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Council Meeting –October 25, 2019

Part 3

Report of the Executive Committee to Council
October 25, 2019

Items for Discussion

Agenda Item 4.1 – Government Relations Tab 4

Ms. Lantsman from Hill and Knowlton, the College's government relations firm, will attend the meeting. She will update Council about the progress that has been made relating to reaching out to government in relation to possible scope of practice changes. The slides in the package at Tab 4 deal with advocacy training – the Registrar suggested to Ms. Lantsman that members who participate in any government relations efforts may need advocacy training so that each person is prepared. Ms. Lantsman attended the Executive meeting to provide information and background on the current government. She will also do so at the Council meeting and update Council on where we are currently and what she believes our next steps should be.

The materials are on blue paper, denoting that they should be kept confidential. We will obviously be sharing them with others but at this point in time, it was felt that they should be confidential until Council has had the opportunity to review them and hear from Ms. Lantsman.

Agenda Item 4.2 –Amended Orthotics Standard and Covering Letter – Deferred

The amendments to the Orthotics Standard have been deferred. The Executive Committee felt that the amendments put forth to the Executive Committee thus far by the Standards and Guidelines committee still needs some attention so that they clearly and unequivocally outline what members can and cannot do. The intention is to bring it back to the February Council meeting.

The Executive Committee is grateful to the Committee for all their hard work thus far.

Agenda Item 4.4 – Status of Database Implementation Tab 5

Janice Carson joined the Executive Committee meeting and provided the memorandum found at Tab 5. She is the project lead on the database project and has worked with the College over the past 5 years. We are nearing the end of data transfer – the biggest delay was around the QA and ICRC materials being tracked on an Excel spreadsheet outside of the database. Ms. Carson will be working on the annual renewal system while Visual Antidote concludes the final testing and transfer and review of materials with staff. The staff will then begin live beta testing. The public register will be kept as it is until all the data is confirmed.

Once we are live, we will send out an e-mail to the membership asking each person to review their data. About 50-75 members may have either TCL's or ICRC cautions and undertakings. Ms Carson indicated that she will be assisting to review those members that have this on their record.

The biggest impact members will see is the online renewal in January and the sequenced member's login area where, after renewal, they will be able to change their own demographic information (e.g. practice sites). In terms of annual renewal, the plan is to send out a notice to members before the break reminding them that the renewal will be online and will be open in the first week in January. We will then send out another notice when it opens. We will do final testing before that occurs. By the beginning of December, we aim to have all the testing completed.

In relation to continuing education and having people do online education or as a follow up to a SCERP, there is an educational program and test built into iMIS which can be assigned to specific members or all members. At renewal time, we can set up a small quiz of 20 questions relating to what's new in legislation, practice guidelines, hot topics, standards etc. Members can do the test as many times as necessary to get the correct answers. It can be part of our QA program but launched at renewal time. Once the renewal is completed this year, we can look at the add-in modules for SCERPS, cautions, QA etc.

Agenda Item 4.5 - Practice Advisor Position Tab 6

The description of the position was sent out to the membership and responses are due back by Friday, November 8, 2019.

Agenda Item 4.6 - Lumino Health Database

The College was approached by several members who felt that the set up and process for Lumino's health database could put them in a conflict of interest because it seemed as though members were buying referrals. Essentially, a member gets access to the database but if they pay money, the member goes to the top of the referral list. There is a very small disclaimer indicating that Lumino is not advocating one person over another. The only difference between those at the top and those further down the list is that the one at the top paid money. It has been suggested that what they are doing is comparable to advertising on google. If someone pays someone for a referral of a patient, that is professional misconduct under the disgraceful, dishonourable and unprofessional provision. In the discussion at the Executive, a suggestion was that this was an issue for the Associations to deal with. A note will go in the next newsletter.

Agenda Item 4.7 - Health Canada and the Use of Lasers – Tab 7

On September 24, 2019, the College sent an e-mail blast to all our members indicating that it had very recently come to the College's attention that on July 25, 2019 Health Canada released an advisory to members of the public and health professionals regarding the use of laser based medical devices to treat fungal nail infections. The e-mail blast is found at Tab 7. Both the President and Registrar spoke to an individual at Health Canada to gather information prior to sending out the e-mail. We also provided him with a copy of the e-mail that was sent to the membership.

Agenda Item 4.10 – Drug regulation Tab 9

The information that is found at Tab 9 is the same information that Council reviewed for its September 13, 2019 meeting. The proposed amendments were sent out to the membership and other stakeholders on September 19, 2019. All comments must be returned by November 22, 2019. Thereafter, the Regulation Submission Template, which includes a long list of questions requiring responses, must be sent to the Ministry with accompanying documentation.

Agenda Item 4.11 – Quarterly Financial Statements Tab 10

Jim Daley will discuss this agenda item at the Council meeting.

Agenda Item 4.12 -Tanase v The College of Dental Hygienists of Ontario – Treating Your Spouse Tab 11

This case is provided for information purposes. It relates to members providing services to their spouse. As you will recall, in October 2014, the College submitted to the Ministry a new clause which amended our General Regulation under the *Chiropody Act*, 1991 to add a new part to the Regulation entitled: Spousal Patient Exemption to the Sexual Abuse Provisions of the Code. The new Regulation is:

Conduct, behaviour or remarks that would otherwise constitute sexual abuse of a patient by a member under the definition of sexual abuse under subsection 1(3) of the Code shall not constitute sexual abuse if (a) the patient is the member's spouse and (b) the member is not engaged in the practice of the profession at the time the conduct, behaviour or remark occurs.

This amendment has not been passed. Other Colleges who put forward a similar request for an exemption has also not had their exemption passed.

Items for Decision

Agenda Item 5.1 (a) – Chiropodist Member of Council – District 1 – To be Appointed -Tab 12

In the Spring election, no one came forward for District 1. After a second call for nominations, no one came forward. Thereafter, the College sent out a notice to all members asking for members to come forward if they were interested in being appointed to District 1. The following members put their name forward:

- Peter Ferguson
- Eugene Ng
- Riaz Bagha
- Patrick Rainville
- Donna Shewfelt

These members' covering letter and curriculum vitae are found at Tab 12. The Executive Committee reviewed all the candidates and makes the following recommendation:

Recommendation
THAT Council appoint Peter John Ferguson as a chiropodist member of Council for District 1 to fill the vacancy created by there having been no nominations for that position despite two calls for nominations.

Agenda Item 5.1 (b)– Appointment of Podiatrist Member – Peter Stavropoulos - Tab 13

Recommendation
THAT Council appoint Peter Stavropoulos as a podiatrist member of Council for District 1 and 2 to fill the vacancy created by there being no nominations for that position despite two calls for a nomination

Agenda Item 5.2 – Appointment of Selected Member of Council –Tab 14

Recommendation
That Council appoint Elliott To to be a selected Council member

Agenda Item 5.6 – By-law Amendments – The Public Register– Tab 15

The proposed amendments came before Council at their June 21, 2019 meeting. Council approved the amendments found at Tab 15, in principle, and directed that the amendments be circulated to members and other stakeholders for at least 60 days. The college only received comments from the OPMA which are found at page 159-160 of the binder.

Recommendation
THAT Council amend the College's General By-law No.1 by revoking Article 42 of the By-law and substituting Article 42 a s set out in Appendix 15

Agenda Item 5.7 –By-law Amendment – Fees By-law No.2 - Section 4.02 -– Tab 15

The proposed amendments came before Council at their June 21, 2019 meeting. Council approved the amendments, found at Tab 15, in principle, and directed that the amendments be circulated to members and other stakeholders for at least 60 days. The College did not receive any comments.

Recommendation:
THAT Council revoke Article 4.02 of By-Law No. 2, Fees, and replace it with the following: "4.02: The annual fee is due and payable on or before February 14th for the year commencing on January 1st of that calendar year and ending on December 31st of that calendar year.

Agenda Item 5.8 – Profile of Competencies Document Tab 16

At the June Council meeting, Council received the report from the Competencies Working Group and approved, in principle, the Profile of Competencies contained therein on the understanding that they will replace the College's existing Profile of Competencies once finally approved by Council. Council also directed that the proposed document be circulated to members and other stakeholders for at least 60 days for comment.

The College has only received three comments – one noting that the document erroneously stated 21 Colleges instead of 26. In section 4.3, a member noted that it said he/she instead of the word 'their'. Finally the OPMA submitted comments which are found at Tab 16, pages 196-197.

The question which Council must also determine is when this document become effective. The registration examination will need to continue with the current document for 3 years until the existing cohort at the Michener catches up or in 2023.

Recommendation

That Council approve the Profile of Entry-To-Practice Competencies document set out in in Tab 16.

Agenda Item 5.9 – Renewal Stickers -Tab 17

Most Colleges no longer provide stickers to their members. Since we are going digital, there is no reason to send these out. The College will no longer provide a sticker commencing with the 2020 renewal.

Recommendation

That the College cease the practice of providing a sticker to members after payment of their annual fees, effective immediately.

COLLEGE OF CHIROPODISTS OF ONTARIO
Agenda
Meeting of the Council of the College of Chiropodists of Ontario
180 Dundas Street West
19th Floor Boardroom
Toronto, Ontario
Friday, October 25, 2019
9:00 a.m. - 5:00 p.m.

Part 1

1. **Call to Order, Appointment of Secretary, Approval of the Agenda**
2. **Declaration of Conflict of Interest, Taping Policy, Welcoming of Observers**
3. **Approval of Minutes of the June 21, 2019 Meeting***

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

Part 2

1. Discussion

4.1 Government Relations* [Melissa Lantsman will be in attendance]

4.2 Amended Orthotics Standard & Covering Letter* [deferred]

4.3 Coordinator – Professional Conduct and Hearings – Update

4.4 Status of Database Implementation*

4.5 Practice Resource Liaison – Update*

4.6 Lumino Health database

4.7 Health Canada and the Use of Lasers*

4.8 Teleconference with Sunlife and Manulife

4.9 Pedicures - IPAC Standards (Insufficient to protect public)

- Guide to Infection Prevention and Control in Personal Service Settings, 3rd edition found at https://www.publichealthontario.ca/-/media/documents/guide-ipac-personal-service-settings?fbclid=IwAR1KQq-gKCx5U_wbQeT2WPmyh1y96PdTkywwzdCdp0E7vflAKcay1S6BK2Y

4.10 Proposed Amendments to Drug Regulation*

4.11 Quarterly Financial Statements*

4.12 Treating Your Spouse -Tanase v. The College of Dental Hygienists of Ontario – fyi*

4.13 Performance Measurement Framework (CPMF) - government initiative for measuring how well colleges are executing mandate in the public interest [update at meeting]

Part 3

5. For Decision

5.1 Update on Election

(i) **Chiropodist Member**:

a) District 1 – to be appointed – Applicants:

- Peter Ferguson*
- Eugene Ng*
- Riaz Bagha*
- Patrick Rainville*
- Donna Shewfelt*

b) District 2 – Sasha Kozera acclaimed

(ii) Podiatrist Member:

Application from Peter Stavropoulos*

5.2 **Selected Member**

- Elliot To* - application to Council
- Tony Merendino – no longer with the Michener or on Council

5.3 Election of President and Vice-President

5.4 Election of Remaining Positions on Executive Committee

5.5 Formation of Statutory Committees

5.6 By-law Amendments – The Public Register* [recommendation for final approval]

5.7 By-law Amendment – Fees By-law No.2 – Section 4.02* [recommendation for final approval]

5.8 Profile of Competencies Document* – [recommendation for final approval]

5.9 Renewal Stickers* – should the College continue this process?

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

6.2 Discipline* – Cesar Mendez

6.3 Quality Assurance * - Anna Georgiou

6.4 Registration – Agnes Potts

Part 5

7. Working Group/Other Committee Reports

7.1 Standards and Guidelines* [Anna Georgiou]

7.2 Registration Examination – [Stephanie Shlemkevich]

7.3 Audit Committee

7.4 Strategic Planning Committee

7.5 Registrar's Review and Compensation Committee

8. In Camera Session

9. Next Meeting

9.1 Items for Agenda – Next Council Meeting

9.2 Next Meeting Date – February 28, 2020

- We need to set up meetings for 2022, 2023, 2024

10. Adjournment

COLLEGE OF CHIROPODISTS OF ONTARIO

Draft Minutes

Meeting of the Council of the College of Chiropodists of Ontario
180 Dundas Street West
19th Floor Boardroom
Toronto, Ontario
Friday, June 21, 2019
9:00 a.m. - 4:00 p.m.

Present

Professional Members
Ed Chung
Matt Doyle
Stephen Haber
Martin Hayles
Jamie Mandlsohn
Sonia Maragoni
Cesar Mendez

Public Members
Donna Coyne
Jim Daley [present by phone for agenda items 5.1, 5.2 & 5.3 only]
Aladdin Mohaghegh
Agnes Potts

Regrets:
Adrian Dobrowsky
Sasha Kozera
Winnie Linker
Millicent Vorkapich-Hill

Staff: Felecia Smith, Registrar and CAO
Legal Counsel: Alan Bromstein

Part 1

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

Approval of the Agenda
Medical prescriptions will be discussed under CLHIA.

MOTION
MOVED BY: Sohail Mall
SECONDED BY: Agnes Potts
THAT Council approve the agenda, as amended, for the June 21 meeting.

CARRIED UNANIMOSLY

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

The President welcomed the observers, Greg Lawrence (OSC), and Bruce Ramsden (OPMA) and Tara Breckenridge (MOH).

Approval of Minutes of the February 22, 2019 Meeting

MOTION
MOVED BY: Tony Merendino
SECONDED BY: Matt Doyle
THAT Council approve the minutes of the meeting of February 22, 2019
CARRIED UNANIMOUSLY

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

Part 3

5. For Decision

4.6 Status of Database implementation

The Registrar reported that the staff is currently doing training and still trying to sort out issues with the transfer of data. Hoping to have data fully transferred and the Public Register functioning by August - September. The Registrar commented on how complicated it is to move data onto the new database and the many details that go into establishing a new database. The aim is to have annual renewal online for this year.

Jim Daley joined by phone to deal with agenda items 5.1 5.2 and 5.3

5.1 Approval of the Audited Financial Statements for 2018

Mr. Mall asked where the College is financially heading in the coming year. Over the years the College has had some reasonably sized surpluses and we are now in a good financial position. Mr. Daley commented that the College is not in any danger with Revenue Canada in terms of the surpluses. Any discussion of a reduction of fees would occur at the time of the budgeting process at the end of this year or the beginning of the next fiscal year. There are several cases that could be going to discipline. With the adaption of the zero tolerance, policy there is probably a greater likelihood that a discipline case might be contested rather than the many uncontested discipline cases we have had.

MOTION
THAT Council approve the College's audited financial statements for the year ended December 31, 2018 as found in Appendix 9 of the Council materials.
CARRIED UNANIMOUSLY

5.2 Appointment of the Auditors for 2019

MOTION
THAT Council appoint the firm of Hillborn, LLP to be the College's auditors for the year ending December 31, 2019
CARRIED UNANIMOUSLY

5.3 Interim Financial Statements - 2019 first quarter

Mr. Mall asked whether there has been any discussion with respect to the sexual abuse therapy fund. The College is in a position to set aside more monies from the fund out of our surplus. Mr. Bromstein explained that initially when the fund came in being (Victim's Compensation fund) it allowed individuals who were found to have been sexually abused by a member to obtain assistance from the College for therapy, things that they would otherwise have to pay or out of their pockets. The legislation was recently amended so that there no longer needs to be a finding that a patient has been sexually abused. All there needs to be is an allegation, a complaint that the complainant was sexually abused by member X and they have a right to access the fund. There is no requirement in the legislation that you specifically set aside a specific amount but there is a calculation for the maximum amount any person can obtain from the fund. There is no legislative requirement to have a separate fund. The College has the authority to ask the Discipline Committee to make an order that the member reimburse the College for the costs paid to the victim. Obviously, this is not applicable with an allegation that does not end up in Discipline.

The budget is divided into twelfths and sometimes there is lumpiness in revenue or expenses. The only matter that came up was that the examination revenue seemed to be off this year versus last year. The reason for this is a timing issue and in April and May there was roughly about $53,000.00 that has been received for examination revenues. Net income is similar to last year and close to what is in the budget.

5.5 By-law Amendment – Fees By-law No.2 - Section 4.02

The Audit committee was advised that there were some difficulties relating to the preparation of the audited statements and that the Committee recommended that we change the by-law. Mr. Daley explained that the current by-law basically states that the member's year commences February the 14th and ends on February 13th and the Collee's year is January 1st to December 31st. If this was accurate then it would mean that there would need to be or should be an accrual for deferred revenue because in any given fiscal year we would not have realized all the revenue that the members have paid for their fees. On the balance sheet for the interim statement there is an amount called deferred revenue - members fees and at March 31st was $914,000. If members have paid, for example, 1.2 million in a year only a quarter at March 31st will be recognized. That number goes down throughout the year to zero but if the members have a different year than the College then during the year we are recognizing revenue that was paid for part of a previous year. The amendments put everything on the same year. This just makes it clear for financial statements so the statements will be simpler.

MOTION

That Council approve, in principle, the revocation of Article 4.02 of Bylaw No.2, FEES and replace it with the following article 4.02; The annual fee is due and payable on or before February the 14th for the year commencing on January the 1st of that calendar year and ending on December 31st of that calendar year, and

FURTHER THAT Council direct that the proposed bylaw amendment be circulated to members and other stakeholders for at least 60 days for comment.

CARRIED UNANIMOUSLY

Part 2

1. Discussion

4.4 Public Health Checklists – Update

The Registrar reported that the checklists are complete and they are on the Public Health Ontario website. The membership has been notified. Finalizing this checklist was a major accomplishment. The Registrar

indicated that other colleges are calling with congratulations and asking how we accomplished this. Currently Public Health owns the checklists so any future changes will need to go through them. Mr. Hayles commented that one of the reasons the College took this route was uniformity over auditing practices because if not, different public health units in Ontario could audit to different levels. They operate independently from Public Health Ontario. They should now be using the same tool. The checklists allow members to self-audit their practices to ensure that they are compliant. There was a last minute change by PHO relating to class 5 indicators – if a member does not have a printer on the autoclave then the member must use class 5 indicators no matter what. Previously, class 5's were only used if members wanted to pull instruments and use them before the biological indicator had passed. This is not a huge change but rather a subtle one and if we want this changed, we need to go back through PHO. We will need to amend our Standard of Practice.

Part 2

2. Discussion

4.1 MESPO – Update [Don Gracey]

Mr. Gracey provided 3 alternatives for the College moving forward. The first is the drug regulation and to keep trying to bring in the issue of ordering laboratory tests in order to prescribe drugs safely and effectively. Since the Ministry is opening the regulations under the Laboratory and Specimen Collection Centre Licensing Act for other professions, and the regulation is already drafted, it is a marginal effort for the Ministry to add to the authorities that are necessary for members to order laboratory tests to compliment the drug list. Secondly, the second report of Dr. Devlin's advisory council on hallway medicine is set to come out by the end of June. The report is going to talk about scope of practice changes and allowing health care professions to practice to the maximum of their competencies in order to create efficiencies within the health care system and to keep people out of hospitals. Third, any changes regarding scope of practice changes is dictated by the political level and the bureaucracy will do what they are instructed to do. The question is whether the College will lobby to get the scope of practice changes going. Mr. Gracey indicated that if the College agrees to lobby, it should be coordinated with the Associations.

Mr. Gracey raised the question of point of care which does not require changes to regulation or to statutes and are within the current scope of practice. If the College is going to engage in political lobbying there are 3 targets – Dr. Devlin and his people, Larissa Smith who is the Premier's senior policy advisor in the Premier's office and Emily Beddows in Minister Elliot's office. He suggested that there should be a public appointed member and professional members when dealing with the political level.

4.3 CLHIA [Canadian Life and Health Insurance Association] –Meeting of the Working Group held on June 20th - Update

Mr. Hayles, Ms. Vorkapich-Hill and the Registrar attended a teleconference meeting. This was a follow up to a preliminary discussion the Mr. Hayles and the Registrar had with the anti-fraud division of CLHIA in January. The meeting linked into issues with ICRC, zero tolerance and inappropriate business practices and maintaining the integrity of the profession for the public. The focus of the discussion was the College's role, the issues we face as a College with respect to business practices, the implementation of the zero tolerance policy and sharing of their resources. The insurance companies appear to correlate sending in a complaint and that person going to discipline. The College could use some of CLHIA's materials such as spotting fraud, reporting fraud, on our website.

In terms of delisting, we were advised that this is high level and each carrier has its own process by which someone is listed, delisted etc. They did not answer how a person gets on the list, how long they stay

there, how they come off the list. They did indicate that they are putting together a policy to share with regulatory bodies and others.

Preferred Provider
Members have been contacted around their preferred provider network. Initially it was free – a member could include their credentials, clinic details, all those kinds of things. If a member wishes to be on the top of the list, it costs about $160.00 per month. It puts members in a difficult position because now the member is purchasing the referral. The member is paying the insurance company $1,200 a year or more to move up the list so that member gets more referrals. Mr. Bromstein suggested that if what they are doing would cause a member who does it to be committing professional misconduct then the first thing we should do is contact the insurance company and indicate this is a concern. Advise the insurance company that if they do not stop what they are doing we will warn our members that if they go along with the process they may find themselves before a discipline committee. The College will provide the insurance company with an opportunity to change their process so that it does not put the member in a difficult position If the effect is similar to putting someone at the top of a Google list, there is nothing the College can do about it. If it is professional misconduct, then we need to either warn the members or have the provider stop what they are doing.

Online Prescriptions
The patient pays $75.00 and a doctor sends a prescription. It was agreed that at the very least, a letter should be sent to the CPSO. Mr. Bromstein indicated that it should not be copied to CLHIA. We should indicate that our members would not be able to do this. The suggestion was that the Registrar write to the CPSO and bring this to their attention.

4.5 Adoption of Zero tolerance position relating to inappropriate business practices (orthoses fraud etc.) – Implementation of Policy

The policy was put in the newsletter that went out to members in June. The policy is not a directive to ICRC or discipline as to how they must deal with these cases but it reflects how Council views these inappropriate business practices. It will be posted on the website and we will continue to message the membership. Similar to other policies and standards etc, this position will be an evolving one.

4.7 Proactive approach to regulation

Membership Engagement
CPD Credits
Practice Advisory Service
E-newsletter

The College has received positive feedback about the newsletter. The goal is to have another one out in August. The College will send out shorter ones and longer ones every number of months. In terms of the practice advisor position, the intent is to have the person start one day a week. Beyond phone calls, there are all sorts of practice type assistance this person can provide. Since the position is in the budget, it is up to the Registrar to put the person in place. If anything changes, the Q&A's will need to be updated immediately. The Registrar also mentioned that the College needs to ensure that the responses that are given reflect the College's position and not the individual's viewpoint. We will also need to determine whether we accept phone calls or require a recording or something in writing. We may need a script of what to advise members.

4.2 Drug Regulation – Update [see Agenda Item 4.9]

4.9 Meeting with Patrick Dicerni & Allison Henry - Update

It was disappointing that the ADM did not attend in person but dialled in via teleconference to interact at the meeting. Mr. Hayles, Ms. Vorkapich-Hill, Mr. Mendez, the Registrar and Mr. Gracey attended the meeting. Present from the Ministry was Allison Henry and Marsha Pinto. Mr. Hayles indicated that after the meeting, there appears to be a slight disconnect between classes and categories and what the Ministry perhaps infers that they are. They are using the American Hospital Classification. There are 3 or 4 levels and the lower down the level, the more specific the drug. There was no appetite for giving the profession access to lab tests. The Ministry has a process in place to get these regulations through – the same process they are using with optometrists and midwives – and that is their focus.

Mr. Mendez explained that according to the American Hospital Formulary system there are 3 different tiers. The first tier is the very general category anti-infectives. The second tier would be antibiotics and then the third tier would be listing the actual pharmaceutical categories such as penicillin, cyclosporine. It would be of benefit to the College to be as vague as possible because the more specificity, the less flexibility in terms of having these drugs available for patient care. The Ministry also mentioned a master list of all the drugs that would fit into the categories. Since this list would be outside the regulation it could easily be amended. The categories are in the Regulation, they will need to be changed by the government. In terms of the controlled substances, they have requested a list as opposed to a category, including when they would be indicated and when they would be used. Ms. Maragoni asked about off label compounding and Mr. Mendez indicated it would be very difficult to add those to the regulation. The College may be able to put some of the compounded drugs into a topical analgesic category. Given the timing and the focus of the Ministry, there is really not much opportunity to advocate for the other things that we want to assist our patients. The drug regulation is not the time to advocate for these matters. Council wishes to review the regulation before it is circulated. If we are unable to get a quorum at a teleconference meeting in August, then Exec. Will need to do it on behalf of Council

4.8 Cayton Report – B.C. – Possible Impact on Ontario (fyi only)

This report may represent things to come in the future. Mr. Cayton ran the Professional Standards Authority in the UK. The report is for information purposes only.

4.10 Michener - New Advanced Foot and Wound Care Practice Based Fellowship Program* -fyi

There is only one position and one Fellowship. The individual would be involved with different departments such as vascular, radiology or whatever the case may be under the umbrella of wound care. The position begins in September.

4.11 Inhalation & Letter from Ian McLean

Mr. McLean sent an earlier letter which the Executive dealt with and another follow up letter the day before the Council meeting. The question Mr. McLean was asking is whether someone who is doing oral sedation alone should have to take the course and get a certificate of authorization. That is, for individuals who can write benzodiazepines, should they be forced to take the inhalation course to get current on what we are asking from the standards. Oral sedatives need to be part of an inhalation standard. Those with sedative effects would not necessarily fall within the inhalation standard. The first level of patient safety is professional responsibility and staying current on changes. Mr Mendez commented that he does not foresee that anyone who prescribes any of the oral sedatives would require a certificate of authorization. There is a different intent for the use of the medications that can be prescribed to that referred to in the standard. Currently, the certificate of authorization comes as part of the use of nitrous oxide. Dentistry is now in line with charging a fee effective April 2020. The view of Council has been that

individuals who use inhalation should be paying for it and if you do not do it, you should not have to pay for it. In other words, the entire membership should not pay for it.

4.12 Government Relations [to be dealt with in camera]

Part 3

5. For Decision

5.4 By-law Amendments – The Public Register

These are legal changes that were required because of changes made to the Health Professions Procedural Code and the regulations under the *Regulated Health Professions Act*. These changes mandated what is to be public on the register and also mandated how long things would stay on the public register. This means that some of our bylaws are no longer effective or appropriate because they are inconsistent with the legislation. This is a clean up to comply with the legislation with one exception which relates to members' certificate of registration number. Several members have had their registration number stolen for the purpose of committing insurance fraud. The Executive committee determined that if it does not serve a positive purpose and does not have to be there we should simply remove it.

MOTION

THAT the College approve, in principle, the amendment to the College's By-law No.1 by revoking Article 42 of the College's general by-law and substituting therefore Article 42 found in Appendix 11 of the Council materials; AND FURTHER THAT Council direct the proposed amendments to be circulated to members and other stakeholders for at least 60 days for comment.

CARRIED UNANIMOUSLY

5.6 Standards and Guidelines Committee – Amendments to Orthotics Standard deferred]

The Committee is still working on the standard. And, with all the College's standards, policies etc, it is a living document. A suggestion was made that legal counsel review the draft before it comes to Council, especially for wording such as 'should' 'must' or 'shall.'

5.7 Quality Assurance Program – Approval of Policy with amendments regarding continuing education requirements

The change to the policy arose in the context of expanding Category A courses. A maximum of 10 hours under Category A can be claimed for teaching students enrolled in the chiropody program at the Michener Institute, for working on college committees and/or working as a College assessor. A maximum of 5 hours could be claimed by participating in electronically delivered programs such as webinars and podcasts if there is either a valued component or some other satisfactory evidence of completion of the program. If there is not, it could be a Category B course. The number of hours can be expanded at any time. The Registrar indicated that when the practice assessment component of the QA program is finalized, it will be added to the policy.

MOTION

THAT Council approve the amended Quality Assurance policy such that once passed by Council the policy will be as found in Appendix 12 of the Council materials

CARRIED UNANIMOUSLY

5.8 Profile of Competencies Working Group

This document is used by the registration exam committee on a regular basis. Every exam question, every OSCE station is bound to a particular competency. The current format is unbelievably restrictive. There

were areas that could not be tested because they did not fit one of the profiles. The new change in the formatting makes it a lot easier to formulate questions and to test the competencies of the members that are going to enter practice. All the Michener courses and programs run on the competencies. The President thanked the members of the Working group for their excellent work in a relatively tight time frame. The group began by reviewing the podiatry competencies outside Ontario and then other medical professions within Ontario. They settled on the framework for the physiotherapy competencies. They noted that the current Profile of Competencies was a regurgitation of the legislation, by-laws and standards. It reflected what members were allowed to do as opposed to how to do things. The group approached the competencies on the basis of how an individual practises. A member cannot be a good practitioner without being professional or having good ethics. The group reviewed professional expertise, communication, management of practice, disease prevention and health, pharmacotherapy and professionalism. If there are any changes to scope of practice, for example they will easily fit into these competencies without change. The parenthesis at the end of each competency is a reference back to the original document. References to podiatrists or chiropodists being able to do certain things has been eliminated. The only one difference is that podiatrists can communicate a diagnosis and chiropodists can communicate information. In summary:

1. Category 1 – Professional expertise
2. Category 2 - Communication
3. Category 3 – is about management of practice
4. Category 4 – is a continuation of what was in the original document
5. Category 5 – pharmacotherapy. The group focused on knowing how to prescribe medication, the complications, the contraindications to prescribing medication and not specific medications themselves. If the classes change, it really makes no difference.
6. Category 6 – Professionalism - this is important – there is even a dress code of how members should appear to patients.
7. Glossary – only thing added was deportment

MOTION

THAT Council receive the report from the Competencies Working Group found at Appendix 13 of the Council materials and approve, in principle, the Profile of Competencies contained therein on the understanding that they will replace the College's existing Profile of Competencies once finally approved by Council;

AND FURTHER THAT Council direct the proposed Profile of Competencies to be circulated to members and other stakeholders for at least 60 days for comment

CARRIED UNANIMOUSLY

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

It appears that the focus of the complaints received is more on professionalism as much as the practical hands on competency issues. In terms of the e-mail Ms. Vorkapich-Hill distributed before the meeting, Mr. Bromstein commented that we are aware that there are some proceedings that have taken a significant length of time because of the time the external investigators have taken to complete the investigation. These required secondary investigations requested by ICRC. Those involved in these cases can argue anything that they wish but there has never been a case that has

been dismissed as a result of a delay in the investigation process from a professional misconduct standpoint. It does not impact an ICRC decision.

