



College of Chiropodists of Ontario

Council Meeting Agenda

Friday, June 25, 2021 9:00 a.m.

Zoom Meeting

if the link does not work, copy, and paste:

<https://zoom.us/j/99613945767?pwd=YzhoYkIDeDUyOWt2SVJRMmtvQnRqdz09>

You will be placed into the waiting room upon arrival

9:00 a.m.	1.0	Call to Order
	1.1	Call to Order, Appointment of Secretary
	1.2	Introduction of Registrar
	1.3	Approval of Agenda
	1.4	Declaration of Conflict of Interest
	1.5	Approval of Minutes of March 25, 2021 Council Meeting**
	1.6	<p>Consent Agenda Items</p> <p>A consent agenda is a bundle of items that is voted on, without discussion, as a package.</p> <p>It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if any one wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask:</p> <p>1. Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants board discussion?</p> <p>2. Is this item for information only? Or is it needed for another meeting agenda issue?</p>

9:20 a.m.	2.0	In Camera
	2.1	Approval of <i>In Camera</i> Minutes of March 25, 2021 Meeting
	2.2	MOH letter** and draft response (to be circulated at the meeting)

9:50 a.m.	3.0	Decision Items
	3.1	Bylaw amendment – Annual Fees**
	3.2	Bylaw amendment – Cost of Living Allowance**

	3.3	Bylaw amendment – Corporations**
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10:45-11:00 a.m.		Break
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11:00 a.m.	3.0	Decision Items (continued)
	3.4	Pharmacology Course**

11:30 a.m.	4.0	Discussion Items
	4.1	Surgical Training
	4.2	CPMF – Registrar’s Update
	4.3	Cooling Off Period
	4.4	Misconduct Regulation
	4.5	Drug Prescribing Regulation

12:00-12:30 p.m.		Lunch Break
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12:30 p.m.	5.0	Committee Reports
	5.1	ICRC**
	5.2	Discipline Committee**
	5.3	Registration Committee – at the time of circulation there was no written report
	5.4	Quality Assurance Committee**
	5.5	Audit Committee**
	5.6	Registration Exam Committee**
	5.7	Standards & Guidelines Committee**

12:50 p.m.	7.0	Next Meeting
	7.1	Council Meeting Dates for 2021: <ul style="list-style-type: none"> October 29, 2021

	7.2	Proposed Agenda Items for Next Council Meeting
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1:30 p.m.	8.0	Adjournment
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*The agenda items may not necessarily be dealt with in the order in which they appear.

** Denotes an agenda item with supporting document



College of Chiropodists of Ontario

Minutes of the Council Meeting
Thursday, March 25, 2021, 7:00 p.m.
Online via Zoom

ITEM 1.5

Peter Stavropoulos, President

Council Members in Attendance:

1. Andrew Gassmann
2. Matthew Doyle
3. Winnie Linker
4. Peter Ferguson
5. Melanie Atkinson
6. Nosheen Chaudhry
7. Ed Chung
8. Sasha Kozera
9. Irv Luftig
10. Cesar Mendez
11. Eliot To
12. Jim Daley
13. Douglas Ellis
14. Allan Katz
15. Ramesh Bhandari

Regrets: N/A

Staff in Attendance:

1. Julie Maciura, Acting Registrar
2. Tera Goldblatt, Executive Assistant

Guests:

1. Tara Breckenridge, Ministry of Health and Long-term Care
2. Alexandra Elliott, President, OSC
3. Bruce Ramsden, President, OPMA
4. Ian Chesney, Senior Consultant, Santis

1. Call to Order

1.1 Call to Order, Appointment of Secretary

The Chair opened the meeting noting that notice of the meeting was given, and the meeting was properly constituted with a quorum present.

Julie Maciura was appointed as Secretary.

1.2 Welcome Guests and Introduction of Acting Registrar

President, P. Stavropoulos, welcomed guests to the meeting, including T. Breckenridge from the Ministry of Health.

1.3 Approval of Agenda

The agenda was approved as drafted.

It was moved by Peter Ferguson and seconded by Andrew Gassmann to approve the agenda. Motion CARRIