

**DISCIPLINE COMMITTEE OF THE COLLEGE OF CHIROPODISTS OF
ONTARIO**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE
OF CHIROPODISTS OF ONTARIO**

IN THE MATTER OF a Hearing directed
by the Inquiries, Complaints and Reports Committee of
the College of Chiropractors of Ontario
pursuant to Section 26(1) of the *Health Professions Procedural Code*
being Schedule 2 of the *Regulated Health Professions Act, 1991*,
S.O. 1991, c. 18, as amended.

BETWEEN:

COLLEGE OF CHIROPODISTS OF ONTARIO

- and -

BARBARA SLIWA

PANEL MEMBERS:

Peter Guy	Chair, Professional Member
Edward Chung	Professional Member
Allan Katz	Public Member

**COUNSEL FOR THE
COLLEGE:**

Debra McKenna

**REPRESENTATIVE FOR THE
MEMBER:**

Daniel Goldbloom

**INDEPENDENT LEGAL
COUNSEL:**

Edward Marrocco

Hearing Date:

June 15, 2022

Decision Date:

June 15, 2022

Release of Written Reasons:

July 12, 2022

DECISION AND REASONS

This matter came on for hearing before a panel of the Discipline Committee on June 15, 2022. With the consent of the parties, the matter was heard electronically.

The Allegations

1. The allegations against the Member were set out in a Notice of Hearing, dated November 29, 2019. The Notice of Hearing can be found at Tab 1 of Exhibit 1 and the allegations contained in it are as follows:
 1. Barbara Sliwa (“**Ms. Sliwa**” or “**Member**”) was at all material times a registered member of the College.
 2. During the period from June 1, 2015 to December 12, 2017, the Member engaged in professional misconduct within the meaning of the following paragraphs of section 1 of the *Professional Misconduct Regulation*, O. Reg. 750/93 under the *Chiroprody Act*, 1991:
 - (a) paragraph 2 (failing to meet or contravening a standard of practice of the profession), and, in particular, the College’s standards pertaining to:
 - (i) Assessment and Management;
 - (ii) Patient Relations;
 - (iii) Records;
 - (iv) Prescription Custom Foot Orthoses; and/or
 - (v) Prescription Footwear;
 - (b) Paragraph 10 - practising the profession while the member is in a conflict of interest;
 - (c) paragraph 14 - providing treatment to a patient where the member knows or ought to know that the provision of the treatment is ineffective, unnecessary or deleterious to the patient or is inappropriate to meet the needs of the patient;
 - (d) paragraph 17 - failing to keep records as required by the regulations;
 - (e) paragraph 18 - falsifying a record relating to the member’s practice;
 - (f) paragraph 20 - signing or issuing, in the member’s professional capacity, a document that contains a false or misleading statement;

- (g) paragraph 21 - submitting an account or charge for services that the member knows is false or misleading;
- (h) paragraph 22 - charging a fee that is excessive in relation to the services or devices charged for;
- (i) paragraph 30 - contravening the *Chiroprody Act, 1991*, the *Regulated Health Professions Act, 1991*, or the regulations under either of those Acts, specifically:
 - (i) Ontario Regulation 750/93 under *the Chiroprody Act, 1991*, as specified in this Notice of Hearing;
 - (ii) Ontario Regulation 203/94 under the *Chiroprody Act, 1991*, and, in particular, the advertising and records provisions therein; and/or
 - (iii) section 51(1)(c) of the *Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991*; and/
- (j) paragraph 33 - engaging in conduct or performing an act, in the course of practising the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional.

Particulars of the Allegations

A. Overview

1. At all material times, the Member was a chiroprodist registered with the College to practise chiroprody in Ontario.
2. In or about the period from June 1, 2015 to December 12, 2017 (the “**Relevant Period**”), the Member was engaged in the practice of chiroprody at The Cayden Clinic located in Hamilton, Ontario (the “**Clinic**”).
3. On or about December 12, 2017, the College received a complaint from Green Shield Canada (“**GSC**”) about the Member (the “**Complaint**”).
4. As set out in the Complaint, GSC regularly conducts reviews with respect to the services and/or products that are provided to GSC plan members and/or their dependents.
5. In or about 2017, GSC conducted a review in relation to the Member.
6. Specifically, as part of a claims verification process, GSC reviewed the claims for custom orthotics and orthopaedic footwear that identified the Member as the treating/dispensing practitioner at the Clinic.