6.2 Discipline – Cesar Mendez

There have been no hearings. Mr. Mendez would become aware of a referral when a panel needs to be selected.

6.3 Quality Assurance - Anna Georgiou

As discussed, the criteria for Category A was changed. The Committee increased the frequency of the continuing education audits from 10% to 20% and increased the frequency of random site visits from 2% to 5%. Some of the criteria is being modified for the office visits in light of the public health check lists. The visit is announced and all the documentation is provided well ahead of the visit.

6.4 Registration – Agnes Potts

No meetings were held since the last Council meeting.

Part 5

7. Working Group/Other Committee Reports

7.1 Standards and Guidelines Committee

The Committee is currently working on the Orthotics standard. Following completion, they will proceed to the Advertising and Record Keeping Standards.

7.2 Registration Examination [Stephanie Shlemkevich]

The written component took place on June 6th and the Angoff on June 7th. There were 28 Michener students and 6 international students. The Registrar reported that there were more failures in the written portion than in the OSCE. Each year the administration of the exam improves. Next year any new examiners will need to attend the Angoff session. The candidates are told which stations they were not successful in. They are provided separate scores for jurisprudence and the competency based written exam.

7.3 Audit Committee* [see Agenda items 5.1, 5.2 & 5.3]

Discussed earlier in the meeting.

7.4 Competency Working Group [see item 5.8]

Discussed earlier in the meeting.

7.5 Technical Committee*

Nothing has been referred to this committee.

7.6 Strategic Planning

The committee has not met yet but will hopefully do so in the near future.

7.7 Registrar's Review and Compensation Committee [no report]

No report.

5.9 Medical Pedicures

The question from the insurance company was about services done by a chiropodist and a nurse in a podiatrist's office and whether it would be considered within the scope of practice. The services were a "whirlpool bath with sea salts and soap, feet and ankles rubbed with a sea salt scrub, feet dried with a clean towel. All nails were cut and filed. Place post-operative 70% isopropyl alcohol, callous reduced both heels, 5th metatarsal, phalangeal joints and again post op 70% alcohol. Foot cream applied to feet and nails, nail polish applied to nails." is it reasonable to bill a pedicure as part of the foot care treatment?

When does an aesthetic pedicure become a medical form of foot care? What if the nail polish is an antifungal nail polish? Is it an incentive if you do not bill for it? Is the nail polish part of routine medical foot care? Should Council provide guidance to the membership or is this between the member and the insurance company? One suggestion was to itemize the invoice and differentiate between the aesthetic component and the medical component. Applying nail polish is in the public domain. The question was asked whether Council believes this could be considered unethical or it could be acceptable if the member is honest and above board. A straw vote was taken that if everything was done in the right way is it acceptable. There was no clear decision or position taken. We can tell the membership that Council is not taking any position on whether this is appropriate or not. However, if a member is going to do this within their practice then:

1. If the member is charging for a visit they have to see the patient;
2. If the member is charging for any aesthetic components such as nail polish it has to be itemized on the invoice so that a third party provider can see that it is not part of the treatment but part of the aesthetic service that may or may not be covered by the third party benefit provider.
3. If it is not medical, HST must be charged

Nail care is within the scope but nail polish would be an aesthetic component. The application of an aesthetic nail polish is not routinely part of treatment and if someone is doing that it should be itemized separately. It is up to the insurance company whether they pay for the charge. Perhaps at the end of the day Council will take the position that if a member wants to run a medical pedicure clinic and apply nail polish, they should do so independent of their practice.

Council said goodbye to Stephen Haber and Sohail Mall. Adrian Dobrowsky's term is also over but he was not present at the meeting.

MOTION
THAT Council exclude the public from the next portion of the meeting pursuant to clause 7(2)(b) in the Health Professions Procedural Code.

8. In Camera Session

9. Next Meeting

9.1 Items for Agenda – Next Council Meeting

9.2 Next Meeting Date – October 25, 2019

10. Adjournment

MEMO

TO: COLLEGE OF CHIROPODISTS OF ONTARIO
FROM: JANICE CARSON
SUBJECT: DATABASE UPDATE
DATE: SEPTEMBER 11, 2019
CC:

The new COCOO Database has been in progress since spring. At a high level a lot of behind the scenes components have been completed, including items like:

1. Database host and system set-up;
2. Test data import;
3. Data clean-up;
4. Database look-up tables added; and
5. Custom data entry areas for staff;
6. Billing has been set-up; and
7. Data captured outside of the current database has been built into the new database.

We are nearing the end and in final testing. The plan is for the end of September to be at a point to pick a final go live date. The go live is being recommended to go live in a 2 stage process. Stage 1 is moving the current Access database into iMIS on a final import at which point Access will be discontinued (or archived) and staff will begin using iMIS on a daily basis for all office processes needed. Once staff is comfortable and all is working well, along with final testing on the public register to ensure all records are showing correct, 1 – 2 weeks maximum, at which point the public register move live also.

The Live date for the public register and database has been pushed back for several reasons but the main ones are:

- data clean-up took longer than anticipated combined with planning to help find ways to increase data integrity through drop downs and edits where possible; and
- the amount of externally tracked data that was not in the database and incorporating that into iMIS to make everything available in one place.

The development of the online renewal and Members Login Area will begin shortly with launch being in January 2020. The development of the Members Login Area will include the ability for Members to update their own demographic information, practice site locations, etc. beyond the renewal cycle and throughout the year.

Practice Resource Liaison – Part-time

The College of Chiropodists of Ontario is seeking a member with diverse practical experience, strong interpersonal skills, a demonstrated commitment to supporting practice and interest in program development to fill the role of the Practice Resource Liaison.

Reporting to the Registrar, the person will be responsible for responding to inquiries from members and the public, other professionals, organizations and students, developing and implementing education services for members, participating in program and policy development and identifying key practice issues that require College discussion and action. Other responsibilities will develop as needed.

This position is initially one day a week with the ability to work remotely. The number of days per week required may increase as the position evolves.

Key Duties and Responsibilities:

- Provide interpretive and advisory services to members and the public, other professionals, organizations and chiropody students;
- Identify key practice issues that require review and action;
- Provides research and recommendations to the Registrar to mitigate risk and enhance practice standards and delivery for the profession;
- Identify changing trends and emerging issues in practice and perform supporting analysis;
- Analyze and report trends in practice and provide quarterly and annual program statistics;
- Assist with research and development of educational material for members for remedial and continuing education programs and for internal and external stakeholders;
- Collaborate with College staff to identify and resolve matters involving professional practice issues;
- Engage in the development and dissemination of education through different media forms including video, live, e-learning, written etc.;
- Contribute to the development of material for public education and outreach;
- Act as a content expert resource to staff, where appropriate;
- Provide recommendations on appropriate policies and procedures for practice; and
- Participate in delivering and facilitating training courses or learning activities

Required Competencies

- A minimum of five years practice experience;
- Registered member in good standing with the College of Chiropodists of Ontario;

- Familiarity with the *Regulated Health Professions Act*, 1991, *Chiropody Act*, 1991 and its regulations and the College's standards of practice, policies, guidelines etc.;
- Strong writing and proofreading skills, including use of proper grammar, spelling and punctuation;
- Ability to convey complex ideas;
- Proven organizational, planning, goal setting and time management skills;
- Knowledge and experience in interpreting and implementing legislative requirements and policies and procedures would be an asset;
- Demonstrated sensitivity to issues of confidentiality;
- Demonstrated ability to work independently and to take initiative;
- Exceptional interpersonal skills;
- Ability to work collaboratively in a team; and
- Computer literate (Microsoft Word, PowerPoint, Excel, Outlook, Access)

Remuneration will be commensurate with experience.

Please forward your curriculum vitae and cover letter explaining why you are interested in the position to fsmith@cocoo.on.ca no later than **Friday, November 8, 2019**

The College wishes to thank all applicants for their interest in the position. However, only those selected for an interview will be contacted.

Dear Member:
It has very recently come to the College's attention that on July 25, 2019 Health Canada released an advisory to members of the public and health professionals regarding the use of laser based medical devices to treat fungal nail infections.

The advisory can be found at https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2019/70553a-eng.php#media-medias. It is important that you read the notice.

The College has since been in direct contact with Health Canada regarding this matter to seek clarification about their position. We have been informed that although the advisory is directed more towards spas and unregulated professionals, it is also applicable to regulated health professionals.

SOME laser-based medical devices are approved in Canada to *temporarily increase the clarity of the nail in patients with a fungal nail infection*. **HOWEVER,** these devices will only change the appearance of the nail and will have **NO** impact on treating the underlying pathogens that cause it.

Health Canada has not received enough evidence to support claims that laser treatments could be used to treat a fungal nail infection. Health Canada is concerned that members of the public maybe misled that the laser device will eradicate the infection itself. Unmanaged fungal nail infections could cause pain, damage to or loss of nails, and skin infections. Some patients, such as those with diabetes or weakened immune systems, may be at greater risk of developing serious complications, including bacterial skin infections and conditions that threaten the limbs.

What Members Should Do

In order to address the matters raised in the Health Canada advisory members utilizing a laser medical device in the management of fungal nails MUST:

- inform patients that the use of the laser device may temporarily increase the clarity of the nail
- inform patients that the use of the laser device does not treat the underlying infection.
- discuss the full range of treatment options available for managing the fungal infection;

- ensure that the laser medical device is approved by Health Canada for this application (as per COCOO Guidelines); and
- review advertising (website, patient literature, etc.) to accurately reflect the findings of the Health Canada advisory.

College Follow-up

The College will provide Health Canada with this communique along with the College's Guideline entitled *Guidelines for the Safe Use of Lasers by Members of the College of Chiropodists of Ontario* found at :
http://www.cocoo.on.ca/pdf/guidelines/use_of_the_lasers.pdf

If you have any questions, please feel free to contact the College.

Appendix I of Guide pg. 104

Appendix I: Examples of Reusable Equipment and Instruments by Personal Service

Personal Service	Critical	Semi-critical	Non-critical, Intermediate-Level Disinfection	Non-critical, Low-Level Disinfection
Body modification and suspension (e.g., scarification, branding, ear shaping, implants)	• Dermal anchor tools • Dermal drivers/ anchors • Forceps • Retractors • Reusable clamps • Reusable scalpel handles • Skin elevators • Strike branding metal strips • Suspension hooks	• Any equipment, instrument or item used to hold a sterile strike branding metal strip or electrocautery/ cautery tip • Suspension rig		• See chapter 3, Managing the Environment, for tables, chairs, beds • Rigid containers used to hold dirty equipment until reprocessing (at end of day) • Service trays[₮]
Body piercing	• All forceps and clamps • All jewellery used for initial piercing and jewellery purchased in bulk • All tapers • Open-ended receiving tubes • Ring-opening and ring-closing pliers	• Needle pushers • Scissors used to cut cannulas (insertion tubes)	• All calipers • Jewellery (when replacing piercing jewellery on completely healed piercings)	• See chapter 3, Managing the Environment, for tables, chairs, beds • Rigid containers used to hold dirty equipment until reprocessing (at end of day) • Service trays[₮]

Personal Service	Critical	Semi-critical	Non-critical, Intermediate-Level Disinfection	Non-critical, Low-Level Disinfection
Earlobe piercing	• Jewellery for initial piercings		• Mechanical earlobe-piercing device that holds a single-use, disposable sterile cartridge (systems that use stud adaptor and clasp retainer are not recommended but if used, stud holder and clasp retainer are to be sterile, single-use, disposable)	• See chapter 3, Managing the Environment, for tables, chairs, beds • Rigid containers used to hold dirty equipment until reprocessing (at end of day) • Service trays[₮]
Electrolysis and hair removal (waxing and laser)		• Any equipment, instrument or item used to hold, manipulate or contact a sterile needle • Needle/probe holder or permanent attached pin device • Removable tip/cap (single-use or high-level disinfection after each use) • Tweezers used to expose ingrown hairs	• Laser heads, tips and wands • Scissors used to cut hair[₮₮] • Tweezers used to remove hair from the hair follicle • UV eye goggles for multiple-client use	• See chapter 3, Managing the Environment, for tables, chairs, beds • Containers used to hold sterile packaged tweezers or other sterile equipment or instruments • Electrolysis electrodes and sponge covers (if used) • Epilator foot-operating switches and cords • Epilator cord and control panel that comes in contact with client's skin or is handled by worker[₮] • Laser exterior power switches/touch screen/cables[₮]

Personal Service	Critical	Semi-critical	Non-critical, Intermediate-Level Disinfection	Non-critical, Low-Level Disinfection
				• Magnifying glass and arm/ reusable magnifying goggles handled by worker • Rigid containers used to hold dirty equipment until reprocessing (at end of day) • Scissors used to cut hair • Scissors used to cut single-use wax strips • Service trays[ŦŦ]
Hairdressing and barbering			• Crochet hooks used for cap highlights[ŦŦ] • Hair clipper blades[ŦŦ] • Hair scissors[ŦŦ]	• See chapter 3, Managing the Environment, for tables, chairs, beds • Colour mixing bowls (if reusable) • Combs, brushes • Crochet hooks used for cap highlights • Disinfectant containers holding instruments • Hair clipper blades • Hair clipper guards and shaver guards • Hair rollers, clips and caps • Hair scissors • Handles for hairstyling razors

Personal Service	Critical	Semi-critical	Non-critical, Intermediate-Level Disinfection	Non-critical, Low-Level Disinfection
				• Handles and cradles for shaving razor used on skin
Manicure, pedicure and nail treatments		• Grater-style foot files	• Acrylic tip cutter • Cuticle scissors, nippers, pushers, scrapers and cutters • Diamond drill bit for acrylic nails • Foot files with removable adhesive/abrasive stickers or metal foot files • Metal, diamond or glass nail files • Nail-cleaner scoops • Nail clippers • Recirculating foot tub or footbath • Reusable metal dremel bit	• See chapter 3, Managing the Environment, for tables, chairs, beds • Callus blade (credo blade) holders • Dremel handle • Flip flops or slippers for multiple-client use (may be laundered if applicable: i.e., cloth slippers, not foam slippers) • Manicure bowls and trays • Nail-drying stations, tables • Tweezers for applying nail art • UV and LED curing light
Tattooing and micropigmentation	• Reusable ink caps (e.g., metal ink caps) • Tattoo grips, tubes and tips			• See chapter 3, Managing the Environment, for tables, chairs, beds • Clip cord[₮] • Contact screws[₮] • Rigid containers used to hold dirty equipment until reprocessing (at end of day)

Personal Service	Critical	Semi-critical	Non-critical, Intermediate-Level Disinfection	Non-critical, Low-Level Disinfection
				• Scissors used to cut bandages • Service trays[₮] • Spray bottles[₮] • Tattoo machine and controls[₮] • Tube clamp[₮]
Other personal services (e.g., makeup, facials, tinting, eyelash extensions, colonics, floatation)		• Equipment used for facials that contacts non-intact skin (e.g., acne treatments, microdermabrasion) • Microblade handles • Microneedle roller handles	• Equipment used for facials that contacts intact skin • Tweezers to apply fake lashes	• See chapter 3, Managing the Environment, for tables, chairs, beds • Facial steamer machine and reservoir

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[₮] If covered with a sheath/cover during use; if not, reprocess as a Non-critical, Intermediate-Level Disinfection item as long as it can be easily or adequately cleaned and disinfected between each use.

[₮₮] This increased level of disinfection is required if instruments nick the skin.

Chiropody Act, 1991
Loi de 1991 sur les podologues

ONTARIO REGULATION 203/94

GENERAL

Consolidation Period: From April 7, 2015 to the e-Laws currency date.

Last amendment: 72/15.

Legislative History: 746/94, 183/99, 248/99, 384/06, 389/06, 338/08, 72/15.

This Regulation is made in English only.

CONTENTS

PART I
INJECTIONS, PRESCRIPTIONS AND STANDARDS OF PRACTICE

1. (1) For the purposes of paragraph 2 of subsection 5 (1) and paragraph 3 of subsection 5 (2) of the Act, a member may administer by injection into the foot a substance set out in Schedule 1 to this Regulation, if the member complies with the standards of practice set out in section 2. O. Reg. 338/08, s. 1.

(2) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5(2) of the Act, a ~~chiropody class~~ member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 2 to this Regulation, if the member complies with the standards of practice set out in ~~sections 3 and 4.~~section 3. O. Reg. 338/08, s. 1.

(3) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5 (2) of the Act, a ~~podiatry class~~ member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 3 to this Regulation, if the member complies with the standards of practice set out in sections ~~3~~3.1 and ~~4. O. Reg. 338/08, s. 1.~~3.2.

(4) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5(2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 4 to this Regulation, if the member complies with the standards of practice set out in sections 3.3 and 3.4.

(5) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5(2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 5 to this Regulation, if the member complies with the standards of practice set out in section 4.

2. (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who administers a substance by injection into the foot shall first have ~~successfully completed at least one of the following which has been approved by the Council: 1. A course on administering substances by injection into the foot.~~either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently administer by injection into the foot the substances set out in Schedule 1; or

2. successfully completed a course on administering by injection into the foot the substances set out in Schedule 1 approved by the Council after [date the amendments come into force].

~~2. A program that includes administering substances by injection into the foot.~~

~~3. Relevant training in administering substances by injection into the foot. O. Reg. 338/08, s. 1.~~

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was~~, on September 26, 2008,~~

~~(a) a podiatry class member; or (b) a chiropody class member who had successfully completed a course listed in Schedule 4, together with meeting any other applicable educational requirements set out in that Schedule. O. Reg. 338/08, s. 1.~~ authorized on [date immediately prior to the amendments coming into force] to administer by injection into the foot substances set out in Schedule 1 as that Schedule existed on [date immediately prior to the amendments coming into force].

(3) Despite subsection (1), a member holding an educational class certificate of registration may administer by injection into the foot a substance set out in Schedule 1, if,

(a) the administration by injection is done as part of an educational program which is a specific requirement for the issuance of that educational class certificate of registration; and

(b) the administration by injection is performed under the direct supervision of a member who is authorized under subsection 1 (1) to perform that administration by injection. O. Reg. 338/08, s. 1.

(4) Despite subsection (1), a member holding a general or academic class certificate of registration may administer by injection into the foot a substance set out in Schedule 1, if,

(a) the administration by injection is done as part of a course, program or training approved by the Council; and

(b) the administration by injection is performed under the direct supervision of a member who is authorized under subsection 1 (1) to perform that administration by injection. O. Reg. 338/08, s. 1.

3. (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 2 shall first have either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 2; or

2. successfully completed ~~at least one of the following which has been~~a course on prescribing the drugs set out in Schedule 2 approved by the Council~~:~~ after [date the amendments come into force].

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was authorized on [date immediately prior to the amendments coming into force] to prescribe drugs set out in Schedule 2 as that Schedule existed on [date immediately prior to the amendments coming into force]. [

~~1. A pharmacology course.~~**3.1** (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 3 shall first have either

~~2. A pharmacology program.~~

~~3. Relevant training in pharmacology. O. Reg. 338/08, s. 1.~~

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 3; or

2. successfully completed a course on prescribing the drugs set out in Schedule 3 approved by the Council after [date the amendments come into force].

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was~~, on September 26, 2008,~~

~~(a) a podiatry class member; or~~

~~(b) a chiropody class member who had successfully completed a course listed in Schedule 4, together with meeting any other applicable educational requirements set out in that Schedule. O. Reg. 338/08, s. 1.~~

~~4. (1) For the purposes of subsections 1 (2) and (3), and subject to subsection (3~~ authorized on [date immediately prior to the amendments coming into force] to prescribe drugs set out in Schedule 3 as that Schedule existed on [date immediately prior to the amendments coming into force].

3.2 (1) Subject to subsection (2), it is a standard of practice of the profession that a member ~~may~~who is otherwise authorized to prescribe a drug ~~set out~~listed in the following table, shall only prescribe that drug for the indicated maximum duration, in the indicated maximum daily dosage:

Drug	Maximum duration	Maximum daily dosage
~~Ketorolac tromethamine~~Triazolam	~~Five~~Three days	~~10 mg. every 4-6 hours, as needed for pain~~0.125 to 0.25 mg. orally, once a day, not to exceed ~~4 doses~~0.25 mg. per day~~, or 40 mg. in total~~.
Diazepam	Three days	2.5-10 mg. orally, 2-4 times a day, not to exceed 40 mg. per day.
Lorazepam	Three days	0.5-1 mg. orally, 2 times a day, not to exceed 2 mg. per day.
Alprazolam	Three days	0.25 to 0.5 mg. orally, 2-3 times a day, not to exceed 1.5 mg. per day.

~~O. Reg. 338/08, s. 1.~~ (2) A member who may prescribe a drug set out in the table to subsection (1) may prescribe the drug in a prescription that exceeds the maximum duration or maximum daily dosage or both, if the member first consults with the patient's physician, and retains records of that consultation.

~~(2) For the purposes of subsection 1 (3), and subject to subsection (3~~

3.3 (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 4 shall first have either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 4; or

2. successfully completed a course on prescribing the drugs set out in Schedule 4 approved by the Council.

3.4 (1) Subject to subsection (2), it is a standard of practice of the profession that a ~~podiatry class member may prescribe a drug set out in the following table for a patient, prior to the performance of any act that member is authorized to perform, for a maximum of a single dose only~~member who is otherwise authorized to prescribe a drug listed in the following table, shall only prescribe that drug for the indicated maximum duration, in the indicated maximum daily dosage:

~~Drug~~	~~Maximum daily dosage~~
~~Diazepam~~	~~10 mg.~~
~~Hydroxyzine hydrochloride~~	~~25 ml. or 50 mg.~~
~~Lorazepam~~	~~3 mg.~~

~~O. Reg. 338/08, s. 1.~~

Drug	Maximum duration	Maximum daily dosage
Tramadol	Three days	50-100 mg. orally, 3-4 times a day, not to exceed 400 mg. per day.
Oxycodone with Acetaminophen	Three days	Oxycodone 5 mg./Acetaminophen 325 mg. tablets: 3-4 times a day, not to exceed 6 tablets per day.
Pentazocine	Three days	Pentazocine 50 mg. tablets: 1-2 tablets, 4-6 times a day, not to exceed 600 mg. per day.
Codeine 15 mg. with Acetaminophen 300 mg.	Three days	Codeine 15 mg./Acetaminophen 300 mg. tablets: 4-6 times a day, not to exceed 12 tablets daily.

Codeine 30 mg. with Acetaminophen 300 mg.	Three days	Codeine 30 mg./Acetaminophen 300 mg. tablets: 4-6 times a day, not to exceed 12 tablets daily.

(~~3~~2) A member who may prescribe a drug set out in the ~~tables~~table to ~~subsections~~subsection (1~~) and (2~~) may prescribe the drug in a prescription that exceeds the maximum duration or maximum daily dosage or both, if the member first consults with the patient's physician, and retains records of that consultation. ~~O. Reg. 338/08, s. 1.~~

4 (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 5 shall first have either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 5; or

2. successfully completed a course on prescribing the drugs set out in Schedule 5 approved by the Council.

PART I.1
ADMINISTERING SUBSTANCES BY INHALATION AND STANDARDS OF PRACTICE

5. (1) For the purposes of paragraph 4 of subsection 5 (1) and paragraph 5 of subsection 5 (2) of the Act, a member who complies with the standards of practice provided for in this section is authorized to administer the following designated substances to a patient by inhalation:

1. A gas mixture of up to 50 per cent nitrous oxide, with the balance of the mixture being oxygen.
2. Therapeutic oxygen. O. Reg. 72/15, s. 1.

(2) A member shall only administer a designated substance described in paragraph 1 or 2 of subsection (1) if he or she complies with the following standards of practice:

1. The member shall only administer the designated substance to a patient for the purposes of,
   i. pain management during the performance of a procedure, or
   ii. controlling anxiety before or during the performance of a procedure.
2. The member must have,
   i. successfully completed a program approved by Council that includes a didactic and a clinical training component provided under the supervision of,
      A. a member of the College of Physicians and Surgeons of Ontario who is recognized by that College as a specialist in anaesthesia,
      B. a member of the Royal College of Dental Surgeons of Ontario who holds a specialty certificate of registration in dental anaesthesia, or
      C. any other person who is approved by Council, or
   ii. satisfied the Registration Committee that,
      A. the member's education in chiropody or podiatry included a program equivalent to the program referred to in subparagraph i that was completed not more than five years before the day this Part came into force, or
      B. the member has safely administered the designated substance by inhalation to patients as part of his or her practice during the five-year period before the day this Part came into force. O. Reg. 72/15, s. 1.

(3) Despite anything in this section, a member may administer therapeutic oxygen by inhalation to a patient in an emergency. O. Reg. 72/15, s. 1.

(4) Despite anything in this section, a member may administer a designated substance described in paragraph 1 or 2 of subsection (1) to a patient by inhalation if the member does so,

(a) as part of a program described in subparagraph 2 i of subsection (2); and

(b) while under the direct supervision of a member of the College of Physicians and Surgeons of Ontario who is recognized by the College to be a specialist in anaesthesia, a member of the Royal College of Dental Surgeons of Ontario holding a specialty certificate in dental anaesthesia, or any other person approved by Council. O. Reg. 72/15, s. 1.

6. REVOKED: O. Reg. 384/06, s. 1.

PART II
ADVERTISING

7. (1) An advertisement with respect to a member's practice must not contain,

(a) anything that is false, misleading or self laudatory;

(b) anything that, because of its nature, cannot be verified;

(c) an endorsement other than an endorsement by an organization that is known to have expertise relevant to the subject-matter of the endorsement;

(d) any testimonial;

(e) a reference to a drug or to a particular brand of equipment used to provide health services;

(f) a claim or guarantee as to the quality or effectiveness of services provided;

(g) anything that promotes or is likely to promote the excessive or unnecessary use of services. O. Reg. 746/94, s. 2.

(2) An advertisement must be readily comprehensible to the persons to whom it is directed. O. Reg. 746/94, s. 2.

8. (1) In any advertisement, a member who is registered as a chiropodist shall clearly identify himself or herself as a chiropodist and a member who is registered as a podiatrist shall clearly identify himself or herself as a podiatrist. O. Reg. 746/94, s. 2.

(2) No member shall hold himself or herself out,

(a) as a chiropodist unless the member is registered as a chiropodist; or

(b) as a podiatrist unless the member is registered as a podiatrist. O. Reg. 746/94, s. 2.

9. No member shall indicate after his or her name,

(a) a diploma or degree other than a diploma or degree held by the member; and

(b) the word "chiropodist" if the member is not registered as a chiropodist or the word "podiatrist" if the member is not registered as a podiatrist. O. Reg. 746/94, s. 2.

10. A member shall not contact or communicate individually with, or cause or allow any person to contact or communicate individually with, a potential patient either in person, by telephone, by mail or by any other means of individualized communication, in an attempt to solicit business. O. Reg. 746/94, s. 2.

11. No member shall appear in, or permit the use of the member's name in, an advertisement that is for a purpose other than the promotion of the member's own practice if the advertisement implies, or could be reasonably interpreted to imply, that the professional expertise of the member is relevant to the subject-matter of the advertisement. O. Reg. 746/94, s. 2.

12. A member shall not advertise or permit advertising with respect to the member's practice in contravention of this Part. O. Reg. 746/94, s. 2.

PART III
RECORDS

13. (1) A member shall, in relation to his or her practice, take all reasonable steps necessary to ensure that records are kept in accordance with this Part. O. Reg. 746/94, s. 2.

(2) Reasonable steps under subsection (1) shall include the verification by the member, at reasonable intervals, that the records are kept in accordance with this Part. O. Reg. 746/94, s. 2.

14. A daily appointment record shall be kept that sets out the name of each patient whom the member examines or treats or to whom the member renders any service. O. Reg. 746/94, s. 2.

15. An equipment service record shall be kept that sets out the servicing for every potentially hazardous piece of equipment used to examine, treat or render any service to patients. O. Reg. 746/94, s. 2.

16. (1) If a patient is charged a fee, a financial record shall be kept for the patient. O. Reg. 746/94, s. 2.

(2) The financial record must contain,

(a) the patient's name and address;

(b) the date the service was rendered; and

(c) the fees charged to and received from or on behalf of the patient. O. Reg. 746/94, s. 2.

17. (1) A patient health record shall be kept for each patient. O. Reg. 746/94, s. 2.

(2) The patient health record must include the following:

1. The patient's name and address.
2. The date of each of the patient's visits to the member.
3. The name and address of the primary care physician and any referring health professional.
4. A history of the patient.
5. Reasonable information about every examination performed by the member and reasonable information about every clinical finding, diagnosis and assessment made by the member.
6. Reasonable information about every order made by the member for examinations, tests, consultations or treatments to be performed by any other person.
7. Every written report received by the member with respect to examinations, tests, consultations or treatments performed by other health professionals.
8. Reasonable information about all significant advice given by the member and every pre and post-operative instruction given by the member.
9. Reasonable information about every post-operative visit.
10. Reasonable information about every controlled act, within the meaning of subsection 27 (2) of the *Regulated Health Professions Act, 1991*, performed by the member.
11. Reasonable information about every delegation of a controlled act within the meaning of subsection 27 (2) of the *Regulated Health Professions Act, 1991*, delegated by the member.
12. Reasonable information about every referral of the patient by the member to another health professional, service or agency.
13. Any pertinent reasons a patient may give for cancelling an appointment.
14. Reasonable information about every procedure that was commenced but not completed, including reasons for the non-completion.
15. A copy of every written consent. O. Reg. 746/94, s. 2.

(3) Every part of a patient health record must have a reference identifying the patient or the patient health record. O. Reg. 746/94, s. 2.

(4) The member shall be personally responsible for all things recorded in relation to a patient, including all treatments, orders, advice and referrals and the member responsible and the author of the record should both be identified in the record. O. Reg. 746/94, s. 2.

(5) Every patient health record shall be retained for at least 10 years following,

(a) the patient's last visit; or

(b) if the patient was less than 18 years old at the time of his or her last visit, the day the patient became or would have become 18 years old. O. Reg. 746/94, s. 2.

18. (1) It is an act of professional misconduct for the purpose of clause 51 (1) (c) of the Health Professions Procedural Code if a member fails to provide access to or copies from a patient health record for which the member has primary responsibility as required by this section. O. Reg. 746/94, s. 2.

(2) A member shall provide access to and shall provide copies from a patient health record over which the member has custody and control to any of the following persons upon their request:

1. The patient.
2. A personal representative who is authorized by the patient to obtain copies from the record.
3. If the patient is dead, the patient's legal representative.
4. If the patient lacks capacity to give an authorization described in paragraph 2,
   i. a committee of the patient appointed under the *Mental Incompetency Act*,
   ii. a person to whom the patient is married,
   iii. a person, with whom the patient is living in a conjugal relationship outside marriage, if the patient and the person,

A. have cohabited for at least one year,

B. are together the parents of a child, or

C. have together entered into a cohabitation agreement under section 53 of the *Family Law Act*,

iv. the patient's son or daughter,

v. the patient's parents. O. Reg. 746/94, s. 2; O. Reg. 389/06, s. 1.

(3) It is not an act of professional misconduct under paragraph 2 of subsection (2) for a member to refuse to provide copies from a patient health record until the member is paid a reasonable fee. O. Reg. 746/94, s. 2.

(4) A member may provide copies from a patient health record for which the member has primary responsibility to any person authorized by a person to whom the member is required to provide copies under subsection (2). O. Reg. 746/94, s. 2.

(5) A member may, for the purpose of providing health care or assisting in the provision of health care to a patient, allow a health care professional to examine the patient health record or give a health professional any information, copy or thing from the record. O. Reg. 746/94, s. 2.

(6) A member may provide information or copies from a patient health record to a person if,

(a) the information or copies are to be used for health administration or planning or health research or epidemiological studies;

(b) the use of the information or copies is in the public interest as determined by the Minister; and

(c) anything that could identify the patient is removed from the information or copies. O. Reg. 746/94, s. 2.

19. (1) A record required to be kept under this Part may be kept by means of an electronic or optical storage system. O. Reg. 746/94, s. 2.

(2) The electronic or optical storage system referred to in subsection (1) shall be designed and operated so as to ensure that all reports are secure from loss, tampering, interference or unauthorized use or access. O. Reg. 746/94, s. 2.

20. It is an act of professional misconduct for the purpose of clause 51 (1) (c) of the Health Professions Procedural Code for a member to fail to take reasonable steps, before resigning as a member or ceasing to reside in Ontario, to ensure that for each patient health record for which the member has primary responsibility,

(a) the record is transferred to another member; or

(b) the patient is notified that the member intends to resign and that the patient can obtain copies from the patient health record. O. Reg. 746/94, s. 2.

PART IV (ss. 21-24) REVOKED: O. Reg. 248/99, s. 1.

PART V
QUALITY ASSURANCE

GENERAL

25. In this Part,

"assessor" means an assessor appointed under section 81 of the Health Professions Procedural Code;

"Committee" means the Quality Assurance Committee;

"evaluation" means a program designed to evaluate the member's knowledge, skills and judgment;

"practice assessment" means an assessment of a member's care of patients, the member's records of the care of patients or the premises where the member practises. O. Reg. 183/99, s. 1.

26. (1) The Committee shall administer the quality assurance program, which shall include the following components:

1. Self-assessment and continuing education.
2. Practice assessment.
3. Evaluation and remediation.
4. Assessment and remediation of behaviour and remarks of a sexual nature. O. Reg. 183/99, s. 1.

(2) Every member shall comply with the requirements of the quality assurance program that apply to him or her. O. Reg. 183/99, s. 1.

(3) The self-assessment and continuing education component, the practice assessment component and the evaluation and remediation component apply only to members who hold a general certificate of registration. O. Reg. 183/99, s. 1.

(4) The remediation component referred to in paragraph 4 of subsection (1) applies to all members. O. Reg. 183/99, s. 1.

27. (1) A panel of the Committee shall be composed of at least three members of the Committee selected by the chair, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council. O. Reg. 183/99, s. 1.

(2) If a member of the panel becomes ill or is otherwise unable to continue as a member of the panel,

(a) the remaining members may continue to act as if the panel were fully constituted; or

(b) the chair may appoint another member to replace the member who is unable to act. O. Reg. 183/99, s. 1.

(3) A panel of the Committee may act on behalf of the Committee with respect to any matter that arises under this Part. O. Reg. 183/99, s. 1.

SELF-ASSESSMENT AND CONTINUING EDUCATION

28. (1) The self-assessment and continuing education requirements shall be set out in the quality assurance policy that is approved by Council and published and distributed to the members. O. Reg. 183/99, s. 1.

(2) On being registered or on being reinstated, the member becomes subject to, and shall comply with, the self-assessment and continuing education requirements set out in the policy referred to in subsection (1). O. Reg. 183/99, s. 1.

(3) If a member is registered or reinstated at any time after the beginning of a continuing education cycle, the number of continuing education credits that the member is required to obtain during the cycle is prorated to the time remaining in the cycle at the time of the registration or reinstatement. O. Reg. 183/99, s. 1.

29. (1) A member shall maintain a record of his or her self-assessments and continuing education activities and submit them to the College upon request. O. Reg. 183/99, s. 1.

(2) If a member fails to submit the records referred to in subsection (1) when requested to do so, the Registrar shall refer the matter to the Committee and notify the member in writing that this has been done and that the member may make written submissions to the Committee within 30 days after receiving the notice. O. Reg. 183/99, s. 1.

(3) After considering the member's written submissions, if any, the Committee may,

(a) grant the member an extension for a specified period of time during which the member shall submit the records;

(b) require the member to undergo a practice assessment by an assessor in accordance with section 30. O. Reg. 183/99, s. 1.

(4) If the member submits the records but fails to meet the self-assessment and continuing education requirements set out in the quality assurance policy approved by Council, the Registrar shall refer the matter to the Committee and notify the member in writing that this has been done and that the member may make written submissions to the Committee within 30 days after receiving the notice. O. Reg. 183/99, s. 1.

(5) After considering the member's written submissions, if any, the Committee may,

(a) grant the member an extension for a specified period of time during which the member shall comply with the requirements;

(b) grant the member an exemption from some or all of the requirements; or

(c) require the member to undergo a practice assessment by an assessor in accordance with section 30. O. Reg. 183/99, s. 1.

(6) If an extension granted under clause (3) (a) or (5) (a) elapses without the member having provided satisfactory evidence of having satisfied the requirements, the Committee may require the member to undergo a practice assessment by an assessor in accordance with section 30. O. Reg. 183/99, s. 1.

(7) The Committee may appoint one or more assessors to perform one or more of the following:

1. Monitor participation in and compliance with the self-assessment and continuing education requirements.
2. Conduct a practice assessment under section 30.
3. Conduct an evaluation under section 31. O. Reg. 183/99, s. 1.

PRACTICE ASSESSMENT

30. (1) A member is required to undergo a practice assessment under this section if,

(a) the member is selected at random under subsection (2);

(b) the member has been referred to the Committee by the Executive Committee, the Discipline Committee or the Complaints Committee; or

(c) the member has been referred under clause 29 (3) (b) or (5) (c), or under subsection 29 (6). O. Reg. 183/99, s. 1.

(2) The College shall select at random the names of holders of general certificates required to undergo a practice assessment. O. Reg. 183/99, s. 1.

(3) A practice assessment shall be conducted by an assessor, who shall prepare a written report on his or her findings and submit it to the Committee. O. Reg. 183/99, s. 1.

(4) The Committee shall provide the member with a copy of the assessor's report. O. Reg. 183/99, s. 1.

(5) The member shall have at least 14 days to make written submissions in response to the report. O. Reg. 183/99, s. 1.

(6) After considering the assessor's findings and the submissions of the member, if any, the Committee may do one or both of the following if the report identifies deficiencies in the member's practice:

1. Recommend to the member ways in which the deficiencies may be corrected.
2. Require the member to undergo an evaluation. O. Reg. 183/99, s. 1.

(7) If the Committee takes action under paragraph 1 of subsection (6), the Committee may require a reassessment of the member's practice, and subsections (3), (4), (5) and (6) apply to the reassessment. O. Reg. 183/99, s. 1.

(8) A member whose practice has been reassessed under subsection (7) may not be reassessed again. O. Reg. 183/99, s. 1.

EVALUATION AND REMEDIATION

31. (1) A member is required to undergo an evaluation under this section if,

(a) the member has been referred to the Committee by the Executive Committee, the Discipline Committee or the Complaints Committee; or

(b) the member is required to undergo an evaluation pursuant to paragraph 2 of subsection 30 (6). O. Reg. 183/99, s. 1.

(2) An evaluation shall be conducted by an assessor, who shall prepare a written report on his or her findings and submit it to the Committee. O. Reg. 183/99, s. 1.

(3) The Committee shall provide the member with a copy of the assessor's report. O. Reg. 183/99, s. 1.

(4) The member shall have at least 14 days to make written submissions in response to the report. O. Reg. 183/99, s. 1.

(5) After considering the report and the member's submissions, if any, the Committee may, if it finds that the member's knowledge, skills or judgment are unsatisfactory, do one or more of the following:

1. Direct the member to participate in a specified remedial program.
2. Direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration for a specified period not exceeding six months. O. Reg. 183/99, s. 1.

(6) A member who has been required to participate in a remedial program may be required to undergo another evaluation, and subsections (2), (3), (4) and (5) apply to that evaluation. O. Reg. 183/99, s. 1.

(7) A member who has been re-evaluated under subsection (6) may not be re-evaluated again. O. Reg. 183/99, s. 1.

(8) If the member fails to participate in a specified remedial program or fails to complete the program successfully, the Committee may direct the Registrar to impose terms, conditions or limitations on a member's certificate of registration for a specified period not exceeding six months. O. Reg. 183/99, s. 1.

(9) If the Registrar imposes terms, conditions or limitations on the member's certificate of registration for a specified period pursuant to a direction given by the Committee under paragraph 2 of subsection (5) or under subsection (8), the Committee may direct the Registrar to remove the terms, conditions or limitations before the end of the specified period if it is satisfied that the member's knowledge, skills and judgment are now satisfactory. O. Reg. 183/99, s. 1.

(10) No direction shall be given to the Registrar under paragraph 2 of subsection (5) or under subsection (8) unless the member has been given notice of the Committee's intention to give the direction and the member has been given at least 14 days to make written submissions to the Committee. O. Reg. 183/99, s. 1.

ASSESSMENT AND REMEDIATION OF BEHAVIOUR OR REMARKS OF A SEXUAL NATURE

32. (1) This section applies to matters relating to sexual abuse as defined in clause 1 (3) (c) of the Health Professions Procedural Code that are referred to the Committee by,

(a) a panel of the Complaints Committee under paragraph 4 of subsection 26 (2) of the Code; or

(b) the Executive Committee, Complaints Committee or Board under section 79.1 of the Code. O. Reg. 183/99, s. 1.

(2) The Committee may require a member to undergo a psychological assessment or another assessment specified by the Committee if a matter respecting the member is referred as provided in subsection (1). O. Reg. 183/99, s. 1.

(3) After receiving the report of an assessment referred to in subsection (2), the Committee may require the member to undertake specified measures such as education, therapy or counselling, if

(a) the Committee is of the opinion that the measures will help the member to refrain from such behaviour or remarks; and

(b) the member has been given written notice of the Committee's intention to require the member to undertake measures, a copy of the report and at least 14 days to make written submissions to the Committee. O. Reg. 183/99, s. 1.

(4) If the member makes written submissions, the Committee shall take them into account before requiring the member to undertake specified measures. O. Reg. 183/99, s. 1.

(5) If the member refuses to undergo an assessment under subsection (2) or to undertake specified measures under subsection (3), or fails to complete those measures, the Committee may direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration for a period not exceeding six months. O. Reg. 183/99, s. 1.

(6) The Committee shall not give a direction under subsection (5) unless the member has been given notice of the Committee's intention and at least 14 days to make written submissions to the Committee. O. Reg. 183/99, s. 1.

(7) If the Registrar imposes terms, conditions or limitations on a member's certificate of registration under subsection (5), the Committee may direct the Registrar to remove them before the end of the specified period if the Committee is satisfied that they are no longer needed. O. Reg. 183/99, s. 1.

PART VI
NOTICE OF MEETINGS AND HEARINGS

33. (1) The Registrar shall ensure that notice of every Council meeting that is required to be open to the public under the Act is given in accordance with this Part. O. Reg. 183/99, s. 1.

(2) The notice shall be published in a daily newspaper of general circulation throughout Ontario at least 14 days before the date of the meeting. O. Reg. 183/99, s. 1.

(3) The notice shall be in English and French. O. Reg. 183/99, s. 1.

(4) The notice shall include the intended date, time and place of the meeting and indicate its purpose. O. Reg. 183/99, s. 1.

(5) The Registrar shall give notice of Council meetings to every person who requests it. O. Reg. 183/99, s. 1.

34. (1) The Registrar shall ensure that information concerning every hearing into allegations of professional misconduct or incompetence held by a panel of the Discipline Committee is given to every person who requests it. O. Reg. 183/99, s. 1.

(2) The information to be provided must include the name of the member against whom the allegations have been made, his or her principal place of practice, the intended date, time and place of the hearing and a summary of the allegations. O. Reg. 183/99, s. 1.

(3) For requests received more than 30 days before the date of the hearing, the Registrar shall, where possible, provide the information at least 30 days before that date. O. Reg. 183/99, s. 1.

(4) For requests received less than 30 days before the date of the hearing, the Registrar shall provide the information as soon as reasonably possible before that date. O. Reg. 183/99, s. 1.

(5) The information provided must be in English or, upon request, in French. O. Reg. 183/99, s. 1.

PART VII
COMMUNICATION AND PUBLICATION OF PANEL DECISIONS

35. The Registrar shall communicate the decision of a panel of the Fitness to Practise Committee, the reasons for decision or a summary of the reasons, to the complainant, if any, upon the release of the decision. O. Reg. 183/99, s. 1.

36. (1) The College shall publish the decisions of the Fitness to Practise Committee and the reasons for decision, or a summary of such reasons, in its annual report and may publish the decisions and reasons or summary in any other publication of the College. O. Reg. 183/99, s. 1.

(2) In publishing the information mentioned in subsection (1), the College shall publish the name of the member who was the subject of the proceeding if the result of the proceeding may be obtained by a person from the Register under subsection 23 (3) of the Health Professions Procedural Code. O. Reg. 183/99, s. 1.

SCHEDULE 1
SUBSTANCES ADMINISTERED BY INJECTION INTO THE FOOT

Betamethasone sodium phosphate beta-acetate

Dexamethasone sodium phosphate

Hydrocortisone sodium succinate

Methylprednisolone acetate

Triamcinolone acetonide

Denatured alcohol 4% (ethyl alcohol)

Bupivacaine

Lidocaine hydrochloride (with or without epinephrine)

Mepivacaine hydrochloride

Sterile saline solution

B12- Cyanocobalamin

OnabotulinumtoxinA

Bleomycin sulfate (intralesional intradermal injection only)

Candida albican antigen solution (intralesional injection)

Hyaluronic Acid based injectable dermal fillers (Esthelis, Restylane, Revanesse, ReDexis)

Hyaluronic Acid (2.5% Gel)

Poly-L-Lactic Acid (Sculptra injectable)

Sodium Hylaluronate Solution (injectable Suplasyn)

Hylan G-F 20 (injectable Synvisc)

O. Reg. 338/08, s. 2.

SCHEDULE 2
DRUGS THAT MAY BE PRESCRIBED BY ~~CHIROPODY CLASS~~A MEMBER

~~Antibiotics for Topical Use~~

~~Bacitracin~~
~~Framycetin sulfate~~
~~Fusidic acid~~
~~Gentamicin sulfate~~
~~Mupirocin~~
~~Silver sulfadiazine~~
~~Erythromycin~~
~~Bacitracin/neomycin sulphate~~
~~Neomycin sulphate/polymyxin B sulphate/bacitracin~~
~~Neomycin sulphate/polymyxin B sulphate/gramicidin~~

Antibacterials
Local Anti-infectives, Miscellaneous
Skin and Mucous Memberane Agents, Miscellaneous

Antifungals for Topical Use

~~Ciclopirox olamine~~
~~Clotrimazole~~
~~Ketoconazole~~
~~Miconazole nitrate~~
~~Nystatin~~
~~Terbinafine HCl~~
~~Tolnaftate cream~~
~~Undecylenic acid~~

~~Analgesics for Topical Use~~

~~Benzocaine~~
~~Capsaicin~~
~~Diethylamine Salicylate~~
~~Lidocaine/prilocaine~~

Antipruritics and Local Anesthetics
Local Anesthetics
Centrally Acting Skeletal Muscle Relaxants

Astringents ~~for Topical Use~~

~~Aluminum Chloride hexahydrate~~

Corticosteroids ~~for Topical Use~~

~~Amcinonide~~
~~Betamethasone diproprionate~~
~~Betamethasone valerate~~
~~Clioquinol/hydrocortisone~~
~~Desoximetasone~~

~~Flumethasone/clioquinol~~
~~Fluocinonide~~
~~Halcinonide~~
~~Hydrocortisone~~
~~Hydrocortisone 17 valerate~~
~~Mometasone furoate~~
~~Triamcinolone acetonide~~

~~Caustics for Topical Use~~

~~Cantharidin Podophyllin Salicylic acid combination (1% or less Cantharidin with 2% or less Podophyllin with 30% or less Salicylic acid)~~
~~Salicylic acid (70% or less)~~
~~Silver Nitrate (95% or less)~~
~~5-Fluorouracil (5% or less)~~
~~Salicylic acid/lactic acid combination (Salicylic acid 16.7% and Lactic acid 16.7% in flexible collodion)~~
~~Salicylic acid/lactic acid/formalin combination (Salicylic acid 25%, Lactic acid 10%, Formalin 5%)~~

~~Immune Response Modifier for Topical Use~~

~~Imiquimod~~

~~Wound Healing Agents/Dressings for Topical Use~~

~~Becaplermin~~
~~Santyl collagenase~~

~~Antibiotics for Oral Use~~

~~Amoxicillin trihydrate~~
~~Amoxicillin trihydrate/clavulanate potassium~~
~~Azithromycin dihydrate~~
~~Cefadroxil~~
~~Cephalexin monohydrate~~
~~Ciprofloxacin hydrochloride~~
~~Clindamycin hydrochloride~~
~~Cloxacillin sodium~~
~~Sulfamethoxazole/trimethoprim~~
~~Erythromycin~~
~~Tetracycline hydrochloride~~

~~Non-steroidal Anti-inflammatories for Oral Use~~

~~Diclofenac potassium~~
~~Diclofenac sodium~~
~~Diclofenac sodium/misoprostol~~
~~Diflunisal~~
~~Ibuprofen~~
~~Indomethacin~~
~~Meloxicam~~
~~Ketorolac tromethamine~~
~~Naproxen~~

~~Naproxen sodium~~
~~Tiaprofenic acid~~

Keratolytic Agents
Emollients, Demulcents and Protectants
Skin and Mucous Membrane Agents, Miscellaneous
Disinfectants (for agents used on objects other than skin)
Cell Stimulants and Proliferants
Penicillins
First Generation Cephalosporins
Erythromycins
Other Macrolides
Quinolones
Sulfonamides
Tetracyclines
Lincomycins
Amebicides
Nonsteroidal Anti-inflammatory Agents
Prostaglandins

O. Reg. 338/08, s. 2.

SCHEDULE 3
DRUGS THAT MAY BE PRESCRIBED BY ~~PODIATRY CLASS~~A MEMBER

~~Antibiotics for Topical Use~~

~~Bacitracin~~
~~Framycetin sulfate~~
~~Fusidic acid~~
~~Gentamicin sulfate~~
~~Mupirocin~~
~~Silver sulfadiazine~~
~~Erythromycin~~
~~Bacitracin/neomycin sulphate~~
~~Neomycin sulphate/polymyxin B sulphate/bacitracin~~
~~Neomycin sulphate/polymyxin B sulphate/gramicidin~~

~~Antifungals for Topical Use~~

~~Ciclopirox olamine~~
~~Clotrimazole~~
~~Ketoconazole~~
~~Miconazole nitrate~~
~~Nystatin~~
~~Terbinafine HCl~~

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~~Tolnaftate cream~~
~~Undecylenic acid~~

~~Analgesics for Topical Use~~

~~Benzocaine~~
~~Capsaicin~~
~~Diethylamine Salicylate~~
~~Lidocaine/prilocaine~~

~~Astringents for Topical Use~~

~~Aluminum Chloride hexahydrate~~

~~Corticosteroids for Topical Use~~

~~Amcinonide~~
~~Betamethasone diproprionate~~
~~Betamethasone valerate~~
~~Clioquinol/hydrocortisone~~
~~Desoximetasone~~
~~Flumethasone/clioquinol~~
~~Fluocinonide~~
~~Halcinonide~~
~~Hydrocortisone~~
~~Hydrocortisone 17 valerate~~
~~Mometasone furoate~~
~~Triamcinolone acetonide~~

~~Caustics for Topical Use~~

~~Cantharidin Podophyllin Salicylic acid combination (1% or less Cantharidin with 2% or less Podophyllin with 30% or less Salicylic acid)~~
~~Salicylic acid (70% or less)~~
~~Silver Nitrate (95% or less)~~
~~5-Fluorouracil (5% or less)~~
~~Salicylic acid/lactic acid combination (Salicylic acid 16.7% and Lactic acid 16.7% in flexible collodion)~~
~~Salicylic acid/lactic acid/formalin combination (Salicylic acid 25%, Lactic acid 10%, Formalin 5%)~~

~~Immune Response Modifier for Topical Use~~

~~Imiquimod~~

~~Wound Healing Agents/Dressings for Topical Use~~

~~Becaplermin~~
~~Santyl collagenase~~

~~Antibiotics for Oral Use~~

~~Amoxicillin trihydrate~~
~~Amoxicillin trihydrate/clavulanate potassium~~
~~Azithromycin dihydrate~~
~~Cefadroxil~~
~~Cephalexin monohydrate~~
~~Ciprofloxacin hydrochloride~~

~~Clindamycin hydrochloride~~

~~Cloxacillin sodium~~

~~Sulfamethoxazole/trimethoprim~~

~~Erythromycin~~

~~Tetracycline hydrochloride~~

~~Non-steroidal Anti-inflammatories for Oral Use~~

~~Diclofenac potassium~~

~~Diclofenac sodium~~

~~Diclofenac sodium/misoprostol~~

~~Diflunisal~~

~~Ibuprofen~~

~~Indomethacin~~

~~Meloxicam~~

~~Ketorolac tromethamine~~

~~Naproxen~~

~~Naproxen sodium~~

~~Tiaprofenic acid~~

Anxiolytics for Oral Use

Diazepam

~~Hydroxyzine hydrochloride~~

Lorazepam

~~O. Reg. 338/08, s. 2.~~

~~SCHEDULE 4~~
~~COURSES AND EDUCATION~~

~~1. A course in prescribing drugs and administering drugs and other substances by injection into the foot containing both a clinical and didactic component taken at the Michener Institute for Applied Health Sciences as part of a program, the successful completion of which program was a requirement for the issuance of a certificate of registration as a chiropody class member.~~ Triazolam

~~2. A course in prescribing drugs and administering drugs and other substances by injection into the foot containing both a clinical and didactic component taken at a program in podiatry in either Canada or the United States of America, which program was, at the time the person took it, accredited by the Council on Podiatric Medical Education or another accreditation body approved by the Council.~~

~~3. A course in prescribing drugs and administering drugs and other substances by injection into the foot containing both a clinical and didactic component approved by the Council.~~

~~4. A course in prescribing drugs and administering drugs and other substances by injection into the foot containing both a clinical and didactic component taken while a member of the College, which was set or approved by the Council as a course which would adequately train a member to prescribe drugs and administer drugs and other substances by injection into the foot, in accordance with the current standards of practice of the profession.~~

~~5. A course or courses in prescribing drugs and administering drugs and other substances by injection into the foot taken while a member of the College, if the Registration Committee is satisfied the course or courses together with the formal education and professional experience of the member has resulted in the member having sufficient knowledge, skill and judgment to prescribe drugs and administer drugs and other substances by injection into the foot, in accordance with the current standards of practice of the profession.~~

~~O. Reg. 338/08, s. 2.~~

Alprazolam

SCHEDULE 4
DRUGS THAT MAY BE PRESCRIBED BY A MEMBER

Narcotics

Tramadol
Oxycodone with Acetaminophen
Pentazocine
Codeine (15 mg.) with Acetaminophen (300 mg.)
Codeine (30 mg.) with Acetaminophen (300 mg.)

SCHEDULE 5
DRUGS THAT MAY BE PRESCRIBED BY A MEMBER

Anti-fungals for Oral Use

Azoles
Allylamines

Anti-histamines for Oral Use

First Generation Antihistamines
Second Generation Antihistamines
Histamine H2-Antagonists
Anxiolytics, Sedatives, and Hypnotics; Miscellaneous

Chiropody Act, 1991
Loi de 1991 sur les podologues

ONTARIO REGULATION 203/94
GENERAL

Consolidation Period: From April 7, 2015 to the e-Laws currency date.

Last amendment: 72/15.

Legislative History: 746/94, 183/99, 248/99, 384/06, 389/06, 338/08, 72/15.

This Regulation is made in English only.

CONTENTS

PART I
INJECTIONS, PRESCRIPTIONS AND STANDARDS OF PRACTICE

1. (1) For the purposes of paragraph 2 of subsection 5 (1) and paragraph 3 of subsection 5 (2) of the Act, a member may administer by injection into the foot a substance set out in Schedule 1 to this Regulation, if the member complies with the standards of practice set out in section 2. O. Reg. 338/08, s. 1.

(2) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5(2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 2 to this Regulation, if the member complies with the standards of practice set out in section 3. O. Reg. 338/08, s. 1.

(3) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5(2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 3 to this Regulation, if the member complies with the standards of practice set out in sections 3.1 and 3.2.

(4) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5(2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 4 to this Regulation, if the member complies with the standards of practice set out in sections 3.3 and 3.4.

(5) For the purposes of paragraph 3 of subsection 5 (1) and paragraph 4 of subsection 5(2) of the Act, a member holding a general or academic class certificate of registration may prescribe a drug set out in Schedule 5 to this Regulation, if the member complies with the standards of practice set out in section 4.

2. (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who administers a substance by injection into the foot shall first have either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently administer by injection into the foot the substances set out in Schedule 1; or

2. successfully completed a course on administering by injection into the foot the substances set out in Schedule 1 approved by the Council after [date the amendments come into force].

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was authorized on [date immediately prior to the amendments coming into force] to administer by injection into the foot substances set out in Schedule 1 as that Schedule existed on [date immediately prior to the amendments coming into force].

(3) Despite subsection (1), a member holding an educational class certificate of registration may administer by injection into the foot a substance set out in Schedule 1, if,

(a) the administration by injection is done as part of an educational program which is a specific requirement for the issuance of that educational class certificate of registration; and

(b) the administration by injection is performed under the direct supervision of a member who is authorized under subsection 1 (1) to perform that administration by injection. O. Reg. 338/08, s. 1.

(4) Despite subsection (1), a member holding a general or academic class certificate of registration may administer by injection into the foot a substance set out in Schedule 1, if,

(a) the administration by injection is done as part of a course, program or training approved by the Council; and

(b) the administration by injection is performed under the direct supervision of a member who is authorized under subsection 1 (1) to perform that administration by injection. O. Reg. 338/08, s. 1.

3. (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 2 shall first have either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 2; or

2. successfully completed a course on prescribing the drugs set out in Schedule 2 approved by the Council after [date the amendments come into force].

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was authorized on [date immediately prior to the amendments coming into force] to prescribe drugs set out in Schedule 2 as that Schedule existed on [date immediately prior to the amendments coming into force].

3.1 (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 3 shall first have either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 3; or

2. successfully completed a course on prescribing the drugs set out in Schedule 3 approved by the Council after [date the amendments come into force].

(2) A member is deemed to have met the standard of practice referred to in subsection (1) if the member was authorized on [date immediately prior to the amendments coming into force] to prescribe drugs set out in Schedule 3 as that Schedule existed on [date immediately prior to the amendments coming into force].

3.2 (1) Subject to subsection (2), it is a standard of practice of the profession that a member who is otherwise authorized to prescribe a drug listed in the following table, shall only prescribe that drug for the indicated maximum duration, in the indicated maximum daily dosage:

Drug	Maximum duration	Maximum daily dosage
Triazolam	Three days	0.125 to 0.25 mg. orally, once a day, not to exceed 0.25 mg. per day.
Diazepam	Three days	2.5-10 mg. orally, 2-4 times a day, not to exceed 40 mg. per day.
Lorazepam	Three days	0.5-1 mg. orally, 2 times a day, not to exceed 2 mg. per day.

Alprazolam	Three days	0.25 to 0.5 mg. orally, 2-3 times a day, not to exceed 1.5 mg. per day.

(2) A member who may prescribe a drug set out in the table to subsection (1) may prescribe the drug in a prescription that exceeds the maximum duration or maximum daily dosage or both, if the member first consults with the patient's physician, and retains records of that consultation.

3.3 (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 4 shall first have either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 4; or

2. successfully completed a course on prescribing the drugs set out in Schedule 4 approved by the Council.

3.4 (1) Subject to subsection (2), it is a standard of practice of the profession that a member who is otherwise authorized to prescribe a drug listed in the following table, shall only prescribe that drug for the indicated maximum duration, in the indicated maximum daily dosage:

Drug	Maximum duration	Maximum daily dosage
Tramadol	Three days	50-100 mg. orally, 3-4 times a day, not to exceed 400 mg. per day.
Oxycodone with Acetaminophen	Three days	Oxycodone 5 mg./Acetaminophen 325 mg. tablets: 3-4 times a day, not to exceed 6 tablets per day.
Pentazocine	Three days	Pentazocine 50 mg. tablets: 1-2 tablets, 4-6 times a day, not to exceed 600 mg. per day.
Codeine 15 mg. with Acetaminophen 300 mg.	Three days	Codeine 15 mg./Acetaminophen 300 mg. tablets: 4-6 times a day, not to exceed 12 tablets daily.
Codeine 30 mg. with Acetaminophen 300 mg.	Three days	Codeine 30 mg./Acetaminophen 300 mg. tablets: 4-6 times a day, not to exceed 12 tablets daily.

(2) A member who may prescribe a drug set out in the table to subsection (1) may prescribe the drug in a prescription that exceeds the maximum duration or maximum daily dosage or both, if the member first consults with the patient's physician, and retains records of that consultation.

4 (1) Subject to the other provisions of this section, it is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 5 shall first have either

1. satisfied the Registrar or failing the Registrar, the Registration Committee that the member has sufficient knowledge, skill and judgement, based on the member's formal education and training, to safely and competently prescribe the drugs set out in Schedule 5; or

2. successfully completed a course on prescribing the drugs set out in Schedule 5 approved by the Council.

PART I.1
ADMINISTERING SUBSTANCES BY INHALATION AND STANDARDS OF PRACTICE

5. (1) For the purposes of paragraph 4 of subsection 5 (1) and paragraph 5 of subsection 5 (2) of the Act, a member who complies with the standards of practice provided for in this section is authorized to administer the following designated substances to a patient by inhalation:

1. A gas mixture of up to 50 per cent nitrous oxide, with the balance of the mixture being oxygen.

2. Therapeutic oxygen. O. Reg. 72/15, s. 1.

(2) A member shall only administer a designated substance described in paragraph 1 or 2 of subsection (1) if he or she complies with the following standards of practice:

1. The member shall only administer the designated substance to a patient for the purposes of,
   i. pain management during the performance of a procedure, or
   ii. controlling anxiety before or during the performance of a procedure.
2. The member must have,
   i. successfully completed a program approved by Council that includes a didactic and a clinical training component provided under the supervision of,

A. a member of the College of Physicians and Surgeons of Ontario who is recognized by that College as a specialist in anaesthesia,

B. a member of the Royal College of Dental Surgeons of Ontario who holds a specialty certificate of registration in dental anaesthesia, or

C. any other person who is approved by Council, or

ii. satisfied the Registration Committee that,

A. the member's education in chiropody or podiatry included a program equivalent to the program referred to in subparagraph i that was completed not more than five years before the day this Part came into force, or

B. the member has safely administered the designated substance by inhalation to patients as part of his or her practice during the five-year period before the day this Part came into force. O. Reg. 72/15, s. 1.

(3) Despite anything in this section, a member may administer therapeutic oxygen by inhalation to a patient in an emergency. O. Reg. 72/15, s. 1.

(4) Despite anything in this section, a member may administer a designated substance described in paragraph 1 or 2 of subsection (1) to a patient by inhalation if the member does so,

(a) as part of a program described in subparagraph 2 i of subsection (2); and

(b) while under the direct supervision of a member of the College of Physicians and Surgeons of Ontario who is recognized by the College to be a specialist in anaesthesia, a member of the Royal College of Dental Surgeons of Ontario holding a specialty certificate in dental anaesthesia, or any other person approved by Council. O. Reg. 72/15, s. 1.

6. REVOKED: O. Reg. 384/06, s. 1.

PART II
ADVERTISING

7. (1) An advertisement with respect to a member's practice must not contain,

(a) anything that is false, misleading or self laudatory;

(b) anything that, because of its nature, cannot be verified;

(c) an endorsement other than an endorsement by an organization that is known to have expertise relevant to the subject-matter of the endorsement;

(d) any testimonial;

(e) a reference to a drug or to a particular brand of equipment used to provide health services;

(f) a claim or guarantee as to the quality or effectiveness of services provided;

(g) anything that promotes or is likely to promote the excessive or unnecessary use of services. O. Reg. 746/94, s. 2.

(2) An advertisement must be readily comprehensible to the persons to whom it is directed. O. Reg. 746/94, s. 2.

8. (1) In any advertisement, a member who is registered as a chiropodist shall clearly identify himself or herself as a chiropodist and a member who is registered as a podiatrist shall clearly identify himself or herself as a podiatrist. O. Reg. 746/94, s. 2.

(2) No member shall hold himself or herself out,

(a) as a chiropodist unless the member is registered as a chiropodist; or

(b) as a podiatrist unless the member is registered as a podiatrist. O. Reg. 746/94, s. 2.

9. No member shall indicate after his or her name,

(a) a diploma or degree other than a diploma or degree held by the member; and

(b) the word "chiropodist" if the member is not registered as a chiropodist or the word "podiatrist" if the member is not registered as a podiatrist. O. Reg. 746/94, s. 2.

10. A member shall not contact or communicate individually with, or cause or allow any person to contact or communicate individually with, a potential patient either in person, by telephone, by mail or by any other means of individualized communication, in an attempt to solicit business. O. Reg. 746/94, s. 2.

11. No member shall appear in, or permit the use of the member's name in, an advertisement that is for a purpose other than the promotion of the member's own practice if the advertisement implies, or could be reasonably interpreted to imply, that the professional expertise of the member is relevant to the subject-matter of the advertisement. O. Reg. 746/94, s. 2.

12. A member shall not advertise or permit advertising with respect to the member's practice in contravention of this Part. O. Reg. 746/94, s. 2.

PART III
RECORDS

13. (1) A member shall, in relation to his or her practice, take all reasonable steps necessary to ensure that records are kept in accordance with this Part. O. Reg. 746/94, s. 2.

(2) Reasonable steps under subsection (1) shall include the verification by the member, at reasonable intervals, that the records are kept in accordance with this Part. O. Reg. 746/94, s. 2.

14. A daily appointment record shall be kept that sets out the name of each patient whom the member examines or treats or to whom the member renders any service. O. Reg. 746/94, s. 2.

15. An equipment service record shall be kept that sets out the servicing for every potentially hazardous piece of equipment used to examine, treat or render any service to patients. O. Reg. 746/94, s. 2.

16. (1) If a patient is charged a fee, a financial record shall be kept for the patient. O. Reg. 746/94, s. 2.

(2) The financial record must contain,

(a) the patient's name and address;

(b) the date the service was rendered; and

(c) the fees charged to and received from or on behalf of the patient. O. Reg. 746/94, s. 2.

17. (1) A patient health record shall be kept for each patient. O. Reg. 746/94, s. 2.

(2) The patient health record must include the following:

1. The patient's name and address.
2. The date of each of the patient's visits to the member.
3. The name and address of the primary care physician and any referring health professional.
4. A history of the patient.
5. Reasonable information about every examination performed by the member and reasonable information about every clinical finding, diagnosis and assessment made by the member.
6. Reasonable information about every order made by the member for examinations, tests, consultations or treatments to be performed by any other person.
7. Every written report received by the member with respect to examinations, tests, consultations or treatments performed by other health professionals.
8. Reasonable information about all significant advice given by the member and every pre and post-operative instruction given by the member.
9. Reasonable information about every post-operative visit.
10. Reasonable information about every controlled act, within the meaning of subsection 27 (2) of the *Regulated Health Professions Act, 1991*, performed by the member.
11. Reasonable information about every delegation of a controlled act within the meaning of subsection 27 (2) of the *Regulated Health Professions Act, 1991*, delegated by the member.
12. Reasonable information about every referral of the patient by the member to another health professional, service or agency.
13. Any pertinent reasons a patient may give for cancelling an appointment.
14. Reasonable information about every procedure that was commenced but not completed, including reasons for the non-completion.
15. A copy of every written consent. O. Reg. 746/94, s. 2.

(3) Every part of a patient health record must have a reference identifying the patient or the patient health record. O. Reg. 746/94, s. 2.

(4) The member shall be personally responsible for all things recorded in relation to a patient, including all treatments, orders, advice and referrals and the member responsible and the author of the record should both be identified in the record. O. Reg. 746/94, s. 2.

(5) Every patient health record shall be retained for at least 10 years following,

(a) the patient's last visit; or

(b) if the patient was less than 18 years old at the time of his or her last visit, the day the patient became or would have become 18 years old. O. Reg. 746/94, s. 2.

18. (1) It is an act of professional misconduct for the purpose of clause 51 (1) (c) of the Health Professions Procedural Code if a member fails to provide access to or copies from a patient health record for which the member has primary responsibility as required by this section. O. Reg. 746/94, s. 2.

(2) A member shall provide access to and shall provide copies from a patient health record over which the member has custody and control to any of the following persons upon their request:

1. The patient.
2. A personal representative who is authorized by the patient to obtain copies from the record.
3. If the patient is dead, the patient's legal representative.
4. If the patient lacks capacity to give an authorization described in paragraph 2,
   i. a committee of the patient appointed under the *Mental Incompetency Act*,
   ii. a person to whom the patient is married,
   iii. a person, with whom the patient is living in a conjugal relationship outside marriage, if the patient and the person,
      A. have cohabited for at least one year,
      B. are together the parents of a child, or
      C. have together entered into a cohabitation agreement under section 53 of the *Family Law Act*,
   iv. the patient's son or daughter,
   v. the patient's parents. O. Reg. 746/94, s. 2; O. Reg. 389/06, s. 1.

(3) It is not an act of professional misconduct under paragraph 2 of subsection (2) for a member to refuse to provide copies from a patient health record until the member is paid a reasonable fee. O. Reg. 746/94, s. 2.

(4) A member may provide copies from a patient health record for which the member has primary responsibility to any person authorized by a person to whom the member is required to provide copies under subsection (2). O. Reg. 746/94, s. 2.

(5) A member may, for the purpose of providing health care or assisting in the provision of health care to a patient, allow a health care professional to examine the patient health record or give a health professional any information, copy or thing from the record. O. Reg. 746/94, s. 2.

(6) A member may provide information or copies from a patient health record to a person if,

(a) the information or copies are to be used for health administration or planning or health research or epidemiological studies;

(b) the use of the information or copies is in the public interest as determined by the Minister; and

(c) anything that could identify the patient is removed from the information or copies. O. Reg. 746/94, s. 2.

19. (1) A record required to be kept under this Part may be kept by means of an electronic or optical storage system. O. Reg. 746/94, s. 2.

(2) The electronic or optical storage system referred to in subsection (1) shall be designed and operated so as to ensure that all reports are secure from loss, tampering, interference or unauthorized use or access. O. Reg. 746/94, s. 2.

20. It is an act of professional misconduct for the purpose of clause 51 (1) (c) of the Health Professions Procedural Code for a member to fail to take reasonable steps, before resigning as a member or ceasing to reside in Ontario, to ensure that for each patient health record for which the member has primary responsibility,

(a) the record is transferred to another member; or

(b) the patient is notified that the member intends to resign and that the patient can obtain copies from the patient health record. O. Reg. 746/94, s. 2.

PART IV (ss. 21-24) REVOKED: O. Reg. 248/99, s. 1.

PART V
QUALITY ASSURANCE

GENERAL

25. In this Part,

"assessor" means an assessor appointed under section 81 of the Health Professions Procedural Code;

"Committee" means the Quality Assurance Committee;

"evaluation" means a program designed to evaluate the member's knowledge, skills and judgment;

"practice assessment" means an assessment of a member's care of patients, the member's records of the care of patients or the premises where the member practises. O. Reg. 183/99, s. 1.

26. (1) The Committee shall administer the quality assurance program, which shall include the following components:

1. Self-assessment and continuing education.
2. Practice assessment.
3. Evaluation and remediation.
4. Assessment and remediation of behaviour and remarks of a sexual nature. O. Reg. 183/99, s. 1.

(2) Every member shall comply with the requirements of the quality assurance program that apply to him or her. O. Reg. 183/99, s. 1.

(3) The self-assessment and continuing education component, the practice assessment component and the evaluation and remediation component apply only to members who hold a general certificate of registration. O. Reg. 183/99, s. 1.

(4) The remediation component referred to in paragraph 4 of subsection (1) applies to all members. O. Reg. 183/99, s. 1.

27. (1) A panel of the Committee shall be composed of at least three members of the Committee selected by the chair, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council. O. Reg. 183/99, s. 1.

(2) If a member of the panel becomes ill or is otherwise unable to continue as a member of the panel,

(a) the remaining members may continue to act as if the panel were fully constituted; or

(b) the chair may appoint another member to replace the member who is unable to act. O. Reg. 183/99, s. 1.

(3) A panel of the Committee may act on behalf of the Committee with respect to any matter that arises under this Part. O. Reg. 183/99, s. 1.

SELF-ASSESSMENT AND CONTINUING EDUCATION

28. (1) The self-assessment and continuing education requirements shall be set out in the quality assurance policy that is approved by Council and published and distributed to the members. O. Reg. 183/99, s. 1.

(2) On being registered or on being reinstated, the member becomes subject to, and shall comply with, the self-assessment and continuing education requirements set out in the policy referred to in subsection (1). O. Reg. 183/99, s. 1.

(3) If a member is registered or reinstated at any time after the beginning of a continuing education cycle, the number of continuing education credits that the member is required to obtain during the cycle is prorated to the time remaining in the cycle at the time of the registration or reinstatement. O. Reg. 183/99, s. 1.

29. (1) A member shall maintain a record of his or her self-assessments and continuing education activities and submit them to the College upon request. O. Reg. 183/99, s. 1.

(2) If a member fails to submit the records referred to in subsection (1) when requested to do so, the Registrar shall refer the matter to the Committee and notify the member in writing that this has been done

and that the member may make written submissions to the Committee within 30 days after receiving the notice. O. Reg. 183/99, s. 1.

(3) After considering the member's written submissions, if any, the Committee may,

(a) grant the member an extension for a specified period of time during which the member shall submit the records;

(b) require the member to undergo a practice assessment by an assessor in accordance with section 30. O. Reg. 183/99, s. 1.

(4) If the member submits the records but fails to meet the self-assessment and continuing education requirements set out in the quality assurance policy approved by Council, the Registrar shall refer the matter to the Committee and notify the member in writing that this has been done and that the member may make written submissions to the Committee within 30 days after receiving the notice. O. Reg. 183/99, s. 1.

(5) After considering the member's written submissions, if any, the Committee may,

(a) grant the member an extension for a specified period of time during which the member shall comply with the requirements;

(b) grant the member an exemption from some or all of the requirements; or

(c) require the member to undergo a practice assessment by an assessor in accordance with section 30. O. Reg. 183/99, s. 1.

(6) If an extension granted under clause (3) (a) or (5) (a) elapses without the member having provided satisfactory evidence of having satisfied the requirements, the Committee may require the member to undergo a practice assessment by an assessor in accordance with section 30. O. Reg. 183/99, s. 1.

(7) The Committee may appoint one or more assessors to perform one or more of the following:

1. Monitor participation in and compliance with the self-assessment and continuing education requirements.
2. Conduct a practice assessment under section 30.
3. Conduct an evaluation under section 31. O. Reg. 183/99, s. 1.

PRACTICE ASSESSMENT

30. (1) A member is required to undergo a practice assessment under this section if,

(a) the member is selected at random under subsection (2);

(b) the member has been referred to the Committee by the Executive Committee, the Discipline Committee or the Complaints Committee; or

(c) the member has been referred under clause 29 (3) (b) or (5) (c), or under subsection 29 (6). O. Reg. 183/99, s. 1.

(2) The College shall select at random the names of holders of general certificates required to undergo a practice assessment. O. Reg. 183/99, s. 1.

(3) A practice assessment shall be conducted by an assessor, who shall prepare a written report on his or her findings and submit it to the Committee. O. Reg. 183/99, s. 1.

(4) The Committee shall provide the member with a copy of the assessor's report. O. Reg. 183/99, s. 1.

(5) The member shall have at least 14 days to make written submissions in response to the report. O. Reg. 183/99, s. 1.

(6) After considering the assessor's findings and the submissions of the member, if any, the Committee may do one or both of the following if the report identifies deficiencies in the member's practice:

1. Recommend to the member ways in which the deficiencies may be corrected.
2. Require the member to undergo an evaluation. O. Reg. 183/99, s. 1.

(7) If the Committee takes action under paragraph 1 of subsection (6), the Committee may require a reassessment of the member's practice, and subsections (3), (4), (5) and (6) apply to the reassessment. O. Reg. 183/99, s. 1.

(8) A member whose practice has been reassessed under subsection (7) may not be reassessed again. O. Reg. 183/99, s. 1.

EVALUATION AND REMEDIATION

31. (1) A member is required to undergo an evaluation under this section if,

(a) the member has been referred to the Committee by the Executive Committee, the Discipline Committee or the Complaints Committee; or

(b) the member is required to undergo an evaluation pursuant to paragraph 2 of subsection 30 (6). O. Reg. 183/99, s. 1.

(2) An evaluation shall be conducted by an assessor, who shall prepare a written report on his or her findings and submit it to the Committee. O. Reg. 183/99, s. 1.

(3) The Committee shall provide the member with a copy of the assessor's report. O. Reg. 183/99, s. 1.

(4) The member shall have at least 14 days to make written submissions in response to the report. O. Reg. 183/99, s. 1.

(5) After considering the report and the member's submissions, if any, the Committee may, if it finds that the member's knowledge, skills or judgment are unsatisfactory, do one or more of the following:

1. Direct the member to participate in a specified remedial program.

2. Direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration for a specified period not exceeding six months. O. Reg. 183/99, s. 1.

(6) A member who has been required to participate in a remedial program may be required to undergo another evaluation, and subsections (2), (3), (4) and (5) apply to that evaluation. O. Reg. 183/99, s. 1.

(7) A member who has been re-evaluated under subsection (6) may not be re-evaluated again. O. Reg. 183/99, s. 1.

(8) If the member fails to participate in a specified remedial program or fails to complete the program successfully, the Committee may direct the Registrar to impose terms, conditions or limitations on a member's certificate of registration for a specified period not exceeding six months. O. Reg. 183/99, s. 1.

(9) If the Registrar imposes terms, conditions or limitations on the member's certificate of registration for a specified period pursuant to a direction given by the Committee under paragraph 2 of subsection (5) or under subsection (8), the Committee may direct the Registrar to remove the terms, conditions or limitations before the end of the specified period if it is satisfied that the member's knowledge, skills and judgment are now satisfactory. O. Reg. 183/99, s. 1.

(10) No direction shall be given to the Registrar under paragraph 2 of subsection (5) or under subsection (8) unless the member has been given notice of the Committee's intention to give the direction and the member has been given at least 14 days to make written submissions to the Committee. O. Reg. 183/99, s. 1.

ASSESSMENT AND REMEDIATION OF BEHAVIOUR OR REMARKS OF A SEXUAL NATURE

32. (1) This section applies to matters relating to sexual abuse as defined in clause 1 (3) (c) of the Health Professions Procedural Code that are referred to the Committee by,

(a) a panel of the Complaints Committee under paragraph 4 of subsection 26 (2) of the Code; or

(b) the Executive Committee, Complaints Committee or Board under section 79.1 of the Code. O. Reg. 183/99, s. 1.

(2) The Committee may require a member to undergo a psychological assessment or another assessment specified by the Committee if a matter respecting the member is referred as provided in subsection (1). O. Reg. 183/99, s. 1.

(3) After receiving the report of an assessment referred to in subsection (2), the Committee may require the member to undertake specified measures such as education, therapy or counselling, if

(a) the Committee is of the opinion that the measures will help the member to refrain from such behaviour or remarks; and

(b) the member has been given written notice of the Committee's intention to require the member to undertake measures, a copy of the report and at least 14 days to make written submissions to the Committee. O. Reg. 183/99, s. 1.

(4) If the member makes written submissions, the Committee shall take them into account before requiring the member to undertake specified measures. O. Reg. 183/99, s. 1.

(5) If the member refuses to undergo an assessment under subsection (2) or to undertake specified measures under subsection (3), or fails to complete those measures, the Committee may direct the

Registrar to impose terms, conditions or limitations on the member's certificate of registration for a period not exceeding six months. O. Reg. 183/99, s. 1.

(6) The Committee shall not give a direction under subsection (5) unless the member has been given notice of the Committee's intention and at least 14 days to make written submissions to the Committee. O. Reg. 183/99, s. 1.

(7) If the Registrar imposes terms, conditions or limitations on a member's certificate of registration under subsection (5), the Committee may direct the Registrar to remove them before the end of the specified period if the Committee is satisfied that they are no longer needed. O. Reg. 183/99, s. 1.

PART VI
NOTICE OF MEETINGS AND HEARINGS

33. (1) The Registrar shall ensure that notice of every Council meeting that is required to be open to the public under the Act is given in accordance with this Part. O. Reg. 183/99, s. 1.

(2) The notice shall be published in a daily newspaper of general circulation throughout Ontario at least 14 days before the date of the meeting. O. Reg. 183/99, s. 1.

(3) The notice shall be in English and French. O. Reg. 183/99, s. 1.

(4) The notice shall include the intended date, time and place of the meeting and indicate its purpose. O. Reg. 183/99, s. 1.

(5) The Registrar shall give notice of Council meetings to every person who requests it. O. Reg. 183/99, s. 1.

34. (1) The Registrar shall ensure that information concerning every hearing into allegations of professional misconduct or incompetence held by a panel of the Discipline Committee is given to every person who requests it. O. Reg. 183/99, s. 1.

(2) The information to be provided must include the name of the member against whom the allegations have been made, his or her principal place of practice, the intended date, time and place of the hearing and a summary of the allegations. O. Reg. 183/99, s. 1.

(3) For requests received more than 30 days before the date of the hearing, the Registrar shall, where possible, provide the information at least 30 days before that date. O. Reg. 183/99, s. 1.

(4) For requests received less than 30 days before the date of the hearing, the Registrar shall provide the information as soon as reasonably possible before that date. O. Reg. 183/99, s. 1.

(5) The information provided must be in English or, upon request, in French. O. Reg. 183/99, s. 1.

PART VII
COMMUNICATION AND PUBLICATION OF PANEL DECISIONS

35. The Registrar shall communicate the decision of a panel of the Fitness to Practise Committee, the reasons for decision or a summary of the reasons, to the complainant, if any, upon the release of the decision. O. Reg. 183/99, s. 1.

36. (1) The College shall publish the decisions of the Fitness to Practise Committee and the reasons for decision, or a summary of such reasons, in its annual report and may publish the decisions and reasons or summary in any other publication of the College. O. Reg. 183/99, s. 1.

(2) In publishing the information mentioned in subsection (1), the College shall publish the name of the member who was the subject of the proceeding if the result of the proceeding may be obtained by a person from the Register under subsection 23 (3) of the Health Professions Procedural Code. O. Reg. 183/99, s. 1.

SCHEDULE 1
SUBSTANCES ADMINISTERED BY INJECTION INTO THE FOOT

Betamethasone sodium phosphate beta-acetate

Dexamethasone sodium phosphate

Hydrocortisone sodium succinate

Methylprednisolone acetate

Triamcinolone acetonide

Denatured alcohol 4% (ethyl alcohol)

Bupivacaine

Lidocaine hydrochloride (with or without epinephrine)
Mepivacaine hydrochloride
Sterile saline solution
B12- Cyanocobalamin
OnabotulinumtoxinA
Bleomycin sulfate (intralesional intradermal injection only)
Candida albican antigen solution (intralesional injection)
Hyaluronic Acid based injectable dermal fillers (Esthelis, Restylane, Revanesse, ReDexis)
Hyaluronic Acid (2.5% Gel)
Poly-L-Lactic Acid (Sculptra injectable)
Sodium Hylaluronate Solution (injectable Suplasyn)
Hylan G-F 20 (injectable Synvisc)

O. Reg. 338/08, s. 2.

SCHEDULE 2
DRUGS THAT MAY BE PRESCRIBED BY A MEMBER

Antibacterials
Local Anti-infectives, Miscellaneous
Skin and Mucous Memberane Agents, Miscellaneous
Antifungals for Topical Use
Antipruritics and Local Anesthetics
Local Anesthetics
Centrally Acting Skeletal Muscle Relaxants
Astringents
Corticosteroids
Keratolytic Agents
Emollients, Demulcents and Protectants
Skin and Mucous Membrane Agents, Miscellaneous
Disinfectants (for agents used on objects other than skin)
Cell Stimulants and Proliferants
Penicillins
First Generation Cephalosporins
Erythromycins
Other Macrolides
Quinolones
Sulfonamides
Tetracyclines
Lincomycins
Amebicides
Nonsteroidal Anti-inflammatory Agents
Prostaglandins

O. Reg. 338/08, s. 2.

SCHEDULE 3
DRUGS THAT MAY BE PRESCRIBED BY A MEMBER

Anxiolytics for Oral Use

Diazepam
Lorazepam
Triazolam
Alprazolam

SCHEDULE 4
DRUGS THAT MAY BE PRESCRIBED BY A MEMBER

Narcotics

Tramadol
Oxycodone with Acetaminophen
Pentazocine
Codeine (15 mg.) with Acetaminophen (300 mg.)
Codeine (30 mg.) with Acetaminophen (300 mg.)

SCHEDULE 5
DRUGS THAT MAY BE PRESCRIBED BY A MEMBER

Anti-fungals for Oral Use

Azoles
Allylamines

Anti-histamines for Oral Use

First Generation Antihistamines
Second Generation Antihistamines
Histamine H2-Antagonists
Anxiolytics, Sedatives, and Hypnotics; Miscellaneous

College of Chiropodists of Ontario
Balance Sheet
As At July 31, 2019

ASSETS

	Current Year	Last Year
Current Assets		
Cash	$ 2,067,507	$ 1,691,581
Accounts receivable	22,450	16,550
Prepaid expenses	8,894	8,483
	2,098,851	1,716,614
Fixed Assets		
Computer Equipment - net	12,379	-
Total Assets	$ 2,111,230	$ 1,716,614

LIABILITIES

Current Liabilities		
Accounts payable & accrued liabilities	93,223	$ 62,961
Payroll liabilities	7,840	7,525
Deferred revenue - member fees	535,025	498,300
	636,088	568,786
Net Assets		
Unappropriated equity	1,319,635	886,505
Abuse therapy fund	10,000	10,000
Surplus (Deficit) for the period	145,507	251,322
	1,475,142	1,147,827
Total Liabilities and Equity	$ 2,111,230	$ 1,716,614

College of Chiropodists of Ontario
Statement of Income
Period Ended July 31, 2019

	YTD This Year	YTD Last Year	Budget To-date	Budget Annual	Budget Remaining
Revenue					
Membership Fees	$ 722,125	$ 698,500	$ 723,917	$ 1,241,000	$ 518,875
Incorporation Fees	9,500	2,850	37,042	63,500	54,000
Application Fees	7,300	7,900	5,425	9,300	2,000
Examination Fees	60,650	74,250	43,604	74,750	14,100
First time Registrant Fees	1,500	17,500	20,825	35,700	34,200
Inhalation Course	1,800	15,300	8,925	15,300	13,500
Late Fees	7,400	7,000	5,017	8,600	1,200
	810,275	823,300	844,754	1,448,150	637,875
Other Income					
Interest Income	16,211	9,532	10,500	18,000	1,789
Miscellaneous	50	100	0	0	(50)
Legal Recovery	2,500	0	38,792	66,500	64,000
	18,761	9,632	49,292	84,500	65,739
Total Income	829,036	832,932	894,046	1,532,650	703,614
Committee Expenses (see attached)					
Council	11,476	12,759	13,679	23,450	11,974
ICRC	34,892	31,760	37,333	64,000	29,108
Discipline	0	649	12,483	21,400	21,400
Drug	0	0	350	600	600
Executive	9,800	14,873	10,763	18,450	8,650
Registration	0	0	1,196	2,050	2,050
Patient Relations	0	0	2,625	4,500	4,500
Quality Assurance	2,517	647	5,658	9,700	7,183
Technical	0	0	583	1,000	1,000
SPRP	507	854	2,188	3,750	3,243
Audit	0	28	438	750	750
Competency Working Group	560	0	3,617	6,200	5,640
Standards & Guidelines	175	589	7,350	12,600	12,425
Total Committee Expenses	59,927	62,160	98,263	168,450	108,523
Special Projects					
MESPO	19,974	19,148	17,500	30,000	10,026
Registration Examination	66,927	67,108	55,417	95,000	28,073
Inhalation Course	0	$ 0	$ 5,129	$ 8,792	$ 8,792
Database Development	44,246	12,513	50,108	85,900	41,654
Consultants	0	0	5,833	10,000	10,000
Total Special Projects	131,147	98,768	133,987	229,692	98,545
Salaries and Benefits					
Salaries and Benefits	217,966	194,063	249,317	427,401	209,435
Total Salaries and Benefits	217,966	194,063	249,317	427,401	209,435

College of Chiropodists of Ontario
Statement of Income
Period Ended July 31, 2019

	YTD This Year	YTD Last Year	Budget To-date	Budget Annual	Budget Remaining
Legal Fees					
General and Administration	15,616	24,914	26,250	45,000	29,384
ICRC	81,874	57,007	52,500	90,000	8,126
Discipline	3,697	4,658	93,333	160,000	156,303
Council and Other Committees	30,281	18,551	20,417	35,000	4,719
Total Legal Fees	131,468	105,131	192,500	330,000	198,532
Other expenses					
Accounting & Audit	6,614	7,187	6,096	10,450	3,836
Credit Card Charges	30,193	26,772	16,917	29,000	(1,193)
Bank Charges	897	826	875	1,500	603
General Insurance	8,218	7,884	7,992	13,700	5,482
Professional Development	0	0	292	500	500
Federation Expenses	8,475	8,475	4,944	8,475	0
Resource Materials	0	469	773	1,325	1,325
Membership fees	0	1,233	0	0	0
Artwork & Certificates	0	939	0	0	0
Rent	28,346	31,842	37,714	64,652	36,306
Photocopying, Printing	1,682	1,994	3,500	6,000	4,318
Postage & Courier	1,996	4,638	5,542	9,500	7,504
Telephone	5,865	6,991	7,347	12,595	6,730
General Expense	2,901	2,449	1,867	3,200	299
Office Supplies	4,558	2,050	4,375	7,500	2,942
Computer software	4,801	1,026	5,833	10,000	5,199
Capital Assets	21,509	0	24,500	42,000	20,491
Equipment Rentals/Service contracts	6,632	4,778	5,833	10,000	3,368
Web Site/Database Development	10,334	11,934	13,883	23,800	13,466
Total other expenses	143,021	121,488	148,282	254,197	111,176
Total expenses for the period	683,529	581,609	822,348	1,409,740	726,211
Net income (loss) for the period	$ 145,507	$ 251,322	$ 71,697	$ 122,910	$ 22,597

College of Chiropodists of Ontario
Statement of Income
Period Ended July 31, 2019

	YTD This Year	YTD Last Year	Budget To-date	Budget Annual	Budget Remaining
Council					
Members Per Diem	$ 2,325	$ 1,900	$ 2,917	5,000	$ 2,675
Travel & Lodgings	3,752	3,985	4,375	7,500	3,748
General	228	0	292	500	272
Education & Development	0	531	321	550	550
Transcription	3,097	2,747	2,742	4,700	1,603
Catering and meeting rooms	2,042	3,433	2,917	5,000	2,959
Teleconference	33	162	117	200	167
Total Council Expenses	$ 11,476	$ 12,759	$ 13,679	$ 23,450	$ 11,974
ICRC					
Members Per Diem	$ 1,819	$ 1,863	$ 3,500	6,000	$ 4,181
Travel & Lodgings	881	451	1,458	2,500	1,619
General	260	693	292	500	240
Inspector/Investigation	29,899	26,792	29,167	50,000	20,101
Consultants	0	475	875	1,500	1,500
Teleconference	2,033	1,487	2,042	3,500	1,467
Total Complaints Expenses	$ 34,892	$ 31,760	$ 37,333	$ 64,000	$ 29,108
Discipline					
Members Per Diem	$ 0	$ 320	$ 2,683	4,600	$ 4,600
Travel & Lodgings	0	329	3,675	6,300	6,300
General	0	0	292	500	500
Education & Development	0	0	1,108	1,900	1,900
Catering and meeting rooms	0	0	4,725	8,100	8,100
Total Discipline Expenses	$ 0	$ 649	$ 12,483	$ 21,400	$ 21,400
Drug					
Members Per Diem	0	0	292	500	500
Travel & Lodgings	0	0	58	100	100
Total Drug Expenses	$ 0	$ 0	$ 350	$ 600	$ 600
Executive					
Members Per Diem	$ 1,675	$ 5,847	$ 3,500	6,000	$ 4,325
Travel & Lodgings	2,997	4,133	2,917	5,000	2,003
General	122	0	292	500	378
Transcription	3,198	3,136	2,450	4,200	1,002
Catering & Meeting rooms	1,636	750	438	750	(886)
Teleconference	172	1,006	1,167	2,000	1,828
Total Executive Expenses	$ 9,800	$ 14,873	$ 10,763	$ 18,450	$ 8,650

College of Chiropodists of Ontario
Statement of Income
Period Ended July 31, 2019

	YTD This Year	YTD Last Year	Budget To-date	Budget Annual	Budget Remaining
Registration					
Members Per Diem	$ 0	$ 0	$ 1,050	1,800	$ 1,800
Teleconference	0	0	146	250	250
Total Registration Expenses	$ 0	$ 0	$ 1,196	$ 2,050	$ 2,050
Patient Relations					
Members Per Diem	$ 0	$ 0	$ 875	1,500	$ 1,500
General	0	0	292	500	500
Program Development	0	0	1,167	2,000	2,000
Teleconference	0	0	292	500	500
Total Patient Relations Expenses	$ 0	$ 0	$ 2,625	$ 4,500	$ 4,500
Quality Assurance					
Members Per Diem	$ 1,425	$ 290	$ 3,150	5,400	$ 3,975
Travel & Lodgings	645	357	1,342	2,300	1,655
General	447	0	292	500	53
Assessors	0	0	875	1,500	1,500
Total Quality Assurance Expenses	$ 2,517	$ 647	$ 5,658	$ 9,700	$ 7,183
Technical					
Members Per Diem	$ 0	$ 0	$ 438	750	$ 750
General	0	0	146	250	250
Total Technical Expenses	$ 0	$ 0	$ 583	$ 1,000	$ 1,000
SPRP					
Members Per Diem	$ 250	$ 637	$ 1,750	3,000	$ 2,750
Teleconference	257	217	438	750	493
Total SPRP Expenses	$ 507	$ 854	$ 2,188	$ 3,750	$ 3,243
Audit Committee					
Members Per Diem	$ 0	$ 0	$ 263	450	$ 450
Teleconference	0	28	175	300	300
Total Audit Expenses	$ 0	$ 28	$ 438	$ 750	$ 750
Competency Working Group					
Members Per Diem	$ 300	$ 0	$ 1,575	2,700	$ 2,400
Travel	260	0	0	0	(260)
General	0	0	292	500	500
Teleconference	0	0	1,750	3,000	3,000
Total Practice Working Gp Expenses	$ 560	$ 0	$ 3,617	$ 6,200	$ 5,640
Standards & Guidelines					
Members Per Diem	$ 0	$ 363	$ 5,600	9,600	$ 9,600
Teleconference	175	227	1,750	3,000	2,825
Total Practice Working Gp Expenses	$ 175	$ 589	$ 7,350	$ 12,600	$ 12,425

CITATION: Tanase v. The College of Dental Hygienists of Ontario, 2019 ONSC 5153
DIVISIONAL COURT FILE NO.: DC-495-18
DATE: 20190909

ONTARIO
SUPERIOR COURT OF JUSTICE
DIVISIONAL COURT

THORBURN, EDWARDS and FAVREAU JJ.

BETWEEN:	)	
	)	
ALEXANDRU TANASE	)	*Seth Weinstein* and *Michelle Biddulph*, for the
Appellant	)	Appellant, Alexandru Tanase
	)	
– and –	)	
	)	
THE COLLEGE OF DENTAL HYGIENISTS OF ONTARIO	)	*Robin McKechney*, for the Respondent Collegee Dental Hygienists of Ontario
	)	
	)	
Respondent	)	**HEARD:** May 21, 2019
	)	

BY THE COURT

REASONS FOR DECISION

OVERVIEW

[1] This is an appeal from a decision of the Discipline Committee of the College of Dental Hygienists of Ontario ("the Committee").

[2] The Appellant's dental hygiene licence was revoked for providing dental hygiene treatment to his spouse, later wife. The Committee found that in so doing, the Appellant committed professional misconduct pursuant to section s. 51(b.1) of the *Health Professions Procedural Code* (the "*Code*"), being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 c.18 ("*RHPA*").

[3] Section 51(1)(b.1) of the *Code* provides that a member of the College commits an act of professional misconduct if the "member has sexually abused a patient". Section 1(3) of the *Code* defines "sexual abuse" to include any sexual intercourse or other sexual relations between a hygienist and a patient. The courts have held that a finding that there was a

hygienist-patient relationship at the time of the sexual encounter is sufficient; the patient's consent is irrelevant.

[4] If a panel of the Committee concludes that a member hygienist had sexual intercourse with a patient, revocation of the member's registration is mandatory.

[5] In this case, the Appellant hygienist's spouse had a fear of dental treatment and had not had dental treatment for several years when he met her.

[6] The Appellant provided dental hygiene treatment to his spouse after being advised by one of his fellow dental hygienists that the College of Dental Hygienists of Ontario had approved a spousal exemption for dental hygienists.

[7] While a regulation had been made by the College, the government of Ontario did not pass the regulation. There was therefore no spousal exemption in force. (A regulation was passed to allow dentists to treat their spouses.) The Appellant did not verify the information from his colleague.

[8] The Committee upheld the constitutionality of the provision and invoked the mandatory revocation of his licence to practice as a dental hygienist. In addition, his discipline history will be included on the College's public registry.

[9] The Appellant seeks a declaration pursuant to s. 52 of the *Constitution Act, 1982* that s. 51(1)(b.1) and s. 51(5) of the *Code* are unconstitutional and of no force and effect as they breach the Appellant and/or his spouse's ss. 7 and 12 *Charter* rights. The Appellant also seeks to set aside the Order of the Disciplinary Committee and the Committee's decision to dismiss his claim for constitutional relief, revoking his license, putting a reprimand on the registry including his name, address and a synopsis of the reprimand on the public registry, and ordering him to pay costs of his appeal in the amount of $35,000.

[10] The Respondent asserts that the constitutionality of the sexual abuse provisions pertaining to health professionals has been upheld by the Court of Appeal and those provisions have been held not to contravene a spouse's s. 7 *Charter* rights. The Respondent acknowledges that the Committee did not deal with the s. 12 *Charter* challenge but submits that there is no breach of s. 12 of the *Charter* as the Court of Appeal in *Mussani v. College of Physicians and Surgeons of Ontario*, (2004), 74 O.R. (3d) 1 (C.A.) held that the mandatory revocation for breach of the sexual abuse provisions does not constitute an infringement of the s. 12 right to be free from cruel and unusual punishment or treatment.

THE EVIDENCE

[11] The Committee was provided with an Agreed Statement of Facts which contains the following information:

The Relationship Between the Parties

[12] The Appellant was a registered member of the College of Dental Hygienists of Ontario practicing in Toronto.

[13] S.M. met the Appellant in late 2012 and they became friends. She told him that she had a fear of dental treatment and therefore had not sought dental care for several years. Over time, S.M. developed a trusting relationship with the Appellant and on January 22 and September 13, 2013 he performed dental hygiene treatment on her at no charge.

[14] Their relationship was platonic.

[15] In mid-2014, the Appellant and S.M. became involved in a sexual relationship and the Appellant stopped treating S.M. as he understood that he was not permitted to treat a person with whom he was in a sexual relationship.

The Appellant's Knowledge of the Regulation

[16] The Appellant began employment at Dawson Dental Centre in Guelph in June 2014. In April 2015, he was informed by a colleague at Dawson Dental Centre that dental hygienists were permitted to treat their spouses. The Appellant and S.M. were engaged to be married in April 2015.

[17] The Appellant did not independently verify the information provided to him by his colleague.

[18] The College website contained a "Proposed Spousal Exception Regulation" which was passed by College in September 2015 but has yet to be passed by the Ontario government. (The government has passed a regulation allowing dentists to treat their spouses.)

[19] The Appellant told S.M. the "good news": he was now permitted to provide her with dental hygiene treatment as she had not sought dental hygiene treatment since her last appointment with him in September 2013.

[20] The Appellant admits that if he had read the proposed regulation, he would have understood that he was not permitted to treat S.M.

The Appellant's Hygiene Treatment of S.M.

[21] The Appellant provided dental hygiene treatment to S.M. at Dawson Dental Centre on April 30, June 20, September 25 and December 2, 2015 and March 24, June 2 and August 26, 2016.

[22] All the while, they were in a consensual sexual relationship. The Appellant and S.M. got married in January of 2016.

The Discipline Committee Hearing

[23] In August of 2016, another member of the College of Dental Hygienists saw a Facebook post of S.M.'s dated June 2, 2016 expressing her gratitude to her husband for treating her. The member submitted a complaint that the Appellant had provided dental hygiene treatment to his wife.

[24] In the Hearing before the College, the Appellant challenged the constitutionality of s. 51 of the *Code*, arguing that it infringed the s. 7 rights of health professionals and their spouses and their s. 12 right to be free of cruel and unusual punishment. On June 19, 2018, the Committee dismissed the Appellant's claim for constitutional relief and ordered revocation of his licence to practice as a dental hygienist. The Committee also ordered the specific terms of the reprimand to be made against the Appellant and that it be placed on the College's public record.

[25] On September 21, 2018, Horkins J. stayed the decision pending determination of this appeal.

THE LEGISLATION

[26] The *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18 provides as follows:

(1) Section 51 (1)(b.1) of the *Code* provides that, "A panel shall find that a member has committed an act of professional misconduct if the ... member has sexually abused a patient".

(2) Section 1(3) of the *Code* defines "sexual abuse" as "sexual intercourse or other forms of physical sexual relations between the member and the patient".

(3) Section 51(5) provides that if a panel finds a member has committed an act of professional misconduct by sexually abusing a patient, "the panel shall...revoke the member's certificate of registration if the sexual abuse consisted of...sexual intercourse."

[27] In addition, s. 23(1) of the *Code* provides that the Registrar shall maintain a register that contains "each member's name, business address and business telephone number ... and a synopsis of the decision, of every disciplinary and incapacity proceeding ... and a notation of every finding of professional ... malpractice."

[28] In 2013, a spousal exception provision was added. Section 95(1) provides that "Subject to the approval of the Lieutenant Governor in Council and with prior review of the Minister, the Council may make regulations ... providing that the spousal exception in s. 1(5) applies in respect of the College." Section 1(5) provides that "If Council has made a regulation under clause 95 (1) (0.a), conduct, behaviour or remarks that would otherwise constitute sexual abuse of a patient by

a member under the definition of "sexual abuse" in subsection (3) do not constitute sexual abuse if the patient is the member's spouse ...."

THE ISSUES

[29] The issues to be determined are:

a. Is there an infringement of the Appellant or his spouse's right to liberty and or security of the person pursuant to section 7 of the *Charter*?

b. Does the provision infringe his section 12 *Charter* right to be free of cruel and unusual punishment? and

c. Has there been a significant change in circumstances to warrant revisiting the case law?

JURISDICTION

[30] The Court has jurisdiction to hear this proceeding pursuant to s. 70(1) of the *RHPA* which provides that:

> **Appeals from decisions**
> **70** (1) A party to proceedings before the Board concerning a registration hearing or review or to proceedings before a panel of the Discipline or Fitness to Practise Committee, other than a hearing of an application under subsection 72 (1), may appeal from the decision of the Board or panel to the Divisional Court.
>
> **Basis of appeal**
> (2) An appeal under subsection (1) may be made on questions of law or fact or both.

STANDARD OF REVIEW

[31] Section 70(3) of the *RHPA* provides that,

> (3) In an appeal under subsection (1), the Court has all the powers of the panel that dealt with the matter and, in an appeal from the Board, the Court also has all the powers of the Board.

[32] As this question is whether the mandatory revocation provisions infringe s. 7 or 12 of the *Charter*, it is agreed that the standard of review is correctness.

ANALYSIS

The Reason for Enacting the Legislation

[33] In 1993 the Ontario legislature enacted a zero-tolerance scheme for regulated health professionals who were found to be having sexual relations with their patients. Sharpe J.A. in *Rosenberg v. College of Physicians and Surgeons of Ontario*, 2006 CanLII 37118 ONCA at para. 25, summarized the provision as follows:

> The legislation, like the Task Force recommendations, is clear and unambiguous: when it comes to sexual relations between a doctor and a patient, there is a black letter, bright line prohibition with a drastic sanction and no exceptions or exemptions. The zero-tolerance policy precludes inquiry into any explanation or excuse for the sexual activity. A patient's consent is irrelevant.

[34] This was done in order to address the problem of health professionals exploiting their positions to sexually abuse patients. The legislation included a provision which requires the revocation of the health professional's licence if the sexual abuse of a patient includes intercourse and other specified acts (s. 51(5)).

[35] In 2013, s. 1(5) of the *Code* was amended to provide for a spousal exception if agreed to by the College and passed by the government. Section 95 (1)(0.a) provides that, in order for the spousal exception to come into force, the council of a college must pass a regulation, which is then reviewed by the Minister of Health and must be approved by the Lieutenant Governor in Council.

[36] In September 2015, the College voted in favour of a spousal exception, however it has yet to be approved by the Lieutenant Governor. As such, there is as yet, no spousal exception.

THE FIRST ISSUE: Does the mandatory revocation provision in the *Code* breach the section 7 *Charter* right to security of the person and/or liberty of the Appellant or his spouse?

[37] Section 7 of the *Charter* provides that, "Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice."

[38] It is agreed that:

a. The Appellant was in a health-care patient relationship with his spouse while he was treating her;

b. He performed dental hygiene treatment while in a consensual sexual relationship with his spouse;

c. The College voted in favour of a spousal exception but it has not been passed by the government and there is therefore no spousal exception in force for dental hygienists;

d. The Appellant was advised by a colleague that he could treat his spouse but conducted no due diligence to confirm that information with the College and that information was incorrect; and

e. The Appellant treated S.M. because she had a fear of dental hygiene treatment and had not been treated for years before agreeing to allow the Appellant to treat her.

[39] The purpose of the law is to separate personal sexual relations and professional relationships in order to protect patients from health professionals who seek to abuse their positions of power.

Does the Charter Apply to this Appellant?

[40] The Court of Appeal held in *Mussani* at paras 41-43 that, "the weight of authority is that there is no constitutional right to practice a profession unfettered by the applicable rules and standards which regulate that profession. … I am satisfied therefore, that the mandatory revocation of a health professional's certificate of registration in substance infringes an economic interest of the sort that is not protected by the *Charter*."

[41] The Appellant has no constitutionally protected right to engage in sexual relations with any patient nor does he have a right to practice as a dental hygienist. The fact that there are professional consequences resulting from his decision to combine a sexual and health care relationship does not engage a liberty or security interest on the part of the Appellant. Moreover, s. 7 of the *Charter* does not protect economic interests: See *R. v. Schmidt* 2014 ONCA 188 at paras 37-38.

[42] As such, there is no s. 7 *Charter* right at issue in the case of the Appellant.

Is the Legislation Overbroad?

[43] Assuming there is a s. 7 *Charter* right, the Appellant argues that the provision meant to protect patients from health practitioners' abusing their power is overly broad, forcing some healthcare workers and their spouses to choose between two aspects of their liberty interest.

[44] The Appellant also argues that the s. 7 *Charter* right to security of the person is engaged because the law prevents access to health care that would otherwise be available. The Discipline Committee's decision may force spouses to choose between who can treat them and who they want to marry. A person in a rural area for example, where health care services are sparse, would be forced to move to a more populous area to receive treatment from a health care provider other than

his/her spouse, or be barred from romantically engaging with the health care provider. The Appellant argues that these choices go to the core of one's autonomy and therefore the impugned provisions' interference with these choices, infringes s. 7 *Charter* rights.

[45] The Appellant argues that in a case like this, S.M. is more vulnerable than others as there are fewer health care providers to choose from, given her grave fear of dental hygiene treatment. The Appellant claims that the impugned provision is therefore overbroad, infringing his right and that of his spouse to liberty and security of the person. The Appellant cites the case of *R. v. Morgentaler*, [1988] 1 S.C.R. 30.

[46] The *Morgentaler* case is, however, distinguishable from this case as the *Morgentaler* case involved direct state intrusion into the bodily integrity of a woman seeking an abortion. The provision in the *Criminal Code* in *Morgentaler* created significant delays in obtaining an abortion or made it impossible to obtain an abortion at all. There is no such evidence in this case.

[47] In *Mussani*, the court held that a consensual sexual relationship concurrent with a doctor-patient relationship (between two individuals who were not spouses) is subject to mandatory revocation of the health care provider's licence and that mandatory revocation is not overly broad even where the sexual relationship is consensual. The court recognized that there are admitted problems with a zero-tolerance penalty regime:

> They are rigid. They can lead to results in individual cases that are harsh, extreme, and even arguably unjust...However, the Mandatory Revocation Provisions were enacted in response to a recognized and growing problem of sexual abuse in the medical profession. Indeed, they were enacted specifically to rectify a situation where discretionary sanctioning on the part of professional disciplinary committees and the courts had been found to be wanting. They must be considered in the context of a general power imbalance between a doctor and patient that can lead to easy exploitation of the relationship by the doctor at the risk of considerable harm to a vulnerable patient.

[48] However, the court concluded that:

> [79] The fact that an intimate sexual relationship which began during treatment may blossom into a truly loving one but still lead to revocation of a health professional's certificate of registration, does not necessarily make the Mandatory Revocation Provisions unconstitutionally broad, in the sense that they overshoot the legislative objectives. The health professional need only terminate the treatment relationship to avoid the problem. The issue is whether the means chosen by the legislature -- mandatory revocation of the certificate of registration -- are overly broad in relation to the purpose of the legislation [See Note 15 at the end of the document]. If they are not, the legislature has the right to make difficult policy decisions that may, in rare cases, override what might otherwise be considered permissible conduct. I do not read *R. v.Heywood* as mandating a contrary decision. The Supreme Court merely decided that the impugned legislation in that case went too far.

> [80] Here, the means chosen to meet the legislative objectives -- i.e., the revocation of the health professional's certificate of registration in the case of the frank sexual acts listed in s. 51(5) para. 2 of the *Code* -- do not go too far, in my opinion. They are not overly broad. Mandatory revocation in such circumstances (a) signals the seriousness with which the sexual abuse of patients is to be taken, (b) underscores the gravity of the breach of trust involved, (c) emphasizes the considerable impact of the practitioner's failure to meet his or her responsibility towards maintaining the integrity of the profession, and (d) responds to the need to protect the public from the risk of recidivism by removing the practitioner from the practice for a minimum period of time. The importance of responding to these objectives is not contested. [Emphasis added.]

[49] In so doing, the court in *Mussani* held that even in cases where there is no exploitation and where the sexual encounters are consensual, mandatory revocation is warranted to meet the broader policy objectives of the legislation. There is therefore no violation of a *Charter* s. 7 liberty or security interest: See *Mussani* at paras. 58-60. The Court of Appeal has determined that, "[T]he importance of upholding the zero-tolerance policy outweighs its pitfalls because the legislation is there to address a growing problem of sexual abuse of patients by some health care professionals." See *Leering v. College of Chiropractors of Ontario* (2010), 98 O.R. (3d) 561 ONCA.

Conclusion

[50] It is up to the legislature to make policy choices: See *R. v. Heywood*, [1994] 3 SCR 761 at 793 (para. 51).

[51] There is no constitutionally protected right to practice a profession: See *Mussani*.

[52] Even if there were, the s. 7 liberty interest does not extend to protecting a practitioner's right to have a sexual relationship with a person he chooses to see as a patient or a patient's right to be treated by one health practitioner specifically. The courts have held that marrying a health care professional and seeking to be treated only by that health care professional is a choice; prejudice is confined to personal hardship, and the choice is not one of the "basic choices going to the core of what it means to enjoy individual dignity and independence protected by s. 7." See *Blencoe v. B.C. (Human Rights Commission)*, 2000 SCC 44 at para 49.

[53] While we recognize that this situation has created hardship for the Appellant and his spouse and may seem unfair, there is an important societal objective for the enactment of the mandatory revocation provision in the *Code*. State action often imposes restrictions and a degree of hardship on individuals outside the strict purview of the purpose of the legislation. The courts have held that this provision is not overly broad.

[54] For these reasons, while we recognize that this decision is harsh for a person in the Appellant's circumstances, we conclude that the mandatory revocation of licence provision of the *Code* does not breach s. 7 of the *Charter*.

THE SECOND ISSUE: Does the mandatory revocation provision in the *Code* and/or the public notation of a healthcare's discipline history on the registry constitute cruel and unusual treatment within the meaning of s. 12 of the *Charter*?

[55] Section 12 of the *Charter* provides that, "Everyone has the right not to be subjected to any cruel and unusual treatment or punishment."

[56] The Discipline Committee failed to address whether the impugned provision constitutes cruel and unusual treatment contrary to the Appellant's s. 12 *Charter* rights. It is conceded that the provision does not constitute cruel and unusual *punishment* as it did not create penal consequences. As such, the only issue is whether mandatory revocation of the licence and or the registry constitute cruel and unusual treatment.

What is the Treatment at Issue?

[57] The "treatment" in this case includes the mandatory revocation of the Appellant's licence, "imposed by the State in the context of enforcing a State administrative structure", and the public registry that contains "each member's name, business address and business telephone number ...and a synopsis of the decision, of every disciplinary and incapacity proceeding ... and a notation of every finding of professional ... malpractice."

[58] The Appellant submits that the mandatory revocation of his licence and the requirement to have his name and address, his revocation, and a synopsis of the reasons for the reprimand listed on a public website is grossly disproportionate because a dental hygienist who provides treatment to his spouse should not be subject to any discipline, the legislation was never intended to capture spouses, the College itself has voted to create a spousal exception, dentists who treat their spouses are not subject to any discipline, and there is no ability for the College to exercise discretion in imposing this treatment. He therefore submits that it constitutes cruel and unusual treatment.

Have the Courts Dealt with this Issue?

[59] The court in *Mussani* at para 94 held that, "the Mandatory Revocation Provisions do not constitute 'punishment' or 'treatment' as those words have been interpreted and applied in the context of section 12." The Court went on to say that,

> Further, if they do, the punishment or treatment is not cruel and unusual; it is neither so excessive as to outrage the standards of decency, nor grossly disproportionate to what is appropriate in the circumstances.

[60] The Court in *Sliwin v. College of Physicians and Surgeons of Ontario,* 2017 ONSC 1947, para. 135, further held that "once it is accepted that there is no obligation to inquire into whether the sex and relationship pre-existed the doctor patient relationship, there is no reasonable basis to contend that the penalty of mandatory revocation is unfit much less grossly disproportionate."

[61] As such, the mandatory revocation *per se* does not constitute cruel or unusual punishment or treatment. The courts in *Mussani* and *Sliwin* did not however, address the requirement that a health college's registry must set out the names and addresses and a synopsis of the reprimand, which would include any findings that the practitioner "sexually abused" a patient.

How to Determine whether Treatment is Cruel and Unusual within the meaning of the Charter

[62] The issue of whether the combined effect of the mandatory revocation of a licence to practice and the content of the public registry contravenes s. 12 of the *Charter* must therefore be addressed.

[63] The *Code* provides that the information on the registry "shall be posted on the College's website in a manner that is accessible to the public or in any other manner and form specified by the Minister." It is not restricted to members of the College but is available to any member of the public who chooses to look at the site.

[64] Treatment is defined in the Oxford English Dictionary as "the manner in which someone behaves towards or deals with someone or something." The Court of Appeal in *Ogamien v. Ontario (Community Safety and Correctional Services)*, 2017 ONCA 667 at para. 10, articulated a two-step process in determining whether treatment is cruel and unusual: first, what treatment would have been appropriate i.e. what is the benchmark, and second, how this treatment measures up against the benchmark.

[65] The Appellant submits that his treatment exceeds the benchmark for similarly situated professionals for the following reasons:

a. The registry is public and can be seen by any member of the public whether or not they are familiar with the definition of "sexual abuser" used by the College;

b. The definition of a "sexual abuser" as set out in the *Code* and as interpreted in the above case law differs significantly from the general understanding in common parlance and the legal definition in the criminal law of what constitutes sexual abuse. The difference is that sexual abuse is generally considered to be sexual behaviour that is engaged in without the consent of the other party;

c. The College's registry will contain a public record that he lost his licence to practice due to his contravention of the "sexual abuse" provision within the meaning of the legislation, when it is agreed there was no sexual abuse of his

spouse. On the contrary, she expressed her gratitude to her husband for helping her to overcome her fear of dental hygiene treatment;

d. There is no other case of any dental hygienist anywhere in Canada who has been found guilty of sexual abuse for treating his wife;

e. Dentists in Ontario are expressly permitted to treat their spouses and would therefore not have any discipline history on their College's registry for the very same behaviour;

f. In *F.J.D. v. T.E.*, 2015 CanLII 16031 at paras 34-44, the only other case before the Ontario College of Dental Hygienists, a female dental hygienist provided treatment to her husband. A complaint was submitted to the ICRC. In that case, unlike the case before us, the ICRC decided not even to refer the matter to discipline because there was a pre-existing spousal relationship and that,

> [T]reating spouses was an established and accepted practice in the dental hygiene profession and the power imbalance and vulnerability that accompanies other health relationships is less pronounced than in the dental hygiene and client relationship, at least where there is a well-established spousal relationship that pre-exists the professional relationship.

g. The HPARB has recognized that the power imbalance and vulnerability that accompanies other health relationships like the dentist-patient, doctor-patient relationships, is less pronounced in the dental hygiene group; and

h. The Appellant's motivation for treating his wife was her fear of dental hygiene treatment. She had not been treated for several years before allowing the Appellant to treat her. Far from exploiting her vulnerability his wife's Facebook post expressed her gratitude to her husband. This matter was only discovered after a fellow hygienist saw his wife's grateful Facebook post and decided to report him to the College.

[66] The *Code* defines "sexual abuse" as "sexual intercourse … touching … or … behaviour or remarks towards the patient". While the courts in *Mussani*, *Rosenberg* and *Leering* have concluded that a patient's consent to such sexual behaviour is irrelevant, consent is not specifically discussed in the legislation. The stated purpose of the provisions is to "encourage the reporting of such abuse, to provide funding for therapy and counselling for patients who have been sexually abused by member and ultimately, to eradicate the sexual abuse of patients by members".

[67] The Respondent cites the Ontario the Court of Appeal in *Hanif v. Ontario College of Pharmacists*, 2015 ONCA 640, in support of its position that the mandatory revocation and or mandatory public notation on the registry does not constitute cruel and unusual treatment. In *Hanif* the Court of Appeal held that:

> [13] First, the impugned *Code* provisions do not have the effect of regulating morality. The intended, and in fact overwhelming, effect of the provisions is to protect the public. Legislation that declares that any sexual activity, even consensual, between a health professional and a patient is inconsistent with the professional-patient relationship does not make a statement about morality; rather it speaks to the maintenance of the integrity of the professional-patient relationship.
>
> [14] Second, the *Code* provisions do not have the effect of criminalizing activities that fall outside the delivery of health services. They do not have the effect of importing notions of sexual morality on consenting adults. Rather, they require a health professional to make a simple choice: treat the patient or sever the professional-patient relationship and engage in a sexual relationship. Treating a patient while involved in a sexual relationship undermines the integrity of the professional-patient relationship.
>
> [15] Third, all offences – federal, provincial, criminal, regulatory – involve a degree of stigma. If you break the law, you may lose respect in the public eye. When the appellant says that a contravention of the *Code* in the domain of sexual activity between health professionals and patients can lead to both loss of livelihood and social stigma, he is right. But to say that this combination removes the law from regulation of the health professions and places it in criminal law is a bridge too far. Breach of a provincial law can in some cases bring with it a potential social stigma in the public eye.

[68] There is no specific reference in that case to the disciplinary history being made public through the registry.

[69] The court in *Nova Scotia (Minister of Community Services) v. D.J.M.*, 2002 NSSC 75, has addressed the effect of sex abuse registration. The court held that the child abuse registry in that case that was less readily accessible to the public than the Discipline Committee's decision constituted a stigma which infringed upon the security of the person:

> [25] It is clear to me that the right to security of the person is affected by having one's name placed on the Child Abuse Register. That being the case, the deprivation of a person's right to security of the person can only occur when it is done in accordance with the principles of fundamental justice.

[70] However, in the case before us, unlike the *Nova Scotia* case, while there is a requirement that the Appellant's name and address be placed on the College registry which records the names and addresses of those whose licence has been revoked and the reasons therefore, the Discipline

Committee in this case set out the terms of the permanent reprimand that are to appear on the registry at paragraph 34 of its decision as follows:

> One of the rules that the Ontario legislature has enacted for health professionals is that they cannot have a concurrent sexual relationship with a patient they are treating. This policy of zero tolerance is backed up by mandatory revocation of the certificate of registration of the health professional. It is not discretionary. In your circumstances, where you were involved in a consensual relationship, it appears a harsh penalty. In the societal interest of preventing sexual abuse, this penalty can be avoided by dental hygienists, like other health professionals, by ensuring that they comply with the rule of not engaging in a sexual relationship with a client/patient. While we are sympathetic to your personal situation, our hands are tied by a strong legal rule designed to protect patients. You have paid a heavy price for breaking the rule. We sincerely hope to see you again as an active member of the dental hygiene profession.

[71] The Committee was alive to the stigma attached to the words "sexual abuse" and the fact that this case is an anomaly as it involves a preexisting loving relationship between spouses, and not a case of a healthcare worker abusing his spouse. On the contrary, the Appellant was seeking to help her overcome a vulnerability.

[72] As such, the words "sexual abuse" will not appear on the description of the appellant's discipline history and the above provision will be included as part of the information available to the public. Readers will only know that the Appellant's status is revoked, and they will have access to the full decision and the terms of the reprimand, which make clear that the sexual relations were with his spouse and were consensual.

[73] In sum, *Mussani* establishes that in order to constitute cruel and unusual punishment within the meaning of section 12 of the *Charter*, the facts of the case must warrant a finding of gross disproportionality. Given the manner in which the Appellant's disciplinary history will be presented on the Registry, we do not find a gross disproportionality in this case.

[74] It is clear that the Appellant poses no danger to the public. On the contrary: it was the Appellant's wife's very vulnerability and fear of dental hygiene treatment and his desire to help her, that lead him to treat her.

[75] We appreciate that the requirement that the Appellant's name and address be included on the public registry and that he contravened the "sexual abuser" provision creates stigma.

[76] However, there is no *Charter* right to practice a profession, and the mandatory revocation provision alone does not constitute cruel and unusual punishment or treatment within the meaning of s. 12 of the *Charter*. Requiring the Appellant's name address and the above particulars to appear on the public registry does not create an infringement of s. 12 of the *Charter* given the information provided on the registry and the terms of the reprimand to be provided as set out above.

THE THIRD ISSUE: Are there circumstances in this case that warrant revisiting the decisions in *Mussani* and *Sliwin*?

[77] The Appellant argues that the Discipline Committee failed to recognize that there has been a significant change in circumstances since the decisions in *Mussani* and *Sliwin* were rendered.

[78] The change is the enactment in 2013 of a legislative provision to enable Colleges to provide for a spousal exception from the sexual abuse provisions. If the option is exercised by a particular healthcare College, it must then be approved by the government. When that is done, as it was in the case of dentists in Ontario, the health practitioner is permitted to treat his or her spouse.

[79] The decisions in *Mussani* and *Sliwin* were decided before the 2013 legislative provision in respect of a spousal exception was enacted. Moreover, neither case involved a situation where the healthcare professional had a pre-existing spousal relationship. The court in *Mussani* specifically noted at para. 101 that,

> While the spousal hypotheticals appear troubling at first blush, I agree with the conclusion of Then J.: "It is far-fetched to characterize the intimate relationship between spouses as 'sexual abuse' merely because a physician may have treated his or her spouse. ... The fact that during the course of a marriage a physician may provide incidental medical care to his or her spouse is unlikely, in my view, to establish a physician/patient relationship which would attract the discipline procedures of the *Code*.

[80] Similarly, in *Rosenberg* (*supra*) at paragraph 48, Sharpe J.A. for the Court held that,

> This court recognized that it is "unlikely" that a physician could be guilty of sexual abuse of a spouse. ...

[81] Moreover, the Appellant correctly notes that the enactment of the legislative option is evidence of the awareness of legislators of the issue and the potential problems that it raises for healthcare providers and their spouses.

[82] However, although the courts recognized that for obvious reasons it was unlikely that a healthcare provider would be found to have contravened the provisions, the legislature left open the possibility of an exception for spouses, and the College recommended such an exception for spouses, there is as yet no spousal exception for dental hygienists. The government, for reasons unknown to us, chose to pass a regulation enabling dentists to treat their spouses but not dental hygienists. As such, while the legislators have left open the possibility to create an exemption for spouses and the College has endorsed such a change, there is as yet no change in circumstances as the government has not yet passed the regulation.

[83] In this case, the Appellant concedes that he and his spouse had a concurrent professional-patient relationship and a sexual relationship. The disciplinary offense of sexual abuse is therefore

made out as defined in the *Code*. There has been no passage of a regulation by the government allowing a spousal exemption nor was there only "incidental medical care". As such, the mandatory revocation provision must be upheld.

[84] In Canada (Attorney General) v. *Bedford*, [2013] 3 SCR 1101 at para. 44, the Supreme Court held that while there may be circumstances in which trial judges may review the law, the threshold for so doing is "not an easy one to reach". In our view, given the summary to be included on the registry and the fact that the law was not changed, this is not such a case.

CONCLUSION

[85] There is no constitutional right to practice a profession unfettered by the rules applicable to that profession. The rules in question are set out in the *Code*.

[86] In 1993, the Ontario legislature enacted a zero-tolerance provision to prevent any concurrent sexual and patient-healthcare relationships. Legislators were seeking to recognize and address serious concerns about sexual abuse of patients.

[87] In 2013, the legislature passed a provision allowing each College to pass a regulation to create a spousal exemption, but such exemption only becomes effective upon approval by the Lieutenant Governor in Council. The College of Dental Hygienists passed such a regulation, but to date it has not been approved by the Lieutenant Governor in Council and passed

[88] After the College voted to pass a regulation to create a spousal exemption but in the absence of the regulation being passed by the government, the Appellant provided professional dental hygienist services on his wife at his office. There was a patient-hygienist relationship concurrent with the Appellant's spousal relationship.

[89] The Appellant acted in the honest but mistaken belief that he was allowed to treat his wife who had a phobia of dental hygiene treatment. She was vulnerable. He acted out of a desire to help her and she expressed her gratitude to him.

[90] We note that although there is also a requirement that the Appellant's name and address be placed on the College registry, at paragraph 34 of its decision, the Committee has set out the terms of the notation that is to appear on the registry:

> One of the rules that the Ontario legislature has enacted for health professionals is that they cannot have a concurrent sexual relationship with a patient they are treating. This policy of zero tolerance is backed up by mandatory revocation of the certificate of registration of the health professional. It is not discretionary. In your circumstances, where you were involved in a consensual relationship, it appears a harsh penalty. In the societal interest of preventing sexual abuse, this penalty can be avoided by dental hygienists, like other health professionals, by ensuring that they comply with the rule of not engaging in a sexual relationship with a

> client/patient. While we are sympathetic to your personal situation, our hands are tied by a strong legal rule designed to protect patients. You have paid a heavy price for breaking the rule. We sincerely hope to see you again as an active member of the dental hygiene profession.

[91] The words "sexual abuse/abuser" do not appear on the registry page and the synopsis of the terms of the reprimand only include the above text. As such, readers will only know that the Appellant's status is revoked, the detail set out in the above synopsis, and the decisions.

[92] We recognize that this case has created serious hardship for the Appellant and his wife. He has:

a. lost his livelihood and income for five years; and

b. The College's registry will contain a public record that he lost his licence to practice due to his contravention of the "sexual abuse" provision within the meaning of the legislation, when it is agreed there was no sexual abuse of his spouse. On the contrary, she expressed her gratitude to her husband for helping her to overcome her fear of dental hygiene treatment.

[93] We also recognize that it seems unfair that dentists may treat their spouses while dental hygienists lose their licence and are branded sexual abusers for so doing.

[94] Finally, we recognize that it may seem an artificial difference to claim that treatment was "incidental" if it was done at home rather than the office. This Appellant, had he not honestly believed that he was allowed to treat his spouse, could easily have treated her at home without pay so as not to incur these repercussions.

[95] It is indeed unfortunate that the Inquiries, Complaints and Reports Committee (ICRC) of the College elected to proceed with the complaint, notwithstanding the statement by Sharpe J.A. in *Rosenberg* that,

> [I]t is unlikely that a physician-patient relationship will be established between a physician and his or her spouse,

and Blair J.A.'s statement in *Mussani* at para. 101 that,

> While the spousal hypotheticals appear troubling at first blush, I agree with the conclusion of Then J.: "It is far-fetched to characterize the intimate relationship between spouses as 'sexual abuse' merely because a physician may have treated his or her spouse.

[96] In fact, in its own decision, as reflected in *F.J.D. v. T.E.*, 2015 CanLII 16031 at paras 34-44, where a female dental hygienist provided treatment to her husband, the ICRC decided not even to refer the matter to discipline because there was a pre-existing spousal relationship and that,

> [T]reating spouses was an established and accepted practice in the dental hygiene profession and the power imbalance and vulnerability that accompanies other health relationships is less pronounced than in the dental hygiene and client relationship, at least where there is a well-established spousal relationship that pre-exists the professional relationship.

[97] However, unless and until the Ontario government approves the regulation put forward by the College of Dental Hygienists to enact a spousal exemption, the mandatory revocation and ancillary relief imposed by the Discipline Committee as they pertain to spouses must be upheld.

[98] For these reasons, the mandatory revocation provision *per se* does not breach either ss. 7 or 12 of the *Charter*.

[99] For these reasons, the Appeal is dismissed.

[100] Under the circumstances, there is no order as to costs.

THORBURN J.

D. EDWARDS J.

FAVREAU J.

RELEASED: September 9, 2019

CITATION: Alexander Tanase v. College of Dental Hygienists, 2019 ONSC 5153
COURT FILE NO.: DC-18-495
DATE: 20190909

ONTARIO

SUPERIOR COURT OF JUSTICE

DIVISIONAL COURT

Thorburn, D. Edwards and Favreau JJ.

B E T W E E N :

ALEXANDRER TANASE

Appellant

– and –

THE COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Respondent

REASONS FOR DECISION

BY THE COURT

RELEASED: September 9, 2019

Seeking Your Input

At their Council meeting in June, changes to the College's General By-law were approved in principle. The College is seeking your input on these proposed changes. The changes deal with the public register and a change to the fees by-law to clarify wording for the yearly audit. Please return all comments to fsmith@cocooo.on.ca no later than **Friday, September 20, 2019.**

1. **Changes to the Public Register -**

The changes to the Public Register are mandated by changes that the government made in relation to the *Regulated Health Professions Act*-Health Professions Procedural Code. We are therefore bringing our pubic register into compliance with these changes.

It is helpful in reviewing these changes that you refer to both the clean copy and comparison copy of the changes that accompany this note.

Here are some of the highlights of the changes:

1. Footnote #2 lists all the new requirements that must be on the Register (p.3).
2. S. 42.06 is modified to include:
    a. Section 10 - where a member has terms conditions or limitations on his or her certificate of registration, the effective date of those terms, conditions and limitation was not something that the government mandated but that the College had in place. It was added that "where applicable, the committee responsible for the imposition of the terms conditions and limitations ...." The additional wording relates to whether the person agreed to the terms, conditions or limitation or whether they were imposed.
    b. A notation on the register if a member resigns in the course of a discipline proceeding or a fitness to practice proceeding.
    c. A summary of existing restrictions on the member's right to practice that have resulted from an undertaking given by the member to the College or an agreement entered into between the member and the College. The College normally indicates it in the undertaking but this makes it clear that it is going to go up.
    d. Sections 14 and 15 were combined - where a certificate of registration or a certificate of authorization that relates to a Health Professions Corporations is revoked, suspended cancelled or otherwise terminated, there is notation of that occurrence and the effective date.
    e. S. 14.01 – where a member's certificate of registration is suspended for non-payment of a fee – a notation and the date the suspension took effect. This was just a modification of what was already there.
    f. S.14.02 -where a member's certificate of registration is suspended for failure to submit to a physical and mental examination which is part of the fitness to practice process –a notation that the suspension arose from that event.

g. S. 15.01 – deals with interim orders – there needs to be a split between interim orders that continue only until the ICRC concludes its matter and interim orders that continue until the discipline committee or fitness to practice committee conclude their matter. Therefore ss. 15 and 15.01 were split.
h. S.21 was deleted because it is now required by the Code.
i. SS 42.08.01 and 42.08.02 - SCERPS and cautions are now on the Register *forever* - originally it said that they would be on for 2 years; and
j. Subject to the authority of the Code and the by-laws, all information required by the by-laws will remain on the Register.

Two matters of Specific Note and Interest

1. **Members Registration Number**

Section. 42.06 -2 will be deleted – each member's certificate of registration number will **no longer** be listed on the Register. This change is proposed to reduce the risk of phishing and associated misuse of Registrants' details;

2. **Education**

Section 3.1 was added which specifies that only the following information goes on the Register in relation to education:

> "The college, university or school from which the member received the member's degree or diploma used to support the member's current registration and the year in which the degree or diploma was obtained."

Council Motions:

Council approved, in principle, the amendment to the College's by-law No.1 GENERAL by revoking article 42 of the College's General by-law and substituting Article 42 attached

AND FURTHER Council directed that the proposed amendments be circulated to members and other stakeholders for at least 60 days for comment.

These proposed amendments will come back to Council at their October meeting to consider any comments which are received and to finally approve the changes with or without amendment.

3. **Fees By-law No. 2 - Section 4.02**

Currently, article 4.02 of the fees by-law says;

"The annual fee is due and payable on or before February 14th for the year commencing on February 14th of that calendar year and ending on February 13th of the following calendar year."

The Audit Committee of the College was advised by the College's auditors that s.4.02, as written, was creating some difficulties relating to the preparation of the College's yearly audited financial statements. The Audit Committee recommended that an amendment be made to the article to make clear that the annual fees received by Feb 14th of a calendar year is revenue for the College

for the calendar year. As a result, the following motion was passed by Council – this does not change anything in relation to when fees are due each year – it is only to clarify matters for the College's yearly audit:

Motion:
That Council approve, in principle, the revocation of article 4.02 of By-Law No. 2 Fees and its replacement with the following article:

"4.02 The annual fee is due and payable on or before February 14th for the year commencing on January 1st of that calendar year and ending on December 31st of that calendar year."

42. REGISTER

42.01 Subject to Article 42.02 a member's name in the register of the College shall be the member's name as provided in the documentary evidence used to support the member's initial registration and shall be consistent with the name used by the member on his or her degree or diploma which was the basis for his or her application for a certificate of registration.

42.02 The Registrar shall direct that a name other than as provided in Article 42.02 be entered in the register of the College if such a request is made by the member and the Registrar is satisfied that

i) the member has validly changed his or her name; and

ii) the use of the name is not for an improper purpose.

42.03 Unless otherwise approved by the Registrar, a member's business address in the register of the College shall be the location in Ontario where the member principally engages in the practice of chiropody.

42.04 A member's business telephone number in the register of the College shall be the telephone number of the location referred to in Article 42.03.

42.05 Under subsection 23(2) of the Code and subject to certain exceptions contained in the Code, certain information must be contained in the College's register. As of May 30, 2017, the register is required to contain the following:

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.

2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.

3. The name, business address and business telephone number of every health profession corporation.

4. The names of the shareholders of each health profession corporation who are members of the College.

5. Each member's class of registration and specialist status.

6. The terms, conditions and limitations that are in effect on each certificate of registration.

7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1) of the Code, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1) of the Code.

8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved.

10. Every result of a disciplinary or incapacity proceeding.[1]

11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.

12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.

13. A notation of every revocation or suspension of a certificate of registration.

14. A notation of every revocation or suspension of a certificate of authorization.

15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.

16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

17. Where, during or as a result of a proceeding under section 25 of the Code, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1) of the Code, the outcomes of inspections conducted by the College.

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[1] Under section 23(14) of the Code, "result" has the following definition:
(a) when used in reference to a disciplinary proceeding, means the panel's finding that the member committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made, and
(b) when used in reference to an incapacity proceeding, means the panel's finding that the member is incapacitated and the order made by the panel.

19. Information that is required to be kept in the register in accordance with Regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991.*[2]

20. Information that is required to be kept in the register in accordance with the by-laws.

42.05.01 Subsection 23 (2) of the Code also prescribes other information that must be in the register and this information is set out in Regulation 261/18 under the *Regulated Health Professions Act, 1991*. The by-laws do not repeat the information in Regulation 261/18 but do state additional information that must be in the register and this information is set out under Article 42.06 below.

42.06 In accordance with the authorization provided by paragraph 20 of subsection 23(2) of the Code and subject to Articles 42.07, 42.08, 42.08.01, and 42.08.02, the following additional information shall be kept in the register of the College:

1. Any change to each member's name which has been made in the register of the College since he or she first became registered with the College.

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[2] 1.(1) The following information, if known to the College, is prescribed information to be contained in a College's register for the purposes of paragraph 19 of subsection 23 (2) of the Code and is designated as information subject to subsection 23 (13.1) of the Health Professions Procedural Code in Schedule 2 to the Act:
1. If there has been a finding of guilt against a member under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subsection (2) have been satisfied,
i. a brief summary of the finding,
ii. a brief summary of the sentence, and
iii. if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.
2. With respect to a member, any currently existing conditions of release following a charge for an offence under the *Criminal Code*(Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.
3. If a member has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act*(Canada) and the charge is outstanding,
i. the fact and content of the charge, and
ii. the date and place of the charge.
4. If a member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction,
i. the fact of the finding,
ii. the date of the finding,
iii. the jurisdiction in which the finding was made, and
iv. the existence and status of any appeal.
5. If a member is currently licenced or registered to practice another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.
(2) The conditions referred to in paragraph 1 of subsection (1) are the following:
1. The Parole Board of Canada has ordered a record suspension in respect of the conviction.
2. A pardon in respect of the conviction has been obtained.
3. The conviction has been overturned on appeal.
(3) Nothing in this Regulation shall be interpreted as authorizing the disclosure of identifying information about an individual other than a member.
(4) In this section,
"identifying information" means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

2. The classes of certificate of registration held by each member and the date on which each was issued.

3. The college, university or school from which the member received the member's degree or diploma used to support the member's current registration and the year in which the degree or diploma was obtained.

4. A list of the languages in which each member is capable of working.

5. The date on which each certificate of authorization was issued by the College.

6. Where a certificate of authorization is revised, a notation of the effective date of the revision.

7. Where a member is engaged in the practice of chiropody in Ontario, the name and address of the person or business for whom or through which the member primarily engages in the practice of chiropody in Ontario, if applicable.

8. Where a member resigned, the date upon which the resignation took effect.

9.1 Where a decision of a panel of the Inquiries, Complaints and Reports Committee made on or after October 1, 2015 includes a requirement that the member attend before a panel of that committee to be cautioned (as is authorized by paragraph 3 of subsection 26(1) of the Code),

a) a notation of that fact including a summary of the caution;

b) the date of the panel's decision;

c) once the member has received the caution, a notation to that effect and the date the member received the caution; and

d) if applicable, a notation that the panel's decision is subject to a review or appeal and therefore not yet final.

9.2 Where a decision of a panel of the Inquiries, Complaints and Reports Committee made on or after October 1, 2015 includes a requirement that the member complete a specified continuing education or remediation program (as is authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code),

a) a notation of that fact including the specified continuing education or remediation program(s);

b) the date of the panel's decision;

c) upon completion of the specified continuing education or remediation program(s), a notation to that effect and the date of completion; and

d) if applicable, a notation that the panel's decision is subject to a review or appeal and therefore not yet final.

10. Where a member has any terms, conditions or limitations in effect on his or her certificate of registration, the effective date of those terms, conditions and limitations, whether the terms, conditions and limitations were imposed or voluntary and where applicable, the committee responsible for the imposition of those terms, conditions and limitations.

10.1 A summary of any existing restriction on the member's right to practise that has been imposed by a Court or other lawful authority, if the College is aware of the restriction, including the name of the Court or other lawful authority that imposed the restriction, the date the restriction was imposed and where the restriction is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

10.2 Where a member resigned while a fitness to practise proceeding was outstanding, a notation of that fact.

10.3 A summary of any existing restriction on the member's right to practise that has resulted from an undertaking given by the member to the College or an agreement entered into between the member and the College.

11. Where a member has terms, conditions or limitations on his or her certificate of registration varied, the effective date of the variance of those terms, conditions and limitations and where applicable, the committee responsible for the variance of those terms, conditions and limitations.

12. Where a member's certificate of registration is reinstated, the effective date of the reinstatement and where reinstated by a panel of the Discipline or Fitness to Practise Committee, the name of the committee responsible for the reinstatement.

13. Where a suspension on a member's certificate of registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension and where applicable, the committee responsible for the lifting or removal of the suspension.

14. Where a certificate of registration or a certificate of authorization is revoked, suspended, cancelled or otherwise terminated, a notation of the effective date of the revocation, suspension, cancellation or other termination.

14.01 Where a member's certificate of registration is suspended for non-payment of a fee, a notation of that fact and the date upon which the suspension took effect.

14.02 Where a member's certificate of registration is suspended for failure to submit to a physical or mental examination as required by the Inquiries, Complaints and Reports Committee, a notation of that fact and the date upon which the suspension took effect and, if applicable, the date upon which the suspension was lifted.

15 Where the Inquiries Complaints and Reports Committee has imposed an interim term, condition or limitation on the certificate of registration of a member in connection with an investigation which did not result in a referral to the Discipline Committee or the Fitness to Practise Committee, a notation of that fact, the nature of the order and its effective date, until the matter which was the subject of the investigation is finally concluded by the Inquiries, Complaints and Reports Committee.

15.01 Where the Inquiries, Complaints and Reports Committee has imposed an interim term, condition or limitation on the certificate of registration of a member in connection with an investigation which resulted in a referral to the Discipline Committee or the Fitness to Practise Committee, a notation of that fact, the nature of the order and its effective date, until the referral is finally concluded by the Discipline Committee or the Fitness to Practise Committee.

16. Where one or more allegations of professional misconduct or incompetence has been referred to the Discipline Committee in respect of the member on or after October 1, 2015 and have not yet been disposed of,

a) the date of the referral;

b) a copy of the specified allegations;

c) the status of the hearing including the hearing date, if one has been set;

d) the next scheduled date for the continuation of the hearing if the hearing was adjourned to a specific date or, if the hearing was adjourned without a specific date, a notation to that effect; and

e) the Notice of Hearing.

17. Where the question of the member's capacity has been referred to the Fitness to Practise Committee and not yet decided,

a) a notation of that fact; and

b) the date of the referral.

18. Where the results of a disciplinary proceeding are contained in the College's register, the date on which the panel of the Discipline Committee made its decision including, if applicable, the date on which the panel ordered any penalty.

19. Where a decision of the Discipline Committee has been published by the College with the member's name included in any medium and the decision included a finding of professional misconduct or incompetence,

a) a notation of that fact; and

b) identification of the specific publication of the College which contains that information.

19.1 Where a decision of the Discipline Committee has been published by the College with the member's name included in any medium but the decision did not make a finding of professional misconduct or incompetence,

a) a notation of that fact; and

b) identification of the specific publication of the College which contains that information.

20. Where the result of an incapacity proceeding is contained in the College's register, the date on which the panel made the finding of incapacity and the effective date of any order made by the panel.

21. A summary of any finding of guilt of which the College is aware if made by a Court on or after January 1, 2015 against a member, in respect of any offence, in any jurisdiction, that the Registrar believes is in the public interest to be posted on the register.

22. Any information the College and the member have agreed should be included in the register.

23. Any information the College and a health profession corporation to which the College has issued a certificate of authorization have agreed should be included in the register.

24. Where a member holds an Inhalation Certificate,

a) a notation that the member is authorized by the College to administer a substance by inhalation; and

b) the date on which the Inhalation Certificate was first issued.

25. Where a member's Inhalation Certificate has been cancelled or voluntarily surrendered,

a) a notation that the Inhalation Certificate has been cancelled or voluntarily surrendered, whichever the case may be; and

b) the date it was cancelled or voluntarily surrendered, whichever the case may be.

42.07 A note required under paragraph 17 of Article 42.06 shall not include any detailed information about the subject matter of the proceeding or referral.

42.08 All of the information referred to in Articles 42.05 and 42.06 is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

42.08.01 Subject to the authority of the Code, all information required by the Code will remain on the Register.

42.08.02 Subject to the authority of the Code and the by-laws, all information required by the by-laws will remain on the Register.

Letter of Standing

42.09 Upon request by any person, the Registrar shall issue a letter of standing in respect of any member.

42.10 A letter of standing shall set out all the information in respect of the member contained in the register that is available to the public under Article 42 or under subsection 23(3) of the Code.

42.11 A person who requests a letter of standing shall pay a fee set by the Registrar but not to exceed $25.00.

42. REGISTER

42.01 Subject to Article 42.02 a member's name in the register of the College shall be the member's name as provided in the documentary evidence used to support the member's initial registration and shall be consistent with the name used by the member on his or her degree or diploma which was the basis for his or her application for a certificate of registration.

42.02 The Registrar shall direct that a name other than as provided in Article 42.02 be entered in the register of the College if such a request is made by the member and the Registrar is satisfied that

i) the member has validly changed his or her name; and

ii) the use of the name is not for an improper purpose.

42.03 Unless otherwise approved by the Registrar, a member's business address in the register of the College shall be the location in Ontario where the member principally engages in the practice of chiropody.

42.04 A member's business telephone number in the register of the College shall be the telephone number of the location referred to in Article 42.03.

42.05 Under subsection 23(2) of the Code and subject to certain exceptions contained in the Code, certain information must be contained in the College's register. As of May 30, 2017, the register is required to contain the following:

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.

2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.

3. The name, business address and business telephone number of every health profession corporation.

4. The names of the shareholders of each health profession corporation who are members of the College.

5. Each member's class of registration and specialist status.

6. The terms, conditions and limitations that are in effect on each certificate of registration.

7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1) of the Code, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1) of the Code.

8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved.

10. Every result of a disciplinary or incapacity proceeding.[1]

11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.

12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.

13. A notation of every revocation or suspension of a certificate of registration.

14. A notation of every revocation or suspension of a certificate of authorization.

15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.

16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

17. Where, during or as a result of a proceeding under section 25 of the Code, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1) of the Code, the outcomes of inspections conducted by the College.

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[1] Under section 23(14) of the Code, "result" has the following definition:
(a) when used in reference to a disciplinary proceeding, means the panel's finding that the member committed an act of professional misconduct or was incompetent, particulars of the grounds for the finding, a synopsis of the decision and the order made, including any reprimand, and where the panel has made no such finding, includes a notation that no such finding was made and the reason why no such finding was made, and
(b) when used in reference to an incapacity proceeding, means the panel's finding that the member is incapacitated and the order made by the panel.

19. Information that is required to be kept in the register in accordance with Regulations made pursuant to clause 43 (1) (t) of the *Regulated Health Professions Act, 1991*.[2]

20. Information that is required to be kept in the register in accordance with the by-laws.

42.05.01 Subsection 23 (2) of the Code also prescribes other information that must be in the register and this information is set out in Regulation 261/18 under the *Regulated Health Professions Act, 1991*. The by-laws do not repeat the information in Regulation 261/18 but do state additional information that must be in the register and this information is set out under Article 42.06 below.

42.06 In accordance with the authorization provided by paragraph 20 of subsection 23(2) of the Code and subject to ~~Article~~Articles 42.07, 42.08, 42.08.01, and 42.08.02, the following additional information shall be kept in the register of the College:

1. Any change to each member's name which has been made in the register of the College since he or she first became registered with the College.

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[2] 1.(1) The following information, if known to the College, is prescribed information to be contained in a College's register for the purposes of paragraph 19 of subsection 23 (2) of the Code and is designated as information subject to subsection 23 (13.1) of the Health Professions Procedural Code in Schedule 2 to the Act:
1. If there has been a finding of guilt against a member under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subsection (2) have been satisfied,
i. a brief summary of the finding,
ii. a brief summary of the sentence, and
iii. if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.
2. With respect to a member, any currently existing conditions of release following a charge for an offence under the *Criminal Code*(Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.
3. If a member has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act*(Canada) and the charge is outstanding,
i. the fact and content of the charge, and
ii. the date and place of the charge.
4. If a member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction,
i. the fact of the finding,
ii. the date of the finding,
iii. the jurisdiction in which the finding was made, and
iv. the existence and status of any appeal.
5. If a member is currently licenced or registered to practice another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.
(2) The conditions referred to in paragraph 1 of subsection (1) are the following:
1. The Parole Board of Canada has ordered a record suspension in respect of the conviction.
2. A pardon in respect of the conviction has been obtained.
3. The conviction has been overturned on appeal.
(3) Nothing in this Regulation shall be interpreted as authorizing the disclosure of identifying information about an individual other than a member.
(4) In this section,
"identifying information" means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

2. ~~Each member's certificate of registration number.~~3. The classes of certificate of registration held by each member and the date on which each was issued.

3. The college, university or school from which the member received the member's degree or diploma used to support the member's current registration and the year in which the degree or diploma was obtained.

4. A list of the languages in which each member is capable of working.

5. The date on which each certificate of authorization was issued by the College.

6. Where a certificate of authorization is revised, a notation of the effective date of the revision.

7. Where a member is engaged in the practice of chiropody in Ontario, the name and address of the person or business for whom or through which the member primarily engages in the practice of chiropody in Ontario, if applicable.

8. Where a member resigned, the date upon which the resignation took effect.

9.1 Where a decision of a panel of the Inquiries, Complaints and Reports Committee made on or after October 1, 2015 includes a requirement that the member attend before a panel of that committee to be cautioned (as is authorized by paragraph 3 of subsection 26(1) of the Code),

a) a notation of that fact including a summary of the caution;

b) the date of the panel's decision;

c) once the member has received the caution, a notation to that effect and the date the member received the caution; and

d) if applicable, a notation that the panel's decision is subject to a review or appeal and therefore not yet final.

9.2 Where a decision of a panel of the Inquiries, Complaints and Reports Committee made on or after October 1, 2015 includes a requirement that the member complete a specified continuing education or remediation program (as is authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code),

a) a notation of that fact including the specified continuing education or remediation program(s);

b) the date of the panel's decision;

c) upon completion of the specified continuing education or remediation program(s), a notation to that effect and the date of completion; and

d) if applicable, a notation that the panel's decision is subject to a review or appeal and therefore not yet final.

10. Where a member has any terms, conditions or limitations in effect on his or her certificate of registration, the effective date of those terms, conditions and limitations, whether the terms, conditions and limitations were imposed or voluntary and where applicable, the committee responsible for the imposition of those terms, conditions and limitations.

10.1 A summary of any existing restriction on the member's right to practise that has been imposed by a Court or other lawful authority, if the College is aware of the restriction, including the name of the Court or other lawful authority that imposed the restriction, the date the restriction was imposed and where the restriction is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

10.2 Where a member resigned while a fitness to practise proceeding was outstanding, a notation of that fact.

10.3 A summary of any existing restriction on the member's right to practise that has resulted from an undertaking given by the member to the College or an agreement entered into between the member and the College.

11. Where a member has terms, conditions or limitations on his or her certificate of registration varied, the effective date of the variance of those terms, conditions and limitations and where applicable, the committee responsible for the variance of those terms, conditions and limitations.

12. Where a member's certificate of registration is reinstated, the effective date of the reinstatement and where reinstated by a panel of the Discipline or Fitness to Practise Committee, the name of the committee responsible for the reinstatement.

13. Where a suspension on a member's certificate of registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension and where applicable, the committee responsible for the lifting or removal of the suspension.

14. Where a certificate of registration or a certificate of authorization is revoked, suspended, cancelled or otherwise terminated, a notation of the effective date of the revocation, suspension, cancellation or other termination.

~~15. Where a member's certificate of registration is revoked, suspended, cancelled, expired or otherwise terminated, a notation of that fact and the effective date and the basis of the revocation, suspension, cancellation, expiry or other termination which shall include but not be limited to circumstances where~~

~~a) a member's certificate of registration is subject to an interim order of the Inquiries, Complaints and Reports Committee;~~

~~b)~~14.01 Where a member's certificate of registration is suspended for non-payment of ~~the annual fee or any fee required by the College or any administrative reason including without limitation the failure to provide information required by the by-laws or the failure to provide evidence of professional liability protection; or~~a fee, a notation of that fact and the date upon which the suspension took effect.

~~c)~~14.02 Where a member's certificate of registration is suspended for failure to submit to a physical or mental examination as ~~ordered~~required by the Inquiries, Complaints and Reports Committee, a notation of that fact and the date upon which the suspension took effect and, if applicable, the date upon which the suspension was lifted.

15 Where the Inquiries Complaints and Reports Committee has imposed an interim term, condition or limitation on the certificate of registration of a member in connection with an investigation which did not result in a referral to the Discipline Committee or the Fitness to Practise Committee, a notation of that fact, the nature of the order and its effective date, until the matter which was the subject of the investigation is finally concluded by the Inquiries, Complaints and Reports Committee.

15.01 Where the Inquiries, Complaints and Reports Committee has imposed an interim term, condition or limitation on the certificate of registration of a member in connection with an investigation which resulted in a referral to the Discipline Committee or the Fitness to Practise Committee, a notation of that fact, the nature of the order and its effective date, until the referral is finally concluded by the Discipline Committee or the Fitness to Practise Committee.

16. Where ~~an allegation~~one or more allegations of professional misconduct or incompetence has been referred to the Discipline Committee in respect of the member ~~and is outstanding~~on or after October 1, 2015 and have not yet been disposed of,

a) the date of the referral;

b) a copy of the specified allegations;

c) the status of the hearing including the hearing date, if one has been set;

d) the next scheduled date for the continuation of the hearing if the hearing was adjourned to a specific date or, if the hearing was adjourned without a specific date, a notation to that effect; and

e) the Notice of Hearing.

17. Where the question of the member's capacity has been referred to the Fitness to Practise Committee and not yet decided,

a) a notation of that fact; and

b) the date of the referral.

18. Where the results of a disciplinary proceeding are contained in the College's register, the date on which the panel of the Discipline Committee made its decision including, if applicable, the date on which the panel ordered any penalty.

19. Where a decision of the Discipline Committee has been published by the College with the member's name included in any medium and the decision included a finding of professional misconduct or incompetence,

a) a notation of that fact; and

b) identification of the specific publication of the College which contains that information.

19.1 Where a decision of the Discipline Committee has been published by the College with the member's name included in any medium but the decision did not make a finding of professional misconduct or incompetence,

a) a notation of that fact; and

b) identification of the specific publication of the College which contains that information.

20. Where the result of an incapacity proceeding is contained in the College's register, the date on which the panel made the finding of incapacity and the effective date of any order made by the panel.

21. ~~Where a finding of professional negligence or malpractice is contained in the College's register, the information provided by the member who was the subject of the finding including~~

~~a) the notice of and a description of the finding;~~

~~b) the date the finding was made against the member;~~

~~c) the name and location of the court that made the finding against the member; and~~

~~d) the status of any appeal respecting the finding made against the member.~~21.1 A summary of any finding of guilt of which the College is aware if made by a Court on or after January 1, 2015 against a member, in respect of any offence, in any jurisdiction, that the Registrar believes is in the public interest to be posted on the register.

22. Any information the College and the member have agreed should be included in the register.

23. Any information the College and a health profession corporation to which the College has issued a certificate of authorization have agreed should be included in the register.

24. Where a member holds an Inhalation Certificate,

a) a notation that the member is authorized by the College to administer a substance by inhalation; and

b) the date on which the Inhalation Certificate was first issued.

25. Where a member's Inhalation Certificate has been cancelled or voluntarily surrendered,

a) a notation that the Inhalation Certificate has been cancelled or voluntarily surrendered, whichever the case may be; and

b) the date it was cancelled or voluntarily surrendered, whichever the case may be.

42.07 A note required under paragraph 17 of Article 42.06 shall not include any detailed information about the subject matter of the proceeding or referral.

42.08 All of the information referred to in Articles 42.05 and 42.06 is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

42.08.01 ~~The information required under paragraph 9.1 of Article 42.06 shall be removed from the register 24 months after the Registrar is satisfied that the member has appeared before a panel of the Inquiries, Complaints and Reports Committee and received the caution.~~ Subject to the authority of the Code, all information required by the Code will remain on the Register.

42.08.02 ~~The information required under paragraph 9.2 of Article 42.06 shall be removed from the register once the Registrar is satisfied that the member has successfully completed the specified continuing education and/or remediation program(s) including any monitoring associated therewith which was the subject of the decision of the panel of the Inquiries, Complaints and Reports Committee.~~ Subject to the authority of the Code and the by-laws, all information required by the by-laws will remain on the Register.

Letter of Standing

42.09 Upon request by any person, the Registrar shall issue a letter of standing in respect of any member.

42.10 A letter of standing shall set out all the information in respect of the member contained in the register that is available to the public under Article 42 or under subsection 23(3) of the Code.

42.11 A person who requests a letter of standing shall pay a fee set by the Registrar but not to exceed $25.00.

Ontario
Podiatric
Medical
Association

September 18, 2019

Ms. Felecia Smith, LLB,
Registrar and CAO
College of Chiropodist of Ontario
180 Dundas St. West, Suite 1901
Toronto, Ontario
M5G 1Z8

Dear Registrar,

Re-: Proposed Amendments to College By-Laws

The OPMA appreciates the opportunity to comment on the proposed amendments to the By-Laws and I've been instructed by the Board of Directors to respond as follows:

By-and-large, the proposed amendments are straightforward and clear and we understand that many of them are required by amendments made to the *Health Professions Procedural Code*. We do have two recommendations, however:

1. Subsection 42.06: In addition to listing the name of the College, University, etc. from which the registrant graduated and the year of graduation, the OPMA strongly recommends that the full and precise wording of the degree or diploma awarded be required. This is intended to avoid any public confusion about any registrant's educational background. For example, avoiding misinterpretation that "DPod M" means "Doctor of Podiatric Medicine", rather than "Diploma in Podiatric Medicine". The OPMA also believes it is in the public interest to list the country in which the College or University from which the registrant graduated is located.

2. Incorporation By Reference: You will recall that over the years a consistent theme of the OPMA has been to make the College's By-Laws, Standards of Practice, Policies and so on as self-contained as possible so that registrants don't have to consult multiple documents and flip back and forth among them in order to understand their responsibilities and requirements. Having

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said that, we do understand the motivations behind incorporations by reference.. Nonetheless, once again, we urge the College not to incorporate by reference and to make the By-Laws self-contained (e.g. the incorporation by reference of Regulation 261/18).

We trust these recommendations will be given full consideration.

Yours sincerely,

James Hill, DPM, FACFAS
President

60 Columbia Way, Suite 280 | Markham, ON | L3R 0C9
T: 905-475-3098 | F: 905-946-1517 | www.opma.ca

Profile of Entry-to-Practice Competencies

College of Chiropodists of Ontario

180 Dundas Street West, #1901

Toronto, ON, M5G 1Z8

www.cocoo.on.ca

Table of Contents

Background Information

Introduction

The College of Chiropodists of Ontario is one of 26 health regulatory bodies regulating health professionals in Ontario. The role of the College is to:

- Ensure that our registrants meet training and educational standards before they can practise and/or use the professional titles of Chiropodist or Podiatrist
- Set the standards and guidelines for conduct and practise.
- Develop programs to ensure that our registrants keep improving their skills and knowledge.
- Address concerns about the conduct or practise of our registrants.

In January 2001, the College of Chiropodists of Ontario initiated a project to define and describe the competencies required of the registrants of the College. Assessment Strategies Inc. was commissioned by the College to provide consultation and facilitation services for the development of the competencies. The document was updated in 2010.

The Mission of the College of Chiropodists of Ontario is to "serve and protect the public interest... to ensure that the public receives competent care from chiropodists and podiatrists. The role of the members is not only to provide safe, quality care but also to accept accountability for doing so".

This 3rd generation competency profile is a foundational document that describes the essential competencies required of a chiropodist/podiatrist in Ontario specific to entry into the profession.

Uses of the Profile of Competencies

A competency is a cluster of related knowledge, skills, abilities, attitudes and / or judgment expected of a practitioner in order to practise competently in a particular activity or aspect of the profession. Competencies do not actually describe the specific knowledge required to perform competently nor do they describe the exact manner in which a procedure or activities should be performed. Rather, they focus on the desired outcomes and on the types of behaviours in which the professional should engage. Nevertheless, it is understood that the prerequisite knowledge to achieve these competencies is a vital component and is present in the entry-level practitioner.

The Profile will have several important uses. Among those uses it will:

- Serve as a guide for the development of an entry level examination;
- Serve as an instrument for the evaluation of training and education of applicants from outside Ontario;
- Provide a starting point for the development of new standards of practice;
- Serve as a resource to educators who are planning curricula for the profession;
- Serve as a resource for the review of complaints and disciplinary cases;
- Be used in the development of Quality Assurance Programs and practice assessment;
- Assist in conducting an occupational analysis.

Focus of the Profile

The focus of the Profile is on the competencies that are required for safe and effective practise by all College registrants when they are at the entry-level in the practice of the profession.

This competency document is based on the legislation, regulations and by-laws which govern the profession of Chiropody/Podiatry within Ontario.

The College of Chiropodists of Ontario regulates both Chiropodists and Podiatrists. The Chiropody Act (1991) defines the scope of practice of Chiropody as: "the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means".

According to the Chiropody Act, all registrants are authorized to perform the following acts:

- Cutting into the subcutaneous tissues of the foot;
- Administering by injection into feet, a substance designated in the regulations;
- Prescribing drugs designated in the regulations.

Podiatrists are also authorized to perform the following acts:

- Communicating a diagnosis identifying a disease or disorder of the foot as the cause of a person's symptoms;
- Cutting into the subcutaneous tissues of the foot and bony tissues of the forefoot.

The Profile of Competencies reflects the scope of practice of the profession while taking into account the specific restrictions defined in the Chiropody Act. In addition, the competencies are consistent with the Regulated Health Professions Act 1991, other applicable legislation and College requirements including Regulations, By-laws, Standards of Practice, College Policies, Guidelines and Position Statements. (Appendix A includes a list of some relevant documents).

The main focus of the Profile is on the competencies that should be seen in all members, irrespective of training and education. While it is understood that there are differences in the training and education of chiropodists and podiatrists, the Profile is not intended to reflect the actual level of performance or expertise with which a member will carry out the activities and demonstrate the competencies.

In summary, the Profile describes the competencies required to practise the profession in a safe and effective manner in order to ensure the protection of the public. The Profile does not, however, necessarily describe the full extent of competencies that members may possess due to their training, education or experience; nor is it the intention of the Profile to prevent members from developing their competencies beyond what is being described in this document.

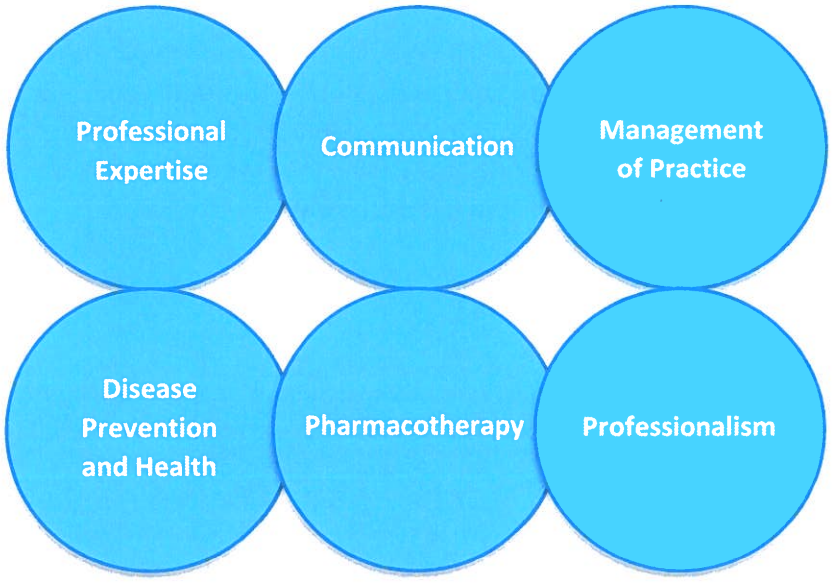
Framework of the Profile

The Competencies

The Profile is based on a framework that consists of three levels of description: Categories, Elements and Performance Criteria.

Categories define the various types of broad generic functions to be carried out by practitioners.

Six broad categories of competencies were identified.



The Elements and Performance Criteria serve to break down the broad categories into smaller tasks and activities.

Competencies that are specific to podiatrists are indicated by '(podiatrists only)'.

Category 1 - Professional Expertise

Chiropodists and Podiatrists use clinical reasoning that integrates unique knowledge, skills and attitudes to provide quality care and enhance the health and wellbeing of their patients.

1.1 Employ a patient-centered approach.

1.1.1 Act in a manner that is in accordance with the College Code of Ethics. (1.9.2)

1.1.2 Act in a manner that respects patient uniqueness, diversity and autonomy, and is in the patient's best interest. (1.1, 1.2, 1.4)

1.1.3 Provide the patient with relevant information throughout care. (1.6)

1.1.4 Empower patient to engage in their own care, and actively involve the patient in decision-making.

1.1.5 Build and maintain rapport and trust with the patient.

1.1.6 Obtain and document informed patient consent. (1.7)

1.2 Sexual abuse and mandatory reporting of sexual abuse.

1.2.1 Avoid behaviour that may be considered harassment or sexually inappropriate as set out within the "Sexual abuse and mandatory reporting of sexual abuse" policy. (1.10.3, 1.14)

1.2.2 Report any abuse of an adult and of a child. (1.10.5)

1.2.3 Monitor and respond to patient's physical and emotional state throughout care.

1.3 Conduct patient assessment. (2.1)

1.3.1 Interview patient to obtain relevant information about health conditions, and personal and environmental factors. (2.1.1)

1.3.2 Perform relevant assessments of lower extremity. (2.2)

1.3.3 Order, perform and/or interpret relevant diagnostic testing according to scope. (2.3, 2.5)

1.3.4 Obtain specimen for analysis according to scope. (3.8.11)

1.3.5 Identify comorbidities that impact approach to assessment.

1.3.6 Identify urgent health conditions that require immediate attention and take appropriate action.

1.3.7 Identify non-urgent health-related conditions that may benefit from referral to other services and advise patient accordingly.

1.4 Establish a diagnosis and prognosis.

1.4.1 Interpret assessment findings and other relevant information.

1.4.2 Formulate a diagnosis of a patient's condition based on information gathered in general assessment, diagnostic testing and physical examination. (2.6)

1.4.3 Formulate relevant differential diagnosis/diagnoses for podiatric conditions. (2.7)

1.4.4 Develop a working prognosis.

1.5 Develop, implement, and evaluate a treatment plan.

1.5.1 Engage in consultation with the patient, discussing treatment options. (1.3)

1.5.2 Develop appropriate treatment plan according to best standards and evidence-based practices.

1.5.3 Recognize other possible conditions that may require referral.

1.5.4 Follow the protocols set out in "Infection Prevention and Control" under the Standards of Practice for Chiropodists and Podiatrists. (3.5, 3.6)

1.5.5 Manage, treat and perform surgical and nonsurgical procedures for conditions according to best standards and evidence-based practices within scope and regulatory guidelines and standards. (3.7, 3.8, 3.9)

1.5.6 Prescribe, modify and dispense foot orthoses, custom fitted shoes and custom-made shoes according to the standard, "Prescription Custom Foot Orthoses".

1.5.7 Evaluate and modify treatment plan as indicated. (3.10- 3.13)

1.5.8 Ensure appropriate follow-up and continuity of care for patient. (3.14)

1.5.9 Develop a discharge or transition of care plan when indicated.

1.5.10 Manage complications arising from treatment. (3.16)

1.5.11 Disclose fees prior to undertaking treatment. (1.13)

Category 2 - Communication

As communicators, chiropodists/podiatrists use effective communication strategies with patients, caregivers and other health care professionals.

2.1 Use oral and non-verbal communication effectively. (4.1) (omit 4.2)

2.1.1 Speak clearly and concisely.

2.1.2 Listen actively, to build trust and foster exchange of information.

2.1.3 Use and respond to body language appropriately.

2.2 Use written communication effectively. (4.7)

2.2.1 Write in a clear, concise and organized fashion.

2.2.2 Ensure written communication is legible.

2.2.3 Prepare comprehensive and accurate health records and other documents, appropriate to purpose.

2.2.4 Keep and maintain records according to best practices and standards. (4.7)

2.3 Provide patient with relevant information about their condition to allow the individual to make an informed decision in accordance with the "Health Care Consent Act for Chiropodists and Podiatrists".

2.3.1 Adjust communication strategy consistent with purpose and setting.

2.3.2 Use appropriate terminology.

2.3.3 Adjust communication based on level of understanding of recipient.

2.3.4 Ensure communication is timely.

2.3.5 Share information empathetically and respectfully.

2.4 Effectively Communicate information (diagnosis (podiatrists only)) identifying a disease or disorder of the foot as the cause of a person's symptoms to the patient or their personal representative, or other health care providers. (4.4, 4.5, 4.6)

2.5 Maintain confidentiality of patient information in accordance with College requirements. (4.8, 1.5)

Category 3 - Management of Practice

3.1 Demonstrate practice management skills using best practices. (5.1)

3.1.1 Keep patient information in a secure, confidential and easily accessible manner, within one's control or under a suitable arrangement (e.g., hospital record department).

3.1.2 Ensure the maintenance of accurate, complete and up to date financial records consistent with College requirements.

3.1.3 Maintain comprehensive, accurate and timely records of patient and practice management.

3.1.4 Manage health records and other information in paper and electronic format.

3.1.5 Ensure secure retention, storage, transfer and destruction of documents.

3.1.6 Maintain confidentiality of records and data, with appropriate access.

3.2 Ensure the maintenance of a clinical environment that complies with COCOO, municipal, provincial and / or federal requirements. Cue: Biohazardous material, pharmaceuticals, sharps, equipment, building/facility. (5.2, 3.4)

3.2.1 Ensure safe and appropriate utilization of equipment and instruments.

3.2.2 Ensure that an antiseptic environment is maintained in accordance with the Standards of Infection Control of the College and other municipal, provincial and/or federal regulatory bodies.

3.3 Ensure safety in the clinical environment.

3.3.1 Identify risks and mitigate hazards in the workplace.

3.3.2 Maintain a clean, organized and accessible work environment.

3.3.3 Adapt work environment to enhance emotional safety.

3.3.4 Ensure regular equipment cleaning and maintenance.

3.4 Utilize effective management practices as appropriate to the health care delivery setting. Cue: appointments, records, follow-up or monitoring systems, information systems, insurance, etc. (5.6)

Category 4 - Disease Prevention and Health Promotion (6.1-6.6)

4.1 Educate patient on preventative strategies and positive health choices.

4.2 Educate patient regarding expectations of treatment plan with regard to the resolution of his/her condition.

4.3 **Advise patient on limitations associated their condition. Cue: activity level, change in shoe-gear, etc.**

4.4 **Encourage and facilitate patient compliance.**

4.5 **Discuss the communicable factors associated with the patient's foot condition.**

4.6 **Participate in the provision and/or preparation of educational activities to the public for health promotion.**

4.7 **Maintain awareness of emerging technologies, and advocate for their application to enhance chiropody/podiatry services. (1.16)**

4.8 **Advocate for new approaches to improve patient care.**

4.9 **Promote solutions to challenges encountered in the practice of chiropody and podiatry.**

Category 5 - Pharmacotherapy

5.1 **Understand the principles of pharmacology, pharmacokinetics and pharmacodynamics and apply their relevance to clinical situations. (7.1)**

5.2 **Understanding the indications, dosage, drug allergies, drug interactions, and contraindications of the drugs prescribed or administered within the classes as designated by the Chiropody Act. (7.5)**

5.3 **Explain the principles of drug delivery and the clinical impact of available pharmaceutical dosage forms. (7.2)**

5.4 **Select and /or prescribe appropriate medications, dosages, and dosage forms and effectively communicate to patients the appropriate use of medications. (7, 6)**

5.5 Understand the importance of laboratory tests to direct medication selection and to monitor the effectiveness of pharmacotherapy. (7.8)

5.6 Understanding the administration of inhaled substances and the use of sedation in a members practice.

5.7 Identify urgent health conditions that may arise from the use of prescribed or administered drugs which may require immediate attention and take the appropriate action.

Category 6 - Professionalism

As autonomous, self-regulated professionals, chiropodists and podiatrists are committed to working in the best interest of patients and the public, and to maintaining high standards of behaviour.

6.1 Comply with legal and regulatory requirements.

6.1.1 Comply with applicable federal and provincial / territorial legislation. (1.10, 1.10.1, 1.10.2)

6.1.2 Comply with regulatory requirements.

6.1.3 Maintain confidentiality and privacy as appropriate.

6.1.4 Delegate controlled acts in accordance with Assignment, Orders and Delegation Policy. (1.12)

6.2 Behave ethically.

6.2.1 Use an ethical framework to guide decision- making.

6.2.2 Address real, potential or perceived conflicts of interest. (1.14)

6.2.3 Promote services in an ethical manner in accordance with College Code of Ethics. (1.9.2)

6.2.4 Charge a reasonable and customary fee for the services provided. (1.9.1)

6.3 Embrace social responsibility as a health professional.

6.3.1 Maintain awareness of issues and advances affecting the health system locally, nationally and globally.

6.3.2 Demonstrate awareness of the social determinants of health and emerging trends that may impact the practice of chiropody/podiatry.

6.4 Act with professional integrity.

6.4.1 Behave with honesty and respect for others.

6.4.2 Behave in a manner that values diversity.

6.4.3 Work within the chiropody/podiatry scope of practice and personal level of competence. (1.8)

6.4.4 Accept accountability for decisions and actions. (1.11)

6.4.5 Maintain professional deportment. (1.9, 1.15)

6.4.6 Maintain professional boundaries.

6.4.7 Respond constructively to changes affecting the workplace.

Appendix A

Legislation and Other documents that make up "College Requirements"

This is a list of some of the relevant legislation, regulations, by-laws, guidelines, policies, standards, etc. that regulate the practice of registrants of this College. This list is neither all-inclusive nor exhaustive.

Legislation may change, new acts may be adopted, and the College may be required to establish new standards, policies and guidelines.

Legislation

- Regulated Health Professions Act and Procedural Code, 1991 (RHPA)
- The Chiropody Act 1991
- College Specific Regulations under the Act
- Other profession specific Acts and their regulations under the RHPA
- Health Care Consent Act
- Public Hospitals Act
- Ontario Health Insurance Act
- Healing Arts Radiation Protection Act
- The Good Samaritan Act
- Personal Health Information Protections Act (Not yet enacted)
- Ontario Health and Safety Act
- WHIMIS
- Employment Standards Act
- Human Rights Code
- Health Protection and Promotion Act
- Health Cards and Numbers Control Act, 1991
- Health Care Accessibility Act
- Child and Family Services Act
- Laboratory and Specimen Collection Centre Licensing Act
- Long-Term Care Homes Act
- Nursing Homes Act
- Workplace Safety and Insurance Act, 1997
- Insurance Act and Statutory Accident Benefits Schedule

College Relevant Materials

- Bylaws
- Policies and Procedures
- Code of Ethics
- Policy statements

- Abuse Prevention Plan
- Standards of Practice
- Profile of Competencies
- Guidelines
- Standards of Infection Control

Appendix B

Glossary of Terms	
Definitions Scope of practice:	The breadth and limits of the practice, as defined by legislation. Includes the activities and acts that can be legitimately engaged in by the profession at large or by the individual practitioner.
Standards of practice	The practices, guidelines and regulations that the practitioner must follow in order to practise effectively, safely and ethically within the profession and within the jurisdiction. Usually represents minimum requirements.
Standards of practice	Describe the outcomes that must be obtained at the end of the educational program. An example of an educational objective might be: "Is able to distinguish between an acute case of a specific disease and a benign case". Educational objectives often describe the method by which mastery of the objective will be assessed, e.g., "Is able to list at least four features of pericarditis."
Educational objectives	Describe the outcomes that must be obtained at the end of the educational program. An example of an educational objective might be: "Is able to distinguish between an acute case of a specific disease and a benign case". Educational objectives often describe the method by which mastery of the objective will be assessed, e.g., "Is able to list at least four features of pericarditis."
Competence	The combination of knowledge, skills, attitudes and judgment required to provide services in a safe and effective manner.
Competency	A behaviour statement that describes the required knowledge, skills, abilities, attitudes and/or judgment expected of a practitioner in order to practise competently.
Body language	A nonverbal communication where thoughts, intentions, or feelings are expressed by physical behaviours, such as facial expressions, body posture, gestures, eye movement, touch and the use of space
Patient	A patient is a recipient of chiropody/podiatry services. In some circumstances a patient may be represented by their substitute decision maker.

Deportment	Deportment refers to presentation, behaviour, manner of speaking, appearance, grooming and personal hygiene.
Diversity	Diversity refers to variation among people including, but not limited to, variation based upon factors such as race, ethnicity, colour, religion, age, sex, sexual orientation, marital status, family status, and disability
Documents	Documents refers to patient records of care, workload data, medical- legal reports, referrals, letters, emails and similar written materials relating to practice, etc.

College of
Chiropodists
of Ontario

The Profile of

Competencies

Required of the Members
of the College of Chiropodists of Ontario

January 2002 – Updated 2010

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I. Background Information

Introduction

The College of Chiropodists of Ontario is one of 21 health regulatory bodies regulating health professionals in Ontario. The role of the College is to:

- Ensure that our registrants meet training and educational standards before they can practise and/or use the professional titles of Chiropodist or Podiatrist.
- Set the standards and guidelines for conduct and practice.
- Develop programs to ensure that our registrants keep improving their skills and knowledge.
- Address concerns about the conduct or practice of our registrants.

In January 2001, the College of Chiropodists of Ontario initiated a project to define and describe the competencies required of the registrants of the College. Assessment Strategies Inc. was commissioned by the College to provide consultation and facilitation services for the development of the competencies. As the mission of the College is to ensure that the public receives high quality foot care, it was felt that the development of a validated "Profile of Competencies" required for safe, ethical and effective practice would be a key element in reaching this goal.

Uses of the Profile of Competencies

A competency is a cluster of related knowledge, skills, abilities, attitudes and / or judgment expected of a practitioner in order to practice competently in a particular activity or aspect of the profession. Competencies do not actually describe the specific knowledge required to perform competently nor do they describe the exact manner in which a procedure or activities should be performed. Rather, they focus on the desired outcomes and on the types of behaviours in which the professional should engage. Nevertheless, it is understood that the prerequisite knowledge to achieve these competencies is a vital component and is present in the entry-level practitioner.

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- Serve as a guide for the development of an entry level examination;
- Serve as an instrument for the evaluation of training and education of applicants from outside Ontario;
- Provide a starting point for the development of new standards of practice;
- Serve as a resource to educators who are planning curricula for the profession;
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- Be used in the development of Quality Assurance Programs and practice assessment;
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Focus of the Profile

The focus of the Profile is on the competencies that are required for safe and effective practice by all College registrants when they are at the entry-level in the practice of the profession.

The College of Chiropodists of Ontario regulates both Chiropodists and Podiatrists. The Chiropody Act (1991) defines the scope of practice of Chiropody as: "the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means".

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The Profile of Competencies reflects the scope of practice of the profession while taking into account the specific restrictions defined in the Chiropody Act. In addition, the competencies are consistent with the Regulated Health Professions Act 1991, other applicable legislation and College requirements including Regulations, By-laws, Standards of Practice, College Policies, Guidelines and Position Statements. (Appendix A includes a list of some relevant documents).

The main focus of the Profile is on the competencies that should be seen in all members, irrespective of training and education. While it is understood that there are differences in the training and education of chiropodists and podiatrists, the Profile is not intended to reflect the actual level of performance or expertise with which a member will carry out the activities and demonstrate the competencies.

An additional goal in the development of the Profile was to identify, within the set of entry-level competencies, those competencies that could be considered as 'Core' competencies. 'Core' competencies are the competencies that are central to safe and competent practice at any point in one's career, regardless of one's particular practice, focus, experience or education. They are the competencies that would be expected in practitioners who are reentering the profession, in those who have developed a special focus in their practice or who have out-of-province training.

In summary, the Profile describes the competencies required to practise the profession in a safe and effective manner in order to ensure the protection of the public. The Profile does not, however, necessarily describe the full extent of competencies that members may possess due to their training, education or experience; nor is it the intention of the Profile to prevent members from developing their competencies beyond what is being described in this document.

Description of the Project

The development of the Profile of Competencies is within the mandate of the Registration Committee of the College. The Steering Committee for this project was a working group reporting to the Registration Committee. It was comprised of a Chiropodist, a Podiatrist, an academic member, two public members and the Registrar.

The project to develop the Competencies took place in four phases:

Phase 1 In this phase, the key objectives were identified and the methodology was designed and finalized with the direction of the Steering Committee. Assessment Strategies Inc. was commissioned to facilitate the development of the competencies and to manage the project. The project outline and methodology were presented to Council and accepted.

Phase 2 The Competency Development Group (consisting of Chiropodists and Podiatrists) met for a two-day working session to develop the Draft Profile of competencies.

Phase 3 The Draft Profile was submitted for review to a Focus Group of Chiropodists and Podiatrists. The participants had the opportunity to review the document in advance and to bring their suggestions and comments to the discussion. Their feedback was collected and submitted to the Steering Committee.

Phase 4 The Draft Profile was sent to all College members practising in Ontario to obtain their individual feedback on each of the competencies. A high proportion of registrants provided their feedback and comments. Some modifications were made by the Steering Committee, based on member input from the survey. The final document was approved by Council on January 25th, 2002.

I. Framework of the Profile

The Competencies

The Profile is based on a framework that consists of four levels of description: Categories, Elements, Performance Criteria and Cues.

Categories define the various types of broad generic functions to be carried out by practitioners. Six broad categories of competencies were identified. They are subsets of the elements.

1. Professional Accountability
2. Assessment and Diagnosis
3. Implementation of Treatment
4. Communication
5. Management of Practice
6. Disease Prevention and Health Promotion

The Elements serve to break down the broad categories into smaller tasks and activities

The Performance Criteria, subsets of the elements, provide a more precise definition of the skills and abilities required to perform the tasks described in the Elements.

Cues provide specific examples of some of the behaviours and abilities that are referred to in the Performance Criteria and Elements.

Competencies that are specific to podiatrists are indicated by '(podiatrists only)' at the end of the competency.

In addition, the competencies are categorized as either 'Core' or 'Not core', 'Core' competencies being those that are to be maintained throughout one's career. This is indicated in the rightmost column in the list of competencies. Competencies that are specific to podiatrists are understood to be 'Core' or 'Not core' for that group only.

II. The Competencies

Category 1: Professional Accountability		**Core**
1.1	Respect individuality of each patient regardless of background, history, socioeconomic status etc.	Core
1.2	Treat patients fairly with care and compassion.	Core
1.3	Strive for interactive communication with patients.	Core
1.4	Act as an advocate on patient's behalf with respect to treatment. *Cue: assisting a mentally challenged patient, reporting abuse, etc.*	Core
1.5	Respect patient privacy and maintain patient confidentiality.	Core
1.6	Ensure that the patient has all information about treatment options. *Cue: regarding nature of the treatment, complications, risks, benefits, other options including no treatment, etc.*	Core
1.7	Obtain informed patient consent.	Core
1.8	Treat patient to the best of one's ability.	Core
1.9	Conduct oneself in a manner becoming a member of the profession.	Core
1.9.1	Charge a reasonable and customary fee for the service provided.	Core
1.9.2	Practise in accordance with the College Code of Ethics.	Core
1.9.3	Provide care that is in the best interest of patient unless patient clearly chooses otherwise and gives fully informed consent.	Core
1.9.4	Demonstrate commitment to professional development and life-long learning *Cues: reading articles, attending educational activities, etc.*	Core
1.9.5	Demonstrate responsibility for your actions and for the actions of support staff in your office.	Core
1.9.6	Self evaluate one's own performance and continually improve.	Core
1.9.7	Comply with requirements provided by the College.	Core
1.9.8	Practise within one's scope and individual limitations.	Core
1.9.9	Recognize conditions beyond one's ability to treat and refer the patient to the appropriate health care provider.	Core
1.9.10	Respond to patient concerns in a timely manner.	Core
1.9.11	Discharge or transfer a patient appropriately, consistent with College requirements.	Core
1.10	Conduct self within legal requirements.	Core
1.10.1	Demonstrate knowledge of jurisprudence issues. *Cue: Chiropody Act, HARP, Health Care Consent Act, etc.*	Core
1.10.2	Present qualifications honestly to the public.	Core

1.10.3	Demonstrate knowledge and awareness of behaviour that may be considered harassment or sexually inappropriate. *Cue: observe appropriate boundaries, avoid harassment or abuse.*	Core
1.10.4	Demonstrate ability to maintain appropriate boundaries with patients, teachers, employers, employees, sales representatives and close family members. *Cue: probing inappropriately into patient's personal life, inappropriate self-disclosure, dual relationship (e.g. Practitioner and teacher, employer, salesperson, close family member)*	Core
1.10.5	Know when and how to report abuse of an adult and of a child.	Core
1.11	Assign duties to competent individuals.	Core
1.12	Delegate controlled acts to qualified individuals.	Core
1.13	Disclose fees prior to undertaking treatment.	Core
1.14	Maintain an open practitioner-patient relationship that ensures full disclosure of potential conflicts of interest and avoidance of improper relationships. *Cue: disclose any personal or commercial interest or any other possible conflicts described in College policies, guidelines, etc.* *Cue: does not practise in the employment of, or in association with, a commercial business*	Core
1.15	Communicate to colleagues on research and clinical investigations in a way that is accurate and truthful. *Cue: disclose any commercial interests*	Core
1.16	Maintain quality assurance by evaluating patient outcomes.	Core

Category 2: Assessment		**Core**
2.1	Perform a general assessment of patient	Core
2.1.1	Interview patient to collect information. *Cue: Complaints, past medical history including drug history, allergies and sensitivities, previous intervention, patient overall health, physical and occupational demands, socioeconomic factors, demographic specific factors, etc.*	Core
2.2	Perform relevant assessment of lower extremity.	Core
2.2.1	Dermatological	Core
2.2.2	Vascular	Core
2.2.3	Neurological	Core
2.2.4	Musculoskeletal	Core
2.2.5	Biomechanical	Core
2.2.6	Footwear	Core
2.2.7	Orthoses	Core
2.3	Perform relevant diagnostic testing. *Cue: dermal thermography, gait analysis, etc.*	Core
2.4	Access and review additional reports from other health care providers that are relevant to patient's concerns.	Core
2.5	Use diagnostic imaging techniques.	Core
2.5.1	Make appropriate use of the findings and reports from radiographic examinations.	Core
2.5.2	Order, take, interpret and report radiographic examination (podiatrists only).	Core
2.5.3	Order, take, use, interpret and report fluoroscopic examination without use of contrast media (podiatrists only).	Core
2.5.4	Perform diagnostic ultrasonography of the foot. *Cue: can only be done with a physician's order*	Core
2.6	Formulate a diagnosis of a patient's condition based on information gathered in general assessment, diagnostic testing and physical examination.	Core
2.6.1	Dermatological	Core
2.6.2	Vascular	Core
2.6.3	Musculoskeletal	Core
2.6.4	Neurological	Core
2.7	Formulate a differential diagnosis for relevant conditions	Core

Category 3: Implementation of Treatment		**Core**
3.1	Engage in consultation with the patient, discussing treatment options, etc.	Core
3.2	Develop appropriate treatment plan according to best standards and evidence based practices.	Core
3.3	Obtain informed consent.	Core
3.4	Recognize other possible conditions that may require referral.	Core
3.5	Use antiseptic precautions or aseptic techniques as appropriate to procedure according to best standards and evidence-based practices.	Core
3.6	Demonstrate use of universal precautions/ body substance precautions during treatment of patient. *Cue: Environment, patient, practitioner, instrumentation, etc.*	Core
3.7	Manage condition using the appropriate treatment and according to best standards and evidence based practices.	Core
3.7.1	Prescribe medication according to regulation.	Core
3.7.2	Administer injectables according to regulation.	Core
3.7.3	Prescribe and / or modify orthoses.	Core
3.7.4	Prescribe and / or modify footwear.	Core
3.7.5	Prescribe support stockings *Cue: demonstrate knowledge of vascular implications*	Not Core
3.7.6	Provide advice.	Core
3.8	Perform procedure according to best standards and evidence-based practices.	Core
3.8.1	Perform debridement *Cue: Nails, hyperkeratotic lesions, soft tissue , bony tissue(podiatrists only)*	Core
3.8.2	Perform joint mobilization / manipulation within scope of practice. *Cue: for subluxation, etc.*	Core
3.8.3	Perform appropriate suturing	Core
3.8.4	Perform non-surgical interventions *Cue: padding, taping, bandaging, digital splinting, joint immobilization, Aircast (reg. trademark), etc,*	Core
3.8.5	Perform various therapeutic modalities *Cue: ultrasound, wax bath, TENS, hydrotherapy, physical, etc.*	Core
3.8.6	Perform casting procedure	Core
3.8.6.1	Perform casting for orthotics	Core
3.8.6.2	Perform serial casting	Not Core
3.8.6.3	Perform total contact casting	Not core
3.8.6.4	Perform post surgical casting care	Not Core
3.8.6.5	Perform post traumatic casting care	Not Core

	3.8.7	Apply electricity for the purpose of fulguration.	Core
	3.8.8	Apply electricity for the purpose of electrocoagulation.	Core
	3.8.9	Perform surgical procedures	Not Core
		3.8.9.1 Soft tissue *Cue: includes specialized epidermal tissue i.e. nail, warts etc.*	Not Core
	3.8.10	Bony tissue of the forefoot (podiatrists only)	Not Core
	3.8.11	Obtain specimen for analysis.	Core
		3.8.11.1 Obtain bone specimen for analysis (podiatrists only)	Not Core
3.9		Manage the pedal manifestations using the most appropriate treatment according to best standards and evidence-based practices.	Core
	3.9.1	Biomechanical conditions	Core
	3.9.2	Nail disorders	Core
	3.9.3	Local mycotic infections	Core
	3.9.4	Mechanical skin problems	Core
	3.9.5	Local bacterial infections	Core
	3.9.6	Ulcerative skin problems	Core
	3.9.7	Inflammatory musculoskletal problems	Core
	3.9.8	Musculoskeletal conditions	Core
	3.9.9	Endocrine disorders	Core
	3.9.10	Forefoot deformities	Core
	3.9.11	Mid foot deformities	Core
	3.9.12	Rear foot deformities	Core
	3.9.13	Ankle deformities	Core
	3.9.14	Traumatic musculoskeletal problems *Cue: foreign body, laceration, etc.*	Core
	3.9.15	Congenital musculoskeletal problems	Core
	3.9.16	Arterial peripheral vascular disorders	Core
	3.9.17	Local viral infections	Core
	3.9.18	Venous peripheral vascular disorders	Core
	3.9.19	Peripheral nerve disorders	Core
	3.9.20	Lymphatic peripheral vascular disorders	Core
	3.9.21	Metabolic neuropathy	Core
	3.9.22	Neoplastic dermatological problems	Core
	3.9.23	Bacteremia	Core
	3.9.24	Neoplastic musculoskeletal problems	Core
	3.9.25	Central nervous system disorders	Core

	3.9.26 Pulmonary disease	Not Core
	3.9.27 Hematologic disorders	Not Core
3.10	Ensure that contributing socioeconomic concerns are addressed *Cue: home care, home-based health care, etc.*	Core
3.11	Evaluate effectiveness of treatment.	Core
3.12	Reassess patient progress and adjust treatment plan accordingly.	Core
3.13	Discuss progress and modification of treatment plan with patient.	Core
3.14	Ensure appropriate follow-up and continuity of care for patient.	Core
3.15	Perform necessary emergency procedures *Cue: CPR, emergency medical measures, etc.*	Core
3.16	Manage complications arising from treatment.	Core
3.17	Demonstrate an awareness of common alternative therapies to help patients interested in them make informed choices.	Not Core

Category 4: Communication		**Core**
4.1	Demonstrate effective communication with patients, caregivers and other health care professionals.	Core
4.1.1	Exhibit professional demeanour with patient, caregivers and other health care professionals.	Core
4.1.2	Utilize appropriate verbal, non-verbal and written communication with patient, other health care professionals and caregivers. *Cue: using empathetic behaviour with patients; using appropriate terminology with patients and health care professionals.*	Core
4.1.3	Use non-judgmental, unbiased forms of communication with patients, caregivers and other professionals.	Core
4.2	Demonstrate knowledge of other health care practitioners' scope and refer appropriately when required.	Core
4.3	Provide patient with relevant information about his/her condition to allow the individual to make an informed decision.	Core
4.3.1	Convey information to patient clearly and objectively to facilitate understanding.	Core
4.4	Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person's symptoms to the patient or their personal representative. (podiatrists only)	Core
4.5	Communicate a diagnosis of dysfunction to the patient or personal representative *Cue: A dysfunction relates to a disturbance or abnormality in the function of the foot or its part.*	Core
4.6	Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person's symptoms to other health care providers.	Core
4.7	Keep and maintain records according to best practices and standards.	Core
4.7.1	Enter and record key elements of the assessment, diagnosis and treatment and any other relevant information pertaining to patient in an accurate and objective format.	Core
4.7.2	Complies with College requirements and, when applicable, institutional requirements for the production and maintenance of records.	Core
4.8	Respect confidentiality of patient information in accordance with College requirements.	Core
4.9	Ensure that staff is complying with the communication standards expected of a member of the profession	Core

Category 5: Management of Practice		**Core**
5.1	Demonstrate practice management skills using best practices.	Core
5.1.1	Keep patient information in a secure, confidential and easily accessible manner, within one's control or under a suitable arrangement (e.g., hospital record department).	Core
5.1.2	Ensure the maintenance of accurate, complete and up to date financial records consistent with College requirements.	Core
5.2	Ensure the maintenance of a clinical environment that complies with municipal, provincial and / or federal requirements. *Cue: Biohazardous material, pharmaceuticals, sharps, equipment, building/facility.*	Core
5.3	Ensure safety in the clinical environment. *Cue: Lighting, ventilation, flooring, etc.*	Core
5.4	Ensure safe and appropriate utilization of equipment and instruments. *Cue: May include, but is not limited to legislation such as HARP, OHSA, etc.*	Core
5.5	Ensure that an antiseptic environment is maintained according to College and other requirements.	Core
5.6	Utilize effective management practices as appropriate to the health care delivery setting. *Cue: appointments, records, follow-up or monitoring systems, information systems, insurance, etc.*	Core
Category 6: Disease Prevention and Health Promotion		**Core**
6.1	Educate patient on preventative strategies and positive health choices.	Core
6.2	Educate patient regarding expectations of treatment plan with regard to the resolution of his/her condition.	Core
6.3	Advise patient on limitations associated with his/her condition. *Cue: activity level, change in shoe-gear, etc.*	Core
6.4	Encourage and facilitate patient compliance.	Core
6.5	Discuss the communicable factors associated with the patient's foot condition.	Core
6.6	Participate in the provision and/or preparation of educational activities to the public for health promotion.	Not Core

Category 7: Pharmacotherapy

7.1 Understand the basic principles of pharmokinetics and pharmacodynamics and apply their relevance to clinical situations. CORE

7.2 Explain the principles of drug delivery and the clinical impact of available pharmaceutical dosage forms. Core

7.3 Understand and communicate drug action at the molecular, cellular, and physiological levels. Core

7.4 Understand the factors that contribute to patient variability with respect to pharmacotherapy. Core

7.5 Accurately determine the patient's current medication regimen and drug history, including drug allergies, prior adverse drug reactions, contraindications, the use of natural health products or other therapies, and identify potential compliance issues. Core

7.6 Select appropriate medications, dosages, and dosage forms and effectively communicate to patients the appropriate use of medications. Core

7.7 Effectively predict, mitigate, and prevent adverse drug reactions and drug interactions. Core

7.8 Understand the importance of laboratory tests to direct medication selection and to monitor the effectiveness of pharmacotherapy. Core

7.9 Understand the indications, mechanisms of action, contraindications, adverse effects, drug interactions, dosages, and dosage forms for the following classes of drugs: Core

- 7.9.1 Cytoprotective agents
- 7.9.2 Medical gases
- 7.9.3 Oral and topical Antimicrobial drugs
- 7.9.4 Oral and topical Anti-fungal drugs
- 7.9.5 Oral and topical Anti-viral drugs
- 7.9.6 Vitamins, Dietary Supplements and Herbal medications
- 7.9.7 Non-Steroidal Anti-inflammatory drugs
- 7.9.8 Local Anaesthetics
- 7.9.9 Viscosupplementation agents
- 7.9.10 Sclerosing agents
- 7.9.11 Injectable & Topical Corticosteroids

7.10 Understand the pathophysiology, non-drug treatments, and pharmacotherapy with respect to the following disease states and how they impact chiropodial practice: Core

- 7.10.1 Arthritis

7.10.2 Diabetes

7.10.3 Emergency situations

7.10.4 Gout/Pseudogout

7.10.5 Local/systemic infections

7.10.6 Osteomyelitis

7.10.7 Osteoporosis

7.10.8 Pain management

7.10.9 Peripheral vascular disease

7.11 Understand the roles of other health professionals and communicate with other health professionals regarding patient pharmacotherapy and refer to other health professionals where appropriate. Core

Appendix A

Legislation and Other documents that make up "College Requirements"

This is a list of some of the relevant legislation, regulations, by-laws, guidelines, policies, standards etc. that regulate the practice of registrants of this College. This list is neither all-inclusive nor exhaustive.

Legislation may change, new acts may be adopted and the College may be required to establish new standards, policies and guidelines.

Legislation

- Regulated Health Professions Act and Procedural Code, 1991 (RHPA)
- The Chiropody Act 1991
- College Specific Regulations under the Act
- Other profession specific Acts and their regulations under the RHPA
- Health Care Consent Act
- Public Hospitals Act
- Ontario Health Insurance Act
- Healing Arts Radiation Act
- The Good Samaritan Act
- Personal Health Information Protections Act (Not yet enacted)
- Ontario Health and Safety Act
- WHIMIS
- Employment Standards Act
- Human Rights Code
- Health Protection and Promotion Act
- Health Cards and Numbers Control Act, 1991
- Health Care Accessibility Act
- Child and Family Services Act
- Laboratory and Specimen Collection Centre Licensing Act
- Long-Term Care Act, 1994
- Nursing Homes Act
- Workplace Safety and Insurance Act, 1997
- Insurance Act and Statutory Accident Benefits Schedule

College Relevant Materials

- Bylaws
- Policies and Procedures
- Code of Ethics
- Policy statements
- Abuse Prevention Plan
- Standards of Practice
- Profile of Competencies
- Guidelines

Appendix B
Glossary of Terms

Definitions

Scope of practice: The breadth and limits of the practice, as defined by legislation. Includes the activities and acts that can be legitimately engaged in by the profession at large or by the individual practitioner.

Standards of practice: The practices, guidelines and regulations that the practitioner must follow in order to practice effectively, safely and ethically within the profession and within the jurisdiction. Usually represents minimum requirements.

Educational objectives: Describe the outcomes that must be obtained at the end of the educational program. An example of an educational objective might be: "Is able to distinguish between an acute case of a specific disease and a benign case". Educational objectives often describe the method by which mastery of the objective will be assessed, e.g. "Is able to list at least four features of periocarditis."

Competence: The combination of knowledge, skills, attitudes and judgment required to provide services in a safe and effective manner.

Competency: A behaviour statement that describes the required knowledge, skills, abilities, attitudes and/or judgment expected of a practitioner in order to practice competently.

Entry-level competencies: Those competencies that are expected of the practitioner who has just entered practice in order to practise safely and effectively. This does not include those competencies that are acquired through more advanced experience, specialized knowledge or additional training.

Core competencies: For the purpose of the development of this Profile, "core competencies" are defined as those competencies that one would have to maintain throughout one's career. These would be required for safe, effective and ethical practice in professionals who are reentering the profession, those who have developed a special focus and those educated outside of Ontario.

Ontario
Podiatric
Medical
Association

September 18, 2019

Ms. Felecia Smith
Registrar and CAO
College of Chiropodist of Ontario
180 Dundas St. West, Suite 1901
Toronto, Ontario
M5G 1Z8

Dear Registrar,

Re-: Draft Competencies Framework

The OPMA appreciates the opportunity to comment on this document. The OPMA Board has instructed me to comment as follows:

- We presume that there will be a further proofreading and editing of the document. We noted a number of errors and omissions, such as a reference to the "Healing Arts Radiation Act", rather than the "*Healing Arts Radiation Protection Act*" and the "Long Term Care Act" , rather than the "*Long-Term Care Homes Act*". We also wondered about the reference to the "Health Care Consent Act for Chiropodists and Podiatrists". Is this meant to refer to the *Health Care Consent Act, 1996?* The document (page 2) also states that there are "21 health regulatory colleges.". The correct number is 26. When used as a verb, "practise" is spelled with an "s", not with a "c". There is a number of these kinds of errors sprinkled throughout the document that a careful editing and proofreading would catch.
- We also noted the repeated use of the "chiropody/podiatry" formulation, which implies the professions are the same, rather than the formulation "chiropody and podiatry", which the OPMA believes to be correct.
- We strongly suggest that the Document include encouragement to engage in Electronic Medical Records. The Ministry apparently has the view that chiropodists and podiatrists are not active users of or participants in EMR, which is and is perceived to be a major inhibitor to interprofessional collaboration.
- 1.3.2 *"Perform relevant assessments of the lower extremity"*. Will registrants mistakenly infer from this that, anatomically, our scope of practice is not limited to the foot, or is it the College's position that we may in fact perform assessments and diagnoses of the lower extremity?

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- 1.3.3 "*Order, perform and/or interpret relevant diagnostic testing according to scope*": Since neither chiropodists nor podiatrists are (yet) able to order diagnostic tests, except for x-rays. in the case of members of the podiatrist class, does not this phraseology create a risk that members will infer that they have wider ordering authority? Does the reference to performing diagnostic testing indicate that chiropodists and podiatrists may perform point of care diagnostic testing?
- 1.3.4 "*Obtain specimen for analysis according to scope*". [Should probably be "specimens".] Given that neither chiropodists nor podiatrists may order laboratory tests, what is the purpose of this provision? Is this intended to relate to Point of Care testing?
- Category 2-Communications: We suggest there be an addition that provides guidance for dealing with patients whose first language is neither English nor French and who, therefore, have difficulties in comprehending information being provided in those languages and thus giving informed consent. We suggest the same for minors and people who are mentally incompetent.
- 2.1.2 What is the phrase "listen actively" intended to mean? Perhaps the better formulation is "listen attentively."
- 3.2 We presume the standard for infection control is now the IPAC Standard? If so, why not say so?
- 3.3.3 What is "emotional" safety?
- 4.4 We recommend expansion of this clause to read: "Encourage, monitor and facilitate patient compliance."

Our overarching question and concern, however, relates to the purpose and utility of the document and the extent to which it will actually be used by and be useful to registrants. As written, the document is very broad, general and high-level. The statement

"*The Profile is not intended to reflect the actual level of performance or expertise with which the member will carry out the activities and demonstrate the competencies.*"

would seem to call into question the purpose and utility of the document. A reasonable, but surely mistaken, inference from the statement is that the College applies no quantitative or qualitative performance measures and it doesn't really matter how well one performs the competencies as long as one performs them.

Blue Renewal Stickers

We canvassed the other Colleges to see who still sends renewal stickers to their entire membership as part of the renewal process and these are the responses. In summary, the other Colleges no longer mail out physical stickers and if we are going to go digital with out renewals it makes sense to eliminate the stickers.

College	Stickers? Yes or No	Comment
College of Midwives - Johanna Geraci	No	The College of Midwives does not send out stickers. Members can print off a wallet card in the member portal if they want to.
College of Kinesiologists - Sue Behari	No	The College of Kinesiologists does not send out stickers or cards. We do not have the capability to print a small card. On initial registration a member gets a wall certificate. If a member wants a replacement wall certificate we charge $50.00 and we print these in batches for convenience so a member may have to wait a bit for this.
College of Physiotherapists - Shelley Martin	No	We stopped issuing wallet cards years about 5-10 years ago. We refer members / employers / public to the Public Register to confirm a member is currently registered. Shelley Martin, College of Physiotherapists of Ontario
Ontario College of Pharmacists - Shirin Jetha	No	OCP will provide renewal stickers on e-mail request. Wallet cards were discontinued. A member can go to the public register and print out the information under their name.
College of Audiologists and Speech Language Pathologists - Alex Carling	No	We no longer send out wallet cards, however, members are able to print membership cards if they wish to do so.
College of Dental Hygienists - Robert Farinaccia	No	We do not send out wallet cards or stickers either. Members have access to print their receipt and wallet cards in their Self-Service portal on the CDHO web page.
College of Medical Lab Technicians - Megan MacQuarrie	No	At the College of Med Lab Tech (CMLTO) we do not supply any wallet cards to our members. I think we stopped around 2011.
College of Dieticians - Barb McIntyre	No	We do not send out wallet cards or stickers. Members can print their receipt and membership on the web page
College of Medical Radiation Technogists - Janet Maggio	No	CMRTO stopped with the registration cards a few years ago. Our public register is updated almost instantly when a member renews or resigns so members have the option of a) printing off their receipts as proof of membership, or b) taking a screenshot/printing off the public register should an employer need proof of membership.
College of Social Workers and Social Service Workers - Christina Van Sickle	No	We no longer send out the stickers or wallet cards. Members are able to log into the member portal and print off a member card. On very rare occasions we have printed off and mailed out wallet cards for members who do not have access to a printer.

Report of the ICRC Committee
June to October 2019 & Annual Trends

CHAIR:
Millicent Vorkapich-Hill

COMMITTEE:
Riaz Bagha
Ed Chung
Donna Coyne
Jim Daley
Adrian Dobrowsky
Matt Doyle
Pete Guy
Stephen Haber
Martin Hayles
Sylvia Kovari
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Sonia Maragoni
Cesar Mendez
Tony Merendino
Aladdin Mohaghegh
Neil Naftolin
Agnes Potts
Nat Rave
Stephanie Shlemkevich
Peter Stavropoulos
Ruth Thompson

"SNAPSHOT" – ICRC MATTERS IN PROGRESS (AS OF October 15, 2019):
Complaints ready for panels (with or without dates set) – **6**
Registrar's Investigations ready for panels (with or without dates set) – **4**
Decisions made with Final Disposition/Written Decision & Reasons pending – **1**
Complaints ongoing – **26**
Registrar's Investigations ongoing – **9**
Registrar's Investigations pending – **0** (i.e. the files have not yet been approved by a panel and the investigation has not started)
Complaints received & pending opening – **0**

ICRC MEETINGS HELD – ANNUAL TREND:

	February– May 2018	June– September 2018	October 2018 – January 2019	February – May 2019	June – October 2019
Total Meetings	10	11	14	10	18
Pertaining to # Files	13	15	14	9	22

Report of the ICRC Committee
June to October 2019 & Annual Trends

DECISIONS ON INDIVIDUAL ISSUES BETWEEN JUNE – OCTOBER 2019:
Oral Caution – **2**
Take No Further Action – **4**
SCERP – **2**
Undertaking – **0**
Referral – **2**
F & V – **0**
Other – **0**

ORAL CAUTIONS:
Oral Cautions delivered between June – October 2019 – **0**

HEALTH PROFESSIONS APPEALS AND REVIEW BOARD MATTERS BETWEEN JUNE–OCTOBER 2019:
New HPARB appeals made – **0**
HPARB appeals in process – **2**
Withdrawn HPARB appeals – **0**
HPARB appeal decisions made – **0**
HPARB case conferences/reviews completed – **1**

NUMBER OF NEW COMPLAINTS/RI's RECEIVED – ANNUAL TREND:

	February–May 2018	June–September 2018	October 2018 – January 2019	February – May 2019	June – October 2019
Complaints	6	10	10	15	12
Registrar's Investigations	7	1	3	1	2

PRIMARY NATURE OF NEW COMPLAINTS/RI'S RECEIVED – ANNUAL TREND:

	February–May 2018	June – September 2018	October 2018 – January 2019	February – May 2019	June – October 2019
Advertising	2	0	3	0	1
Billing	1	4	0	1	2
Code of Ethics*	0	1	2	1	1
Conduct/Boundaries	1	0	0	1	5
Scope of Practice	0	0	1	0	0
Standards of Practice Orthotics Infection Control Assessment & Management	9	6	7 3 2 2	13 5 0 8	5

*Accountability, Confidentiality, Consent, Dignity, Effective Communication, Integrity, Sensitivity to Diversity, Trust

Report of the Discipline Committee
June to October 2019

CHAIR:
Cesar Mendez

COMMITTEE:
Riaz Bagha
Ed Chung
Donna Coyne
Jim Daley
Adrian Dobrowsky
Matt Doyle
Pete Guy
Stephen Haber
Martin Hayles
Sylvia Kovari
Sasha Kozera
Winnie Linker
Irv Luftig
Jamie Maczko
Sohail Mall
Jamie Mandlsohn
Sonia Maragoni
Ann-Marie McLaren
Tony Merendino
Aladdin Mohaghegh
Agnes Potts
Peter Stavropoulos
Millicent Vorkapich-Hill

HEARINGS:
Between June and October 2019, there were **NO** Discipline Hearings.

REFERRALS:
Between June and October 2019, there was **TWO** new referrals to Discipline.

COMPLETED HEARINGS:
None

SCHEDULED HEARINGS/PRE-HEARINGS:
None

PENDING HEARINGS (NO DATE SET):
Two hearings pending

ALLEGATIONS BEING DRAFTED BY COUNSEL:
Legal counsel is now drafting the allegations for 8 separate matters.

QUALITY ASSURANCE COMMITTEE REPORT
OCTOBER 2019

Members:

Anna Georgiou, Chiropodist, Non-Council (Chair)
Mathew Doyle; Chiropodist
Winnie Linker, Public Appointee
Ann-Marie McLaren, Chiropodist
Sonia Maragoni, Chiropodist
Aladdin Mohaghegh, Public Appointee
Cesar Mendez, Chiropodist, Non-Council
Millicent Vorkapich-Hill, Podiatrist

The most recent QA Committee meeting took place on July 18, 2019. The following reflects the work of the committee since the last Council meeting:

Continuing Education Program

Practice Assessment Program

- 2% of the membership for a total of 17 members were randomly selected for this process
- 14 assessments have been completed
- 1 assessment has been deferred
- 2 assessments are still pending
- Of the 14 completed assessments, 1 report was reviewed by the QA Committee. It required follow-up with the member but is now completed.

Review of the CE Log Program

- Extensive review of the CE Program has begun and is ongoing
- Continuing to collect information from other Colleges on their processes for further discussion and consideration
- Discussion to continue on application/role and value/weight of SAT
- Discussion to continue with respect to offering online Jurisprudence course
- Discussion to continue on CPR requirements

Review of Practice Assessment Program

- Continue to review Assessor recruitment and training
- Ongoing review of the Practice Assessment Tools to enhance and incorporate details from the newly released PHO IPAC Reprocessing of Medical Equipment and Core Elements Checklists for Chiropodists and Podiatrists
- Further discussion of fees and disbursements

Quality Assurance Working Group (Federation)

- Continues to meet about two or three times per year
- Meetings attended by QA Chair and Tera Goldblatt
- Information is shared by e-mail and vboardroom platform
- The next meeting is scheduled for October 16, 2019

Standards and Guidelines Committee Report
OCTOBER 2019

Members:

Anna Georgiou, Chiropodist, Non-Council (Chair)
Peter Guy, Chiropodist
Stephen Haber, Podiatrist
Martin Hayles, Chiropodist
Sasha Kozera, Chiropodist
Cindy Lewis; Chiropodist
Tony Merendino, Chiropodist
Anamelva Revoredo, Chiropodist

As of the last Council meeting, the Standards and Guidelines Committee met via teleconference on October 7, 2019

The following reflects the work of the committee since the last Council meeting:

Prescription Custom Foot Orthotics Standard of Practice

The Committee has completed the review of the above Standard of Practice with the specific focus on the clarification of the orthotic lab Prescription vs the physical "medical prescription" that is given to a patient.
A draft of the Standard Review has been prepared with the additional elements, including the clarification of the casting position description and a referral to the professional misconduct regulation within the revised document, in effort to provide clarification to avoid future referrals to complaints and discipline.

In addition, the Committee has prepared a covering letter for additional information including two scenarios to provide guidance for members.

Currently, the draft is being reviewed by the Committee members with plans to submit the final draft to the Executive Committee in time for their next meeting and should be at Council for the October meeting.

The plan for this Committee is to review the Infection Control Standard once again to streamline it with the Public Health Ontario Checklists followed by these documents in the order in which they are listed:

1. Advertising Guideline:
http://www.cocoo.on.ca/pdf/guidelines/advertising.pdf

2 Advertising – this is the link to the General Regulation https://www.ontario.ca/laws/regulation/940203. Part II deals with advertising

3. The Records Standard of Practice: http://www.cocoo.on.ca/pdf/standards/standards_records.pdf

4 Records - this is the link to the General Regulation https://www.ontario.ca/laws/regulation/940203. Part III, deals with Records. The Standard of Practice on Records is very reflective of the Regulation