for ICRC matters.

## Part 3

### 5. For Decision

#### 5.1 Approval of the Audited Financial Statements for 2016

Mr. Daley thanked Agnes Potts for joining the Committee mid-stream. The College had a very good audit. There were nominal changes that had to be made and the end result was virtually identical to what had been presented to Council along with the budget back in February.

#### **MOTION**

**THAT Council approve the College's Audited Financial Statements for the year ended December 31, 2016, as appended at Tab 10.**

**CARRIED UNANIMOUSLY**

#### 5.2 Appointment of the Auditors for 2017

#### **MOTION**

**THAT Council appoint the firm Clarke Henning, LLP to be the College's auditors for 2017.**

**CARRIED UNANIMOUSLY**

#### 5.9 Approval of Two Educational Programs from Applicants to College\* (Mike Beazely will attend)

Dr. Beazely joined the meeting by teleconference. He is a professor of Pharmacology at the University of Waterloo. Dr. Beazely was asked to review the curricula from two chiropody programs, one in the UK at the University of East London (UEL) and the other at the University of Charles Sturt in Australia. The curricula from both were compared to the Michener Institute. From the UEL, for most courses there was a module outline or course outline that had the course schedule topics, details about the course, assessment etc. From the Charles Sturt program there was only a brief course description with quite limited information about some of the course content, assessment tools etc. The information for the East London Program was much more robust. Dr. Beazely reviewed the basic sciences such as physiology, patho-physiology, movement, biomechanics courses, core podiatric medicine and clinical practice or professional practice series of courses, anaesthesia the use of local anaesthetics and injection and the pharmacology content etc. The Charles Sturt

curriculum matched very well to the Michener. For the UEL courses, it was more difficult to match and compare courses. They have a great deal of blended courses where they are doing therapeutic, medical and professional practice content in the same course. It is often difficult to say unequivocally that these are equivalent programs.

The Registrar commented that it might be difficult to obtain course content from a program that is many years old because the course outline changes and modifications are made. Approval of the program is only one component of the requirements for registration.

**MOTION**

**THAT Council approve the Bachelor of Podiatry program at Charles Sturt University, Australia for the years 2009-2012**

**CARRIED**

**2 abstentions**

**MOTION**

**THAT Council approve the BSC Honours Podiatric Medicine program at the University of East London, UK for the years 2013-2016**

**CARRIED UNANIMOUSLY**

4.5 Posting of Google Reviews which appear on College site

There are google reviews that appear on the College's sit that do not relate to the College. They relate to private practitioners. The Executive Committee will continue to look into it.

4.6 Quarterly Financial Report

Mr. Daley said that the year will probably be divided into thirds, as opposed to quarters, to coincide with the Council meetings. The net income is comfortably ahead of budget. There are a number of items that appear to be way out of line to budget. Examples would be HPRAC expenses, ICRC legal fees, credit card charges, discipline legal fees. The budget is allocated in our statements and in this case it is 3/12ths of the budget. Some items are lumpy so that credit card charges occur basically all at once and make it appear that it is out of sync to budget. The telling factor is the bottom line which is good. There is no reason to suspect that we will not be where we projected to be by the end of the year. We appear to be in good shape and should be for the remainder of the year.

4.7 Zhang v. Dupont et al – Update

The class action law suit has been dismissed against the College without costs. The action with the single plaintiff in Ottawa is likely to be dismissed on the same basis. The class had not been certified, and may never be, so anyone can still bring an action against the College and/or Mr. Dupont if they want. The limitation period is 2 years from when you knew or ought to have known. Therefore the likelihood of this happening is small.

4.8 'Free Shoes' – Update

The Registrar has been in contact with the Presidents of the Associations asking them to put information in their newsletters about not giving out free shoes. The issue is incentives and free shoes. The OSC did relay information but the Executive felt that it was not specific enough. The Registrar mentioned that she and the staff were planning to investigate how other Colleges deal with incentives. Council determined that they would like more information about nursing, chiropractors and physiotherapists.

#### 4.10 Fees - Due Diligence through Review of other Colleges

Mr. Mall mentioned that he believed that we should benchmark fees at other Colleges every year to ensure that we are in the right ballpark. Mr. Daley suggested that at some point, if we continue to accumulate large surpluses we could look at a fee reduction. We cannot reduce fees and then something major comes up and we have to increase them again. They were increased a number of years back because we were in a negative position. The question was raised if the College should have a retired or non-practising category. It was mentioned that when you start with a relatively small number of registrants, one has to figure if the cost to put together a new regulation, if the regulation is passed, is worth the revenue that it would generate. The only major way to increase revenue is to increase the annual membership fee. Mr. Bromstein indicated that there are few instances where a fee has been decreased. If the information about fees was to be sent out to the membership, it would need to be updated.

#### 4.11 Review of the Standards of Practice – Update

Mr. Guy indicated that the group is currently reviewing 3 standards. The committee members are reporting back with any changes to Ms. Georgiou, the Chair.

#### 4.12 City of Toronto –Chiropractor Prescribing Orthotics for Public on ODSP/OW Funding

The Registrar reported that the issue was brought forward to her by a number of members. She spoke with Ms. Lazaris, Supervisor, Direct programs, Client Special Services, Employment & Social Services, City of Toronto. The City of Toronto has apparently changed their policy for people who are on ODSP and Ontario Works with respect to orthotics. City Council told the department to cut back on the budget in relation to this. The new policy requires these individuals to go to either a doctor or a chiropractor for a prescription for orthotics. The Registrar advised Ms. Lazaris that the chiropractor is never going to send the patient to someone else. She also explained that our members are primary health care practitioners and do not need a script from a doctor. This creates circular referrals. Although this was not mentioned to the Registrar, this change apparently relates to the fact that a chiropractor cannot communicate a diagnosis. This is only affecting the City of Toronto, not the province, yet.

The Registrar will contact the OSC and OPMA to ensure that they are aware of the situation and to ask if they have a plan to deal with this. We will also offer the College's help if they need it and we are able to oblige.

#### 4.13 Bill 87 Amendments

Mr. Bromstein indicated that the most important aspect of the changes is the part you cannot see which is that the Minister now has regulation making power under the *Regulated Health Professions Act* to determine what the composition of the statutory committee panels should be. He can determine the qualifications and disqualifications for people. He said that he would consult with colleges before he passes such regulation. Deanna Williams, former Registrar at the College of Pharmacists, has been hired to give him advice on what the best practices are in relation to sexual abuse and boundaries violations because that was the impetus for the changes. ICRC has new suspension powers where a member can immediately be suspended with no notice etc. because of public safety issues, for example. The dental College has already used it – it was on for 4 hours and then came off once things were sorted out. The Minister could say that in a case dealing with boundaries violations the composition of the panel of the discipline committee shall be a member of the Law Society of Upper Canada or a retired member of the Law Society who was a judge etc. His

designations would be global for all Colleges and not for individual matters. Oftentimes you do not receive a complaint which is just sexual abuse. The College receives complaints that are dishonourable, disgraceful, unprofessional conduct, breach of standards of practice, failure to make records appropriate records and sexual abuse. Will this ability to suspend apply to any case that has professional misconduct in it?

There was a question whether we should be increasing the abuse therapy fund for the next budget. Mr. Bromstein responded by saying that the College is going to have to provide financial support earlier on and that change is already in place. There may be more people who are prepared to make complaints because of the need to get that assistance. Each person cannot get more than \$20,000.00

## Part 4

### 6. Other Statutory Committee Reports

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

#### 6.1 ICRC – Millicent Vorkapich-Hill

Between February and May 31, 2017, the ICRC met eight times and dealt with 14 complaints. There are still 9 ongoing complaints.

#### 6.2 Discipline – Cesar Mendez

There are 2 matters that were dealt with on June 20<sup>th</sup> and one outstanding on July 11, 2017.