7. From approximately June 1, 2015 to June 20, 2017, there were approximately 2091 claims submitted to GSC (the “**Claims**”).
8. Almost all of the Claims were on behalf of plan members belonging to the same sponsored benefit plan for Hamilton Health Sciences Centre (“**HHSC**”). The benefit plan coverage for HHSC included two (2) pairs of orthopaedic shoes every twelve (12) month period and two (2) pairs of custom-made foot orthotics every three (3) calendar years per plan member.
9. The Claims were submitted to GSC manually using the insurer’s standard claims form for custom-made orthotics and orthopaedic footwear (“**Claims Form**”).
10. The Claims were all signed by the Member. Among other information provided, the Claim Form certified that the Member provided the treatments and the Claims were accurate.
11. The total value of the Claims was approximately \$1,127,341.51. As a result of the Claims, GSC paid \$1,055,471.38 to the Clinic directly via electronic funds transfer.
12. On or about February 27, 2017, GSC issued confirmation of services requests to 147 plan members randomly selected from the Claims (“**Confirmation Requests**”).
13. As summarized in **Appendix “A”**, the responses to the Confirmation Requests on behalf of 75 patients confirmed the following information:
 - (a) the patients ranged in age 6 to 68 years old;
 - (b) 46 patients were prescribed two pairs of orthopaedic shoes;
 - (c) of those 46 patients who were prescribed two pairs of orthopaedic shoes, 15 patients were also prescribed orthotics;
 - (d) all or most of the patients were prescribed over-the-counter shoes;
 - (e) 20 patients were prescribed both orthopaedic shoes and orthotics;
 - (f) 7 patients were prescribed two pairs of orthotics; and
 - (g) there were approximately 18 plan members for which multiple members of the family were prescribed orthopaedic shoes and/or custom orthotics by the Member.
14. On or about March 6, 2017, GSC requested that the Member provide supporting documents for the treatments provided to 58 patients (the “**Records Request**”).
15. The information sought for the Records Request included preliminary assessment records, treatment plans, clinical records, prescriptions, attendance records, financial

records, and supplier invoices. A list of the Records Request is attached as **Appendix “B”**.

16. The Member responded to the Records Request in or about April 2017.
17. As the records provided in reply to the Records Request were incomplete and/or lacked the necessary treatment details, GSC representatives attended at the Clinic on or about June 20, 2017 to conduct an onsite audit of a limited number of patient files.
18. During the audit, GSC representatives sought to review any additional documents available in order to verify the treatments provided by the Member. However, the information provided and reviewed was identical to the documents previously produced by the Member in response to the Records Request.
19. While conducting the audit, the GSC representatives also spoke to the Member. At that time, the Member made comments to the affect that she had delegated the dispensing of products to the Clinic staff.
20. Contrary to the information contained in the Claims Forms, orthotics prescribed by the Member were not dispensed by the Member. Rather, orthotics prescribed by the Member were dispensed to her patients by the Clinic staff who were not members of the College.
21. In particular, the following patients were dispensed orthotics by the Clinical staff:
 - M.D. (dispensed on 2016.12.03)
 - J.K. (dispensed on 2017.01.06)
 - K.M. (dispensed on 2017.01.12)
 - A.P. (dispensed on 2016.12.30)
 - C.R. (dispensed on 2016.12.28)
 - E.R. (dispensed on 2016.12.28)
 - R.S. (dispensed on 2017.01.11)
 - L.S. (dispensed on 2016.12.28)
 - S.S. (dispensed on 2016.12.30)
22. In addition, as described in the Complaint, GSC confirmed through its claims verification process that several of the Member’s patients had been offered and/or received incentives, including offers of free shoes and/or compression stockings and/or other benefits.
23. In particular, the following patients were identified as having been offered and/or received incentives:
 - L.M. (date of service – 2016.09.21)
 - A.P. (date of service – 2016.12.30)
 - A.P. (date of service – 2016.01.20)

- J.P. (date of service – 2016.01.15)
- K.T (date of service – 2016.09.27)
- M.T (date of service – 2016.09.27)
- N.T (date of service – 2016.09.16)
- S.D. (date of service – 2016.09.16)

Member’s Plea

2. At the outset of the hearing, College counsel sought leave to withdraw allegations 2C, 2E, 2G and 2H of the Notice of Hearing. Further, College counsel requested that allegation 2I(ii) be amended to remove the word “advertising”. Leave was granted and the Notice of Hearing was amended accordingly.
3. The Member admitted that she engaged in professional misconduct as described in the remaining paragraphs of the Notice of Hearing, as amended. The Panel conducted an oral plea inquiry and was satisfied that the Member’s admissions were voluntary, informed, and unequivocal.

Agreed Statement of Facts

4. Counsel for the College and counsel for the Member advised the Panel that agreement had been reached on the facts. The parties tendered an Agreed Statement of Facts into evidence which is found at Tab 2 of Exhibit 1. The Agreed Statement of Facts provided as follows:

A. Background

1. The Member was registered as a chiropractor with the College on June 29, 2012.
2. In or about the period from June 1, 2015 to December 12, 2017 (the “**Relevant Period**”), the Member was engaged in the practice of chiropractic at The Cayden Clinic located in Hamilton, Ontario (the “**Clinic**”). She continued to practise at the Clinic until 2020, at which point the Clinic permanently closed.
3. The Member did not have an ownership stake in the Clinic and worked at the Clinic as a contract chiropractor.

B. GSC Complaint

4. On or about December 12, 2017, the College received a complaint from Green Shield Canada (“**GSC**”) about the Member (the “**Complaint**”).
5. As set out in the Complaint, GSC regularly conducts reviews with respect to the services and/or products that are provided to GSC plan members and/or their dependents.
6. In or about 2017, GSC conducted a review in relation to the Member.
7. Specifically, as part of a claims verification process, GSC reviewed the claims for custom orthotics and orthopaedic footwear that identified the Member as the treating/dispensing practitioner at the Clinic.

8. According to the Complaint, there were approximately 2,091 claims submitted to GSC by the Clinic, all signed by the Member (the “**Claims**”), from approximately June 1, 2015 to June 20, 2017.
9. Attached as **Schedule “A”** is a report from GSC for the Claims. The total value of the Claims was approximately \$1,127,341.51. As a result of the Claims, GSC paid \$1,055,471.38 directly via electronic funds transfer to the Clinic.
10. All or almost all of the Claims were made on behalf of plan members belonging to the same sponsored benefit plan for Hamilton Health Sciences Centre (“**HHSC**”).
11. At the relevant time, the benefit plan coverage for HHSC included two (2) pairs of orthopaedic shoes every twelve (12) month period (at a maximum amount of \$300.00 per pair) and two (2) pairs of custom-made foot orthotics every three (3) calendar years per plan member.
12. The Claims were submitted to GSC manually using the insurer’s standard claims form for custom-made orthotics and orthopaedic footwear (“**Claims Form**”). The Claims Forms were all signed by the Member. Among other information provided, the Claim Forms certified that the Member provided the treatments, and the Claims were accurate.
13. On or about February 27, 2017, GSC issued confirmation of services requests for 147 patients selected from the Claims (“**Confirmation Requests**”). Attached as **Schedule “B”** is the list of Confirmation Requests sent by GSC.
14. The Member admits that she prescribed orthotics and/or footwear to the patients identified in Schedule “B” on or about the dates identified in Scheduled “B”. In addition, the Member admits that the fees listed in Schedule “B” were the fees charged for those treatments.
15. On or about March 6, 2017, GSC requested that the Member provide supporting documents for the treatments provided to 58 patients (the “**Records Request**”). The information sought in the Records Request included preliminary assessment records, treatment plans, clinical records, prescriptions, attendance records financial records, and supplier invoices.
16. The Member responded to the Records Request in or about April 2017. The Member subsequently provided further records to the College in respect of these patients. A copy of the Member’s patient records (both patient health records and financial records) requested by GSC, along with additional records subsequently provided to the College, are attached as **Schedule “C”**. The Member admits that she has no further records for the patients listed in Schedule “C”.
17. All patients for whom the Member provided records received either orthotics and/or orthopaedic shoes or both. The vast majority of these patients were not seen by the Member at the Clinic for other chiropody services or follow-up care after being dispensed their orthotics and/or orthopaedic shoes. The Member acknowledges that, in her assessment of these patients, she did not offer and/or document other treatment options or explanations of the benefits and risks associated with various treatment options.

18. The College does not allege that any of the shoes or orthotics prescribed were inappropriate or harmful to treat the conditions from which the patients suffered, subject to the facts outlined below.

C. Prescription Footwear

19. With respect to footwear, the Member's patient files do not reflect that she prescribed specific footwear to her patients. The progress notes from these appointments state that the Member educated a limited number of patients regarding footwear, but do not include the contents of that education, or a prescription or any clinical notes reflecting that specific shoes that had orthopaedic features that were consistent with the medical needs of the patient.
20. The specific make and model of the non-modified orthopaedic shoes that the patients ultimately received from the Clinic appear only in the Claims Forms that the Member signed to be submitted to GSC, and in invoices to the Clinic. All patients in Schedule "C" who received shoes received off-the-shelf, commercially available shoes. Payment for those shoes was billed directly to the Clinic.
21. Were the Member to testify, her evidence would be that during her consultations with patients, she educated them on which specific makes and models of shoes would be appropriate for the foot conditions she had diagnosed. The patients would then choose the shoe they preferred from among those options, either by trying on shoes maintained in the Clinic for that purpose, ordering them from a catalogue supplied by OOLab Inc. (the orthotics manufacturer), or attending one of two Hamilton-area stores (either Sport Check or Miller Shoes) that had a business relationship with the Clinic, and trying and selecting shoes there.
22. The Member also acknowledges that anyone reading the Claims Forms, including representatives of GSC, would be misled insofar in thinking that the Member had prescribed the specific shoes included on the Claims Forms on the date of the consultation, as opposed to a range of different shoes, from which the patient selected.
23. Furthermore, the Member admits, however, that her patient records, attached at Schedule "C", do not reflect the specific shoe advice that was provided to patients. As the Member did not always dispense footwear or conduct follow-up with patients, the patient records do not show that the Member confirmed that patients had, in fact, selected appropriate, medically necessary shoes that were suitable to treat their condition footwear.
24. Were the Member to testify, her evidence would be that she always confirmed that the patient had selected an appropriate shoe before it was dispensed, and that if the patient chose a shoe that was not one of the shoes she had identified as medically indicated, it would not be dispensed. However, the Member acknowledges that this practice is not appropriately documented in the patient files and that her records also do not reflect what features the shoes had that made them clinically indicated for the particular patient.

D. Orthotics

25. While the Member normally dispensed that orthotics that she prescribed, Clinic staff who were not members of the of the College sometimes dispensed orthotics on the Member's behalf, including to the following patients:

- M.D. (dispensed on 2016.12.03)
- J.K. (dispensed on 2017.01.06)
- K.M. (dispensed on 2017.01.12)
- A.P. (dispensed on 2016.12.30)
- C.R. (dispensed on 2016.12.28)
- E.R. (dispensed on 2016.12.28)
- R.S. (dispensed on 2017.01.11)
- L.S. (dispensed on 2016.12.28)
- S.S. (dispensed on 2016.12.30)

26. Were the Member to testify, it would be her evidence that staff dispensed orthotics in circumstances where patients were uncooperative and refused to attend the Clinic when the Member could see them. However, the Member acknowledges that her patient records do not include notes regarding why the orthotics could not or were not dispensed by the Member.

27. Were the Member to testify, her evidence would be that she misunderstood the requirements of the Orthotics Standard that was in effect at the time. The Member understood that it was permissible for staff to dispense orthotics in circumstances where patients were uncooperative and refused to attend the Clinic when the Member could see them.

28. At the relevant time, the Orthotics Standard ended with the following paragraph regarding permissible exceptions to the standard:

The College of Chiropractors of Ontario recognizes that there can be exceptions to these standards where all of the above conditions cannot be met (i.e. physical and/or psychological limitations of the patient or uncooperative patients, especially young children). In these situations, an explanation should be given to the patient or guardian as to why all the criteria were not met in prescribing and dispensing the orthotic devices and this explanation should be noted in the chart.

29. The Member now understands that the College's interpretation of the standard in place at the relevant time was that Clinic staff were not permitted, in any circumstances, to dispense orthotics and orthotics were required to be dispensed by a member of the College. The College amended the Orthotics Standard on October 23, 2020. The amendments included removing the above-quoted "exceptions" paragraph and adding the phrase:

For clarity, in all circumstances, the PCFO [Prescription Custom Foot Orthoses] must be dispensed by a Member. It is the responsibility of the Prescribing Member to ensure that the PCFO is dispensed to the patient by a Member.

E. Patient Records

30. The Member acknowledges that it was her responsibility to ensure, among other things, that her patients' records were complete and reflected all the necessary information required by the College's Records Standard and the provisions in Part III of Ontario Regulation 203/94 under the Chiropractic Act, 1991. She acknowledges that she did not do so for all patients listed in Schedule "B".
31. In addition to the deficiencies noted above, the Member admits that her records, included at Schedule "C", are deficient insofar as they lack sufficient clinical details to demonstrate compliance with the College's standards, and particularly to demonstrate that certain treatments were medically necessary.
32. The Member admits that these deficiencies in her records effectively preclude a complete documentary review of the appropriateness of the treatments and frustrates the College's oversight role in conducting an objective, document-based review of patient management.
33. In particular, the Member's records at Schedule "C" do not include the following information:
 - reasonable information about significant advice given to patients, including advice about the benefits and material risks of the prescribed treatments and the range of alternative treatment options for their condition;
 - reasonable information about treatment plans, including, among other things, features of the prescription footwear that demonstrated that they were clinically indicated for the patient's condition and treatment; and
 - reasonable information about patient follow-up, including any circumstances in which patients declined a follow-up appointment that was offered to them.

F. College's Standards

34. The following written standards of the College (which are attached as Schedules "D" to "F") were the standards of practice of the profession during the Relevant Period, within the meaning of paragraph 2 of section 1 of Ontario Regulation 750/93:
 - Assessment and Management (**Schedule "D"**)
 - Patient Relations (**Schedule "E"**)
 - Records (**Schedule "F"**)

- Prescription Custom Foot Orthoses (**Schedule “G”**)
 - Prescription Footwear (**Schedule “H”**)
35. Based on the facts set out above, the Member admits that she committed acts of professional misconduct within the meaning of the following paragraphs of section 1 of the *Professional Misconduct Regulation*, O. Reg. 750/93 under the *Chiropractic Act*, 1991:
- (i) paragraph 2- failing to meet or contravening a standard of practice of the profession) and, in particular, the College’s standards pertaining to:
 - (a) Assessment and Management;
 - (b) Patient Relations;
 - (c) Records;
 - (d) Prescription Footwear; and
 - (e) Prescription Custom Food Orthoses;
 - (ii) paragraph 10 – practicing the profession while the member is in a conflict of interest;
 - (iii) paragraph 17 – failing to keep records as required by the regulations;
 - (iv) paragraph 20 – signing or issuing, in the member’s professional capacity, a document that contains a false or misleading statement;
 - (vii) paragraph 33 – engaging in conduct or performing an act, in the course of practising the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional.

Decision and Reasons on Liability

5. In coming to its decision, the Panel considered the Member’s admission of professional misconduct in the course of the plea inquiry, the evidence contained in the Agreed Statement of Facts, and the submissions of counsel.
6. The Panel is satisfied that the conduct described in the Agreed Statement of Facts constitutes professional misconduct as alleged in the remaining allegations in the Notice of Hearing and as admitted by the Member. The misconduct found in this matter would reasonably be regarded by the profession as dishonourable and unprofessional.

Penalty

7. The Panel received and considered a Joint Submission on Penalty and Costs from the parties (the “**Joint Submission**”) which sought the following:
 1. An oral reprimand;
 2. An order, effective on June 15, 2022, suspending the Member’s certification of registration for a period of six (6) months,¹ two (2) months of which will be remitted upon the Member successfully completing the PROBE ethics course and the University of Toronto record-keeping course as outlined in paragraph 3(a) below;
 3. An order directing the Registrar to impose terms, conditions, and limitations on the Member’s certificate of registration requiring the following:
 - (a) Prior to returning to practice, the Member shall complete both the PROBE ethics and the University of Toronto record-keeping course at her own expense;
 - (b) Upon returning to practice after her suspension, the Member is prohibited from imaging, casting, prescribing, constructing, fitting, dispensing and/or ordering the fabrication of orthotics for a period of six (6) months and is prohibited from imaging, casting, prescribing, constructing, fitting, dispensing and/or ordering the fabrication of orthopedic shoes for twelve (12) months (the “**Restricted Periods**”). The Member is additionally not entitled to assign these duties to anyone else at her clinic, regardless of whether she receives a fee, during the Restricted Periods, but shall refer such duties to another member of the College in good standing at another clinic not affiliated with the Member’s clinic.
 - (c) At her own expense, the Member will receive supervision of her chiropody practice with a supervisor approved by the Registrar for a period of eighteen months (18) from the date on which the Member returns to practise from the suspension. The terms of the supervision are as follows:
 - The supervisor shall visit with the Member in person on at least four (4) occasions – twice in the first six months and twice in the last twelve months;
 - The visits with the supervisor will be unannounced;

¹ During the period of suspension, the Member is not permitted to practise chiropody. For the sake of clarity, this includes, among other things, the Member is not permitted to use the restricted title of chiropodist, or hold herself out as being able to practise, or hold herself out as a member of the College. The Member is not permitted to invoice or earn any income from the practice of chiropody (directly or through a health profession corporation) or be present at the Member’s primary practice location or any secondary practice location or attend at a practice setting where chiropody patients are in attendance.

- The supervisor shall determine the length of each visit;
 - In conducting the supervision, the supervisor shall discuss ethics, practice management, record-keeping and compliance with the College's standards with the Member;
 - The supervisor shall prepare a report to the Registrar after the second (2) visit and after the fourth (4) visit;
 - The Member shall seek consent from her patients to share personal health information with her supervisor in order to allow the supervisor to review client files and engage in review;
 - The Member shall provide the supervisor with the Discipline Committee's decision and then provide written confirmation to the Registrar, signed by the supervisor, that the supervisor has received and reviewed the final decision;
- (d) In the event that the Member obtains employment to provide chiropody services during the eighteen (18) months following the date on which she is able to return to practise after her suspension, the Member shall:
- notify any current or new employers of the Discipline Committee's final decision;
 - ensure the Registrar is notified of the name, address, and telephone number of all employer(s) within fifteen (15) days of commencing employment;
 - provide her employer(s) with a copy of:
 - the Discipline Committee's Order;
 - the Notice of Hearing;
 - the Agreed Statement of Facts;
 - the Joint Submission on Penalty;
 - a copy of the Discipline Committee's decision; and
 - have her employer forward a report to the Registrar within fifteen (15) days of commencing employment confirmation that the employer has received the documents noted above and agrees to notify the Registrar immediately upon receipt of any information that the Member is not complying with the College's standards;

- (e) An order that the Discipline Committee's decision be published, in detail with the Member's name, in the College's official publication, on the College's website, and/or on the College's public register;
- (f) An order directing the Member to pay costs to the College in the amount of \$25,000.00, payable in instalments on the following schedule:
 - \$5,000.00 on June 15, 2022;
 - \$1,333.33 on July 15, 2022;
 - \$1,333.33 on August 15, 2022;
 - \$1,333.33 on September 15, 2022;
 - \$1,333.33 on October 17, 2022;
 - \$1,333.33 on November 15, 2022;
 - \$1,333.33 on December 15, 2022;
 - \$1,333.33 on January 16, 2023;
 - \$1,333.33 on February 15, 2023;
 - \$1,333.33 on March 15, 2023;
 - \$1,333.33 on April 17, 2023;
 - \$1,333.33 on May 15, 2023.
 - \$1,333.33 on June 15, 2023;
 - \$1,333.33 on July 15, 2023;
 - \$1,333.33 on August 15, 2023; and
 - \$1,333.38 on September 15, 2023.

Decision and Reasons on Penalty and Costs

8. The Panel reviewed the Joint Submission and received submissions from counsel during the hearing. The Panel is satisfied that the order proposed in the Joint Submission does not bring the discipline process of this College into disrepute and is not contrary to the public interest. In the circumstances the penalty proposed is reasonable and was so ordered by the Panel before the conclusion of the hearing.

9. The terms contained in the Joint Submission are commensurate with the seriousness of the misconduct found in this case.
10. The Member's actions were financially motivated. Her conduct brings discredit, fails to meet the standards expected of a member of the profession, and negatively impacts the profession as a result. This behaviour can also create a negative perception of the profession within the insurance industry.
11. The Joint Submission contemplates rehabilitation and deterrence. The suspension of the Member's certificate of registration for six (6) months, in combination with the ability to have two (2) months remitted subject to completion of the ProBE ethics course strikes an appropriate balance. The Member will complete the ProBe ethics course at her own expense and provide proof thereof to the Registrar before the completions of the six (6) month term of suspension.
12. There will be a financial impact on the Member by way of the limitation prohibiting the Member from imaging, casting, prescribing, constructing, fitting, dispensing and/or ordering the fabrication of orthotics for a period of six (6) months and from imaging, casting, prescribing, constructing, fitting, dispensing and/or ordering the fabrication of orthopedic shoes for twelve (12) months. The Member is not entitled to assign these duties to anyone else, regardless of whether she receives a fee, during the six (6) months and twelve (12) months where the restriction applies.
13. The public can be reassured by the fact that the Member's practice will be supervised for a period of eighteen (18) months at the conclusion of the suspension period at the expense of the Member in accordance with the conditions outlined in the Joint Submission.
14. This was the first time the Member appeared before the College's Discipline Committee. By admitting the allegations of professional misconduct and entering into an Agreed Statement of Facts and the Joint Submission, the Member saved the College the considerable time and expense which would have been incurred had the matter been contested.
15. As part of the Joint Submission, the Member has agreed to pay the College a portion of its costs incurred to investigate and prosecute this matter. While these costs are not part of the penalty, the Member's agreement to make this payment is noted. The Member's conduct required investigative steps to be taken and resulted in the within hearing. The costs of both the investigative steps and the hearing create significant economic consequences that other members of the College would otherwise have to bear.
16. In its totality, the order made pursuant to the Joint Submission sends a strong message that the College will not tolerate the types of misconduct which occurred in this matter and that message will discourage other members from engaging in similar acts for personal financial gain.
17. At the conclusion of the hearing, having confirmed that the Member waived any right to appeal, the Panel delivered an oral reprimand on the record.

I, Peter Guy, sign this Decision and Reasons as Chairperson of this Discipline Panel and on behalf of the members of the Discipline Panel as listed below:

A handwritten signature in black ink that reads "Peter Guy". The signature is written in a cursive style with a large initial "P".

Peter Guy, Chairperson

July 12, 2022

Ed Chung
Allan Katz

Reprimand Synopsis

An oral reprimand was delivered to the Member by the Panel at the conclusion of the hearing appearance in accordance with the joint submission on penalty.

The Panel confirmed to the Member that the fact of the reprimand would be part of the public portion of the Register and part of the Member's record with the College.

The Panel listed types of professional misconduct found in the matter indicating that the findings touched on failures in respect of:

- a. Assessment and Management;
- b. Patient Relations;
- c. Records;
- d. Prescription Footwear; and
- e. Prescription Custom Foot Orthoses

The Panel expressed its profound concern about the forms of professional misconduct that had been found. The Panel noted that the Member's conduct brought discredit to herself and jeopardized the public's confidence in the profession. The Member had failed to meet the standards expected of a professional and accordingly let down the public, the Chiropody/Podiatry profession, and herself.

The Member's conduct was denounced as being unacceptable and of particular concern because it increased negative scrutiny of the entire profession by insurance companies.

The Panel confirmed that an even more serious penalty would be imposed if the Member is ever found to have engaged in professional misconduct again.

The Member made no statements to the Panel after being reprimanded.