

# COLLEGE OF CHIROPODISTS OF ONTARIO

## Draft 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, February 22, 2019

9:00 a.m. - 4:00 p.m.

#### **Present**

##### *Professional Members*

Ed Chung

Matt Doyle

Stephen Haber

Martin Hayles

Sasha Kozera

Jamie Mandlsohn

Sonia Maragoni

Cesar Mendez

Millicent Vorkapich-Hill

##### *Public Members*

Donna Coyne

Jim Daley

Winnie Linker

Agnes Potts

#### **Regrets:**

Adrian Dobrowsky

Sohail Mall

Tony Merendino

Aladdin Mohaghegh

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

**Legal Counsel:** Alan Bromstein

#### **Observers:**

Bruce Ramsden, OPMA

Greg Lawrence, OSC

#### **Guests:**

Don Gracey

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

## **Part 1**

1. **Call to Order, Ray McDonald was appointed Secretary,**

**Motion**

**Moved by: Ed Chung**

**Seconded by: Cesar Mendez**

**THAT Council add 'Discussion of Governance' to the February 22, 2019 meeting agenda**

**Approval of the Agenda**

**CARRIED UNANIMOUSLY**

**MOTION**

**Moved by: Agnes Potts**

**Seconded by: Matt Doyle**

**THAT Council approve the February 22, 2019 meeting agenda, as amended.**

**CARRIED UNANIMOUSLY**

2. **Declaration of Conflict of Interest – no one declared a conflict of interest  
Taping Policy - only Ray McDonald should be taping**

3. **Approval of Minutes of the October 26, 2018 Meeting**

**MOTIOIN**

**Moved by: Jim Daley**

**Seconded by: Donna Coyne**

**THAT Council approved the minutes of the October 26, 2018 meeting**

**CARRIED UNANIMOUSLY**

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

## **Part 2**

### **1. Discussion**

#### 4.2 Public Appointments – Update for Donna Coyne

Ms. Coyne was appointed for another 12 month period.

#### 4.3 Inhalation Follow-Up - Update

The Registrar reminded people that the inhalation course took place at the end of September 2018. Materials regarding registration went out to those who took the training at the end of December 2018 - members need to register with the College and pay the appropriate fee before they can use inhalation in their practice. Another course may be offered in September 2019 if there is enough interest. The College received a letter from a member about the fee which Executive will deal with at their next meeting. Mr Hayles commented that since this is a new process, there will be questions that we will need to be sorted out as we move through the process. Ms. Maragoni raised the point that since podiatrists are able to prescribe some anti-anxiety medications, do they need to be

registered with the College for doing sedation. The response from Mr Bromstein was yes. The Royal College of Dental Surgeons has now changed their position that even members doing minimal sedation must be authorized. Our college took that position from the outset.

#### 4.4 Drug Regulation – Update

Mr Hayles referred to the letter dated December 18, 2018 to Ms. Henry. We received an automated acknowledgement of receipt of the letter but nothing since. The Executive was planning to send another letter with ‘more teeth’ but Mr. Gracey recommended at the Executive meeting to hold off for a little while because it could potentially affect MESPO. We clarified at the meeting with the OSC and OPMA before our Executive meeting that the problems with processing the drug regulation is essentially a Ministry holdup. As suggested, the College did not prioritize any regulations going forward at the Ministry and we have not been asked to provide any additional information relating to the drug regulation. Other Colleges seeking amendments to their drug regulation are in the same situation. Mr Mendez suggested that we continue to reach out to other Colleges periodically. There was no appetite from the other colleges to present a more unified process. We will continue to push forward.

#### 4.8 Profile of Competencies Working Group - Update

The competency profile is what the registration exam is based upon and what the Michener bases its chiropody program on. For setting examination questions, it is an incredibly difficult document to work with because it does not allow for any latitude. There is generally a move towards more open ended competencies. The Chair of the group looking at this is Tony Merendino and includes Andrew Klayman and Peter Ferguson. Mr Hayles and the Registrar joined the initial teleconference to get a feel for how things were going. The changes will come to Executive and then to Council.

#### 4.9 CLHIA [Canadian Life and Health Insurance Association] – Report of January 18<sup>th</sup> meeting – Martin Hayles and Registrar attended

The College reached out to the Canadian Life and Health Insurance Association. This is an umbrella organization for extended health insurance providers. There is a working group that the College will be invited to where we can help them to better understand how we work as a College, what CLHIA can do for us and what we can do for them. We met with the President and Director of the anti-fraud division. It was a general introductory meeting. The Registrar reached out and CLHIA was happy to meet with us. The meeting occurred on January 18, 2019. The intent was to show CLHIA that the College’s role is to protect the public and maintain the integrity of the profession. CLHIA has a strong database looking at trends and identifying potential fraud and useful tools in their toolbox. There was a suggestion from Council that next time there is a meeting that a chiropodist and podiatrist both attend.

The initial purpose of the meeting was to find out more information about the delisting. This was directed by a concern from the cases that were coming to ICRC and Discipline around fraud, particularly for insurance claims and orthotics. We wanted to know how people are delisted, how they find out that they have been delisted and how do they come off the delisting. We need to know the criteria. The College cannot interfere with what an insurance company does contractually. However, the professional requirement that a member has is to advise patients walking in the door that if a patient’s benefits comes from particular insurance companies, the member will not be able to submit them to that insurance company for reimbursement because of delisting. Mr. Mendez commented that one of the biggest faults in this whole strategy is the fact that when people make money inappropriately they get to keep it. They should be required to pay it back.

The suggestion was made that a representative from each class of membership attends the working group.

#### 4.1 MESPO – Update (Mr. Gracey)

Mr. Gracey indicated that he had expected to hear from Ms. Henry about internal arrangements regarding receipt and review of the MESPO submission. She had indicated that she would get back early in the New Year but she has not done so. We are in a holding pattern. There are no projected timelines – the Ministry is busy dealing with other government matters such as the Health System Efficiency Act and its implementation. Mr. Gracey mentioned that he thought that the 2 streams, the one by the Associations and the College, should be kept quite separate and that we proceed doing with what the Ministry has asked the College to do. The College has been aligned with the political and policy objectives of a succession of Ministers of Health.

Mr. Gracey was next asked about the letter the CPSO sent to the Minister regarding their new governance structure. He expects in the fall that the government will introduce an omnibus bill that makes the same change to the governance structure etc. for all the colleges. In parallel with that work, Mr. John Amedio, along with Denise Cole, is looking at those colleges that could be candidates for mergers, amalgamations, transfers to accredited registries, moving out of RHPA type regulation etc. He expects that sometime in 2020 the government could very well bring forward an omnibus bill that will relate to the consolidations.

#### 4.5 Registrar’s Performance and Compensation [in Camera]

#### 4.6 Office of the Integrity Commissioner and the Lobbyist Registration Act [in Camera]

#### 4.7 Strategic Planning Working Group – Update

Discussion will occur in relation to agenda Item 5.4.

#### 4.11 Discussion of Governance

The letter that the CPSO sent to the Minister of Health relating to their governance was provided to Council the day before – when it was received. Mr. Bromstein suggested that Council might consider a response supporting the CPSO and CNO’s endeavours. The letter refers to:

1. Increasing the public member representation so there are equal numbers of members and public members;
2. Equal compensation for the professional members and public members;
3. Reducing the size of the board;
4. Eliminating the overlap between Board and statutory committees meaning that the Board would function as the head of the College and be the organization to deal with policy etc. No member of Council would be on any of the statutory committees except for potentially the Executive Committee. All the statutory committees would be composed in a manner which would not include individuals who sit on Council;
5. Implementing a competency based Board selection process for both professional and public members;
6. Hybrid process where some members are appointed and some are elected; and
7. Retaining the option of appointing an Executive Committee.

It is important to show that we have taken matters very seriously. The RCDSO has started a competency based Council selection process. A person must successfully complete a course or he or she is not eligible for election. The possible number on Council depends on how many people we believe we need to deal with all the work of the College. An overarching discipline committee for all the colleges might be composed of 40-50 people where one member of the profession with respect to whom the discipline proceeding is taking place is on the committee with a lawyer and public member. The following option basically approves the reduction in number, the competency based appointments, the equal payment and hiving off the statutory committees.

**MOTION**

**Moved by: Winnie Linker**

**Seconded by: Jim Daley**

**THAT the letter be written to the Minister of Health with copies to Helen Angus, Heather Watt, Patrick Dicerni and the Registrar/Executive directors of CPSO and the CNO indicating that the Council of this College supports, in principle, the proposed governance structure changes as set out in a letter from the Registrar and Chief Executive Officer of the College of Physicians and Surgeons of Ontario dated Januarys 25, 2019 with the understanding that the competency based board election process would apply to all members of the Council.**

**CARRIED**

**3 abstentions**

### **Part 3**

#### **5. For Decision**

**5.12 Review of Educational Programs not on Approved list –Dr. Beazely will be joining the meeting by teleconference**

Dr. Beazely briefly explained his report. Based on the documents the candidates submit, he compared the content, some modes of assessment, etc. to the current or recent Michener curriculum. Each candidate provides a different amount of material. He reviews basic content, special populations, content around pharmacology ad prescribing and injection training, local anaesthesia and surgery and whether there is evidence not only of didactic content but also hands on content and practice and experiential placements as they completed their program. Council has seen programs from Australia in the past. Previous programs that were approved were similar to the current programs from Australia. The program from Spain is 2009. There was no specific information about experiential hours. There is a 2015 graduate from South Australia and the other two are 2018 graduates. Mr. Mendez asked if in the future, each school can be treated separately.

**MOTION**

**Moved by: Agnes Potts**

**Seconded by: Donna Coyne**

**THAT Council approve the submitted Universidad Europea de Madrid, 2009 program as a program acceptable for registration purposes.**

**CARRIED**

**2 abstentions**

If applicants are coming from another jurisdiction, they are told when they register that they must prove competence in injecting and prescribing before being able to do so in this province. They must either take the course at the Michener or have their courses approved by the Registration Committee. A

comment was also raised that applicants who register are allowed to do surgery without any type of process. The new proposed regulation may cover this matter.

**MOTION**

**Moved by: Agnes Potts**

**Seconded by: Winnie Linker**

**THAT Council approve the University of South Australia 2015 podiatry program as a program acceptable for registration purposes.**

**CARRIED**

**3 abstentions**

**MOTION**

**Moved by: Agnes Potts**

**Seconded by: Winnie Linker**

**THAT Council approve the La Trobe University 2018 Podiatry program as a program acceptable for registration purposes.**

**CARRIED**

**3 abstentions**

**MOTION**

**Moved by: Agnes Potts**

**Seconded by: Winnie Linker**

**THAT Council approve the Doctor of Podiatric Medicine, University of Western Australia 2018 podiatry program as a program acceptable for registration purposes.**

**CARRIED**

**3 abstentions**

## **Part 2**

### **1. Discussion**

#### **4.10 Status of Database Implementation**

Mr. Hayles referred to the update found at Tab 6. The workers are in the midst of transferring over the data and cleaning it up. Once that is finalized, we will begin testing. Annual renewal next year will definitely not be by paper.

## **Part 3**

### **5. For Decision**

#### **5.1 Budget**

Mr Daley raised the fact that we continue to run surpluses over the last couple of years. Part of that is expense management. Given the fact that there are supposed to be a number of discipline cases coming down the line, the surplus will probably not be as large.

**MOTION**

**THAT Council approve the budget, as presented and accepted**

**CARRIED**

**One abstention**

### 5.2 Standards and Guidelines Committee – prioritizing reviews for Standards or Guidelines

The Registrar prepared a chart of all the Standards and Guidelines and when they were last updated. Mr Mendez specifically mentioned the Orthotics Standard as an example. As a result of his experience with Discipline and ICRC, an issue would be raised and when referencing the standard, it was found not to be specific enough. Matters have also changed in relation to technology - there are digital scanners that are not mentioned. Because this particular standard is so often referenced, it should always be current. The Registrar also targeted advertising and recordkeeping. The reviews could occur on a three year rotation.

#### **MOTION**

**To direct the Standards and Guidelines Committee to review three standards in the following priority - Orthotics, Advertising and Record keeping**

**CARRIED UNANIMOUSLY**

### 5.3 Risk Management Approach in ICRC

This arose from the training session at WeirFoulds and a sample provided from the RCDSO. It is a tool that can be used in an approach to ICRC matters. It is not a requirement that people use it. It is meant to personally assist the ICRC committee. Mr Bromstein indicated that when we post it on the web that we make it clear that this is a tool and it in no ways directs the committee in making their decisions. It was suggested by Ms Linker that it would be helpful for the non-clinicians to broadly define what is meant by the terms – for e.g. clinical knowledge or skill. Mr. Bromstein suggested that this could be incorporated into the training.

#### **MOTION**

**THAT the College post on the College's website the ICRC risk assessment framework tool that is now being offered to the members of the panels with a note that it may be used by the ICRC panels in determining what action, if any, they need to take. It will be available to be used to assist them in determining what action to take at panel meetings.**

**CARRIED UNANIMOUSLY**

### 5.4 By-Law Amendments – Strategic Planning & Registrar's Performance and Compensation Committee

It was determined that the function of the two committees did not necessarily go together and it would be better to separate them into two committees. It was decided that the Strategic Planning Committee would not have a specified number of councillors. The feeling was that there may be years where we need more members and years where we need less. It was felt that as long as there was a public member and the President as ex officio, the number could be determined. The current wording was thought to be too constraining.

The Registrar's Performance and Compensation Review Committee would also be a standing committee of the College composed of at least three councillors, at least one of whom must be a public councillor, one councillor who is a member of the Executive and at least one who is not a member of the Executive. The President is also an ex officio member with no right to vote.

#### **MOTION**

**THAT Council revoke Article 23.1.01 of the College's By-law No.1 General, including the heading immediately preceding that Article and substitute therefore the following Article, namely Article**

23.1.01 under the heading Strategic Planning Committee and Article 23.1.1.01 under the heading Registrar's Performance and Compensation Committee as set out in Appendix 9.

CARRIED [with 2/3 majority]

2 abstentions

#### MOTION

Moved by: Martin Hayles

Seconded by: Cesar Mendez

That Council approve the following composition for the Strategic Planning Committee as follows; Jim Daley as Chair, Winnie Linker, Millicent Vorkapich-Hill and the President ex officio

CARRIED UNANIMOUSLY

#### MOTION

Moved by: Martin Hayles

Seconded by: Cesar Mendez

That Council approve the following composition for the Registrar's Performance and Compensation Committee as follows; Cesar Mendez as Chair, Donna Coyne, Millicent Vorkapich-Hill, Sohail Mall and Tony Merendino and with the President ex officio

CARRIED UNANIMOUSLY

#### 5.5 Public Health Checklists

The checklists reflect the College's Standard on Infection Control which was approved by Council. These now become a checklist system that is suitable for self-audit and could be used by public health officials if there were called into a member's practice for a possible infection lapse. The checklist now indicates that it is confidential only because it still must go through several phases at Public Health Ontario and the Ministry. We cannot make more changes – it is done.

## Part 4

### 6. Other Statutory Committee Reports

Each committee Chair was asked to provide a report, even if there was no activity

#### 6.1 ICRC – Millicent Vorkapich-Hill

Ms. Vorkapich-Hill briefly outlined the various components of information. She clarified that the number of complaints are counted only once

#### 6.2 Discipline – Cesar Mendez

There were 2 discipline hearings over the last year. Based on best information, there are 11 upcoming matters coming to discipline.

#### 6.3 Quality Assurance - Anna Georgiou

The President commented that with the new database, the whole process for review of CE logs, for example, should become much easier. A meeting will be set up to deal with the matters that were discussed at today's Council meeting in relation to this committee.

#### 6.4 Registration – Agnes Potts

No activity.



The President read out reports that had come in from other Chairs:

Fitness to Practice – no activity

Patient Relations – no activity

Technical Committee – no activity

## Part 5

### 7. Working Group/Other Committee Reports

#### 7.1 Standards and Guidelines Committee\* (formerly the Practice Working Group)

The upcoming workload for this committee has been outlined by Council in Agenda Item 5.2.

#### 7.2 Registration Examination \* [Stephanie Shlemkevich]

The Committee is always reviewing 'dead' questions, ones that are not relevant, adding new ones to the bank and developing new OSCEs.

#### 7.3 Audit Committee

No meeting since last Council meeting

#### 7.4 Competency Working Group

The new committee is reviewing the competency document and will report to Council.

#### 7.5 Strategic Planning and Registrar's Review and Compensation Committee

These two committees will move ahead separately as per the changes to the by-law.

## Part 3

### 5. For Decision

#### 5.7 Proactive approach to regulation

- Practice to Policy Feedback Model [page 145]

The goal is to have a proactive approach to helping members. We need to also look for trends that maybe brought forward by stakeholders. We need to be out front on things – e.g. changes to the orthotics standard. We need to develop the resources to help people understand their responsibilities either through on line videos, publications, whatever it might be. We will send quarterly newsletters, annual reports, publications that can be sent to the membership. We need to also tune up the QA program.

The Executive wishes to move forward with his model and will be bringing matters back to Council consistent with that idea.

#### 5.8 Membership Engagement

- Honorarium, CPD Credits
- Advisory Program
- Conference Attendance

We need to have people aware of matters at the College and that comes through communication. People will begin to interact and eventually they will begin to help the College.

Janice Carson, who assists us with the website and database, has a degree in communications and has agreed to help us. We may do quarterly newsletters that are lengthier and e-bulletins bi-monthly. The suggestion was also made that we attend the Association conferences. The College has already been invited to the OSC conference in May. The office will also do a market survey on honorariums.

#### 5.6 Adoption of Zero Tolerance Statement -relating to inappropriate business practices (orthoses fraud etc.) \*\* CPTO Presentation

Ms. Anita Ashton, Deputy Registrar at the College of Physiotherapists, attended the meeting and provided Council with a presentation on a zero tolerance approach they have undertaken at their College in relation to business fraud. The motto of their zero tolerance policy is that the public interest depends on the integrity of the profession and protecting the integrity of the profession demands a zero tolerance towards inappropriate business practises. The College took the opportunity to look at what business practices means. It is not just about billing but also includes recordkeeping. Having a statement means nothing unless it is incorporated into the College's work. The communications team has sent lots of newsletters, they have done outreach across the province and it is part of their self- assessment. They have built a relationship with the insurance companies and tried to educate them a little bit about the College's mission. In terms of standard development, a determination is made as to how zero tolerance will be incorporated into the new standard. Many members think they are practising to the standard even though they are not – many do not read them. They have put information out through Facebook, Twitter. In their newsletter they do a case of the month – 75% of people that look at their newsletter go through the case of the month. They have also worked with their academic programs.

The question is whether there is a magic threshold that will get people to stop and reflect on their practice. There are physios on staff and they give advice to members of the public and to the profession. Some physios might just say it is the cost of doing business so I will keep doing what I am doing and I am willing to take the risk of getting caught. The College conducted some baseline research. In a year they will redo the baseline research to determine if any of their initiatives have had an impact over the long term. The plan is to increase penalties. Do we look to revocation the first time? The question is how to weave it into the QA program. They are going to the professional association's annual conference to share the message. The topic is inappropriate business practises so they are bringing someone from the insurance sector to co-present. They are looking to develop a professionalism standard and to develop relationships with employers.

The College charges 50% for costs. They have internal investigators so they do not bill for their time. It is only legal counsel, the discipline and ICRC committee being billed for. The biggest cost order that actually paid the College was \$25,000.00. The highest percentage recovered was 66 and 2/3rds.

The College takes anonymous tips and they do a preliminary investigation. Mr. Bromstein explained that the Registrar has to determine if there are reasonable and probable grounds to determine that an act of professional misconduct has occurred.

Suggestions for a message could be: **“Honesty and integrity is a fundamental attribute for every member of this College. As a result the College has adopted a zero tolerance policy towards inappropriate business practices.”** The Executive Committee will work on this further.

## **MOTION**

**Moved by:** Winnie Linker

**Seconded by:** Agnes Potts

**THAT Council adopt, in principle, a zero tolerance policy for inappropriate business practices and ask the Executive Committee to deal with the implementation of that policy by developing the necessary tools to implement it.**

**CARRIED UNANIMOUSLY**

### 5.10 Quality Assurance Program Review

The program needs to be modernized either by reformatting Categories A and B or where members get credits for doing committee work or both. Once we are online with QA, it will be much easier to assess. The Committee will meet to discuss this.

*Advisory program* - This person would need to document the advice. We will build up a library of Q&A's that will be published online.

### 5.9 Communication Strategy (Quarterly e-Newsletter, Annual Report, Webinars)

See agenda Item 5.6 above.

### 5.11 Capital Equipment and Human Resources Planning [deferred]

## **MOTION**

**Moved by:** Sasha Kozera

**Seconded by:** Donna Coyne

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

## **8. In Camera Session**

Registrar's Review and Compensation Committee  
Integrity Commissioner

## **9. Next Meeting**

9.1 Items for Agenda – Next Council Meeting

9.2 Next Meeting Date – June 21, 2019

The Registrar asked if we could move the February meeting by one week in 2020 and 2021. It was agreed to. The website will be changed accordingly.

## **10. Adjournment**