#### 6.3 Quality Assurance - Anna Georgiou

The Registrar indicated that she has suggested to the Chair that we need to review the categories of CE and the online vs. in person requirements. We are also looking at whether time spent helping the College can be included. We should also be considering whether we need to ensure that the entire membership is covered in a random practice assessment over a period of time. Currently we manually select members but we could consider a computer generated software if it is inexpensive.

#### 6.4 Registration - Tony Merendino

A question was asked how a panel would determine an outcome where there is no investigation like ICRC and merely allegations of 'he said, she said.' For example, if an applicant alleges discrimination under the Human Rights Code, the onus is on that person to establish that there has been discrimination. There are no investigative powers on this committee. The panel can ask for more information.

The Committee met twice since the last Council meeting in relation to one matter. The reason for the referral related to an applicant who did not meet the criteria found in paragraph 2 of section 4.1 of the Registration Regulation.

## Part 5

### 7. Working Group Reports

#### 7.1 Practice Working Group [Anna Georgiou]

The only report is what was already dealt with in regard to the Practice Standards.

7.2 Registration Examination – [Stephanie Shlemkevich & Meghan Hoult]

The Registrar reported that the registration examination took place on June 15 and 16. The Registrar also reported on an interesting development in Manitoba. As previously reported, we have applicants that apply to the College under AIT. They register in Manitoba or Saskatchewan, are a member in good standing in one of the two provinces, apply to register in Ontario and the only portion of the registration examination we can compel them to write is the jurisprudence. So these people bypass the registration exam. The Registrar has spoken to the Registrar in Manitoba, bringing to his attention the number of people who register and then move on to Ontario. He had approached our College asking if someone who is trying to return to practice could write our registration exam. They have no other way to test his competence. The Registrar immediately thought that this is an opportunity for everyone who applies to that Province to write our registration exam. It would deal with the problem issue in both provinces. They could perhaps share the costs related to the totality of the administration of the exam. Perhaps eventually the exam could go 'on the road' and everything could be packaged up. Eventually a third party could run the exam.

7.3 HPRAC Referral Committee – (see agenda item 4.1 above)

7.4 Education Committee – [no report]

7.5 Standing Drug Committee [no report]

### Part 3

#### 5. For Decision

5.6 New Committee Members Required for:

(i) Audit Committee

**MOTION**

**THAT Council confirms the appointment of Agnes Potts to the Audit Committee**

**CARRIED UNANIMOUSLY**

(ii) Strategic Planning and Registrar's Compensation and Review Committee -need to replace

**MOTION**

**That Council confirms the appointment of Tony Merendino to the Strategic Planning and Registrar's Performance and Compensation Committee**

**CARRIED UNANIMOUSLY**

5.3 Inhalation Standard of Practice

Since the last Council meeting, having regards to some of the comments that were made, consideration was given as to whether or not the inhalation certificate that the individual will have to get should be restricted to inhalation or whether it should govern sedation. Currently there is no certificate required to provide a single dose sedative drug as a form of sedation. The certificate that is contemplated or the authorization that is contemplated was contemplated under the College's Inhalation Regulation. So the use of nitrous oxide either in combination with a drug or on its own requires a certificate. In the standard before Council, suggested changes from the RCDSO were incorporated. Mr. Mendez agreed with the suggestions. We also identified that the guidelines for dealing with office medical emergencies in the podiatry and chiropody office setting would need some amendment because it was inconsistent in a couple of ways with the standard of practice. Those amendments were made. The bylaw



amendments that are consequential to allow for this to happen are the next step. They will have to be approved in principle, distributed to members and other stakeholders, come back at least 60 days later for final approval and at that point we should be good to start putting all the pieces in place, including the course and examination. We needed to make sure the two documents were consistent with each other.

**MOTION**

**THAT Council approve the Standard of Practice for the Administration of Inhaled Substances and the use of Sedation In a member's practice as set out in Appendix 11.**

**CARRIED UNANIMOUSLY**

**MOTION**

**THAT Council approve amendments to the College's Guideline for Dealing with Office Medical Emergencies in the Podiatry and Chiropody Office Setting as shown in Appendix 11**

**CARRIED UNANIMOUSLY**

By-law No 5 creates the ability of the College to issue an inhalation certificate to those people who have qualified under the bylaw, comply with the standard and agree to do so under the inhalation regulation which requires certain training to be provided. It would have been preferable to do all this by regulation but it is impossible to get a regulation passed. We are therefore really utilizing an agreement principle, by-laws through an agreement with the member where if the member wants this the member is going to have to enter into certain agreements which we think will protect the public interest. This process that was adopted by another college appears to be working well.

By-law No.5 contemplates that there may be a certain appeal to what is called the Sedation Committee and the College does not have such a committee. The Sedation Committee is going to be composed of exactly the same people who are on the Quality Assurance committee because of the requirements for QA in the Health Professions Procedural Code. Its purposes are set out in 23.3.02 on page 151(a) and we are simply composing it of the same members as the members of the QA Committee. There should be a notation on the register that the person is authorized by the College to administer a substance by inhalation and the date on which the inhalation was first issued and the if it is cancelled or voluntarily surrendered then information about that. This is the new paragraphs 24 and 25 of the register by-law which is under the authority of Article 42.06 which is again found on page 151(a)

**MOTION**

**THAT Council approve, in principle, by-law NO.5 as set out in Appendix 12**

**AND FURTHER THAT the proposed by-law be circulated to members and other stakeholders for comment for 60 days.**

**CARRIED UNANIMOUSLY**

**MOTION**

**THAT Council approve, in principle, amendments to By-law No. 1 to add articles 23.3.01 and 23.3.02 and to add paragraphs 24 and 25 to article 42.06 (new as set out in Appendix 12);**

**AND FURTHER THAT the proposed by-law amendments be circulated to members and other stakeholders for at least 60 days for comments.**

**CARRIED UNANIMOUSLY**

In the fees by-law an inhalation certificate is defined. There are 3 fees. The first is for submission of an application (\$100.00). The fee is to address the person who submits the application does not have any of the criteria to get it and if rejected we still have to process the application. The second fee is for the member who is entitled to the issuance of the inhalation certificate – the fee is \$100.00. The third fee is for renewal of the certificate at a fee of \$350.00 which is due on or before February 14<sup>th</sup>. Over time there is going to be information that is going to have to be obtained and reviewed and it is anticipated that there will also be quality assurance provisions developed to ensure ongoing, appropriate continuing competence of these individuals. Some, or perhaps all, of this will be taken care of by this additional fee. We have no idea how many will apply. The first year a member would pay \$200.00 and thereafter \$350.00 for renewal. The Registrar may insist on a member providing other information on a renewal. For example, she may request that the maintenance charts and records for x, y z, be submitted or proof that the member has a pulse oximeter.

#### **MOTION**

**THAT Council approve, in principle, amendments to By-law No.2 Fees to add a definition of inhalation certificate under Article 1.01 and to add Articles 4.1.01, 4.1.02 and 4.1.03 as set out in Appendix 12;**

**AND FURTHER THAT the proposed by-law amendments be circulated to members and other stakeholders for at least 60 days for comment**

#### 5.4 Podologists – Update

The Registrar indicated that the website has been changed to reflect the fact that they are pedicurists. The St. Kitts program is a practicum. There is also a Canadian College of Foot health that appears to be licensed by Health Canada who train in electro therapy for the treatment of podiatry related conditions. They have a link with another organisation in the UK. It says that the college is accredited by Health Canada and all graduates can apply to be listed directly on the accredited register for foot health practitioners. Mr. Bromstein said that Health Canada should deal with it but that we should try to gather information. The Associations should be reaching out to the public and educating them by indicating that podologists are pedicurists but first ensure through their lawyers that it is not defamatory.

#### 5.5 Hyprocure Implants – Creation of a Guideline or Standard for members

A guideline or standard does not have the force of law unless it is referenced in a regulation. A guideline is best practices. A standard usually is from the College's perspective of what we expect any member to do in order to meet what we believe is the scientific standard of practice for a person that wants to do this. There is information available to assist Jordan, Martin and the Registrar. This is meant to be a high level document about certain things people have to have in place if they are going to do it. This guideline began with Council about a year or more ago because there was a feeling that something needed to be put out to the membership. The Executive Committee actually drafted something and then as a result of discussions the feeling was that it should not come out at this particular point in time. The guideline is not going to describe how you perform the procedure but rather is going to say what people should understand if they are thinking that they are going to perform the procedure. Also, because there is some confusion as a result of a manufacturer's statements about how you do this clarification needs to occur. The College does not want members to think the manufacturer says a member does not need to do this or that when the College may end up saying that you need to do it.

### 5.7 Michener Strategic Review – Labour Market Survey

Mr. Mall indicated that the Michener had approached the College to co-sponsor a labour market survey that they need to undertake for the Ministry of Health and Long Term Care. The issue was that the Michener initially asked the College to provide members' e-mail addresses to their third party consultant. We worked around this by the College sending an e-mail to all our members with a link embedded in the e-mail where members can access the survey. Rather than co-sponsoring the survey, we could simply send it out to our members, indicate that the Michener has asked that the survey be done and it is voluntary. We have facilitated this by sending it to the member. We could take the co-sponsor out as well as the logos. The Registrar said that she spoke to her contact at the Michener and was assured that when members send back their survey, neither they nor their e-mail can be identified. Mr. Bromstein suggested that we need assurances from the way it is structured that neither Michener nor Academica will be receiving our member's e-mail addresses or any contact information. The College could facilitate this on whatever conditions are appropriate without co-sponsoring anything and still ask for a copy of the report.

#### **MOTION**

**Moved by: Grace King**

**Seconded by: Jim Daley**

**THAT Council agree to facilitate the survey that Michener wishes to send to our members without co-sponsoring, without the use of any label or logo, on the understanding that we get assurances from Michener and Academica that in the process of responding no members' e-mail addresses or personal data would be disclosed to either the Michener or any third party acting on behalf of the Michener. In consideration of the facilitation, the College would receive a copy of the report.**

#### **CARRIED**

**2 abstentions**

### 5.8 Total Contact Casting

Offloading devices are supposed to be funded by the Ministry for patients with diabetes. The grey area for members using total contact casting is for Charcot foot arthropathy and dislocation, fracture, controlled acts. If a person is setting or casting a fracture of a bone or setting or casting a dislocation of a joint you need the controlled act within your authorized acts. Our members do not have that. If there is an x-ray that clearly says there is a fracture or dislocation, you cannot do it. A Charcot joint usually means that it is in stages of dislocation so just by definition it is dislocation of the joint. If a member ends up casting the foot and there was a dislocation or a fracture then that person has just done a controlled act which they are not authorized to do. We are trying to stop members from getting into problems. It may be a proper prophylactic procedure to help the patient but we are still dealing with legislation. Students are being taught casting and total contract casting as two separate entities. They should know that they cannot set a fracture and cannot use it to set a dislocation of the joint. We could tell our members that is what the Michener is teaching students and that the legislation says - if you have reason to believe or should know that there is a dislocated joint or a fracture then you cannot use this or proceed. In all other circumstances you are authorized to do it if you do it appropriately. There is no definition of cast – it does not matter how it is removed or what it is made from. The focus is probably the effect of the leg.

## **8. In Camera Session**

### **MOTION**

**Moved by: Sohail Mall**

**Seconded by: Jim Daley**

**THAT the public be excluded from the meeting pursuant to clause 7.2(d) of the Health Professions Procedural Code of the Regulated Health Professions Act 1991 in that personnel matters will be discussed.**

**CARRIED UNANIMOUSLY**

## **9. Next Meeting**

9.1 Items for Agenda – Next Council Meeting

There was a general discussion about changing the day of the meeting other than Friday. No consensus was reached. Since there will be a new Council at that time, the matter can be discussed at that time again.

9.2 Next Meeting Date –October 27, 2017

## **10. Adjournment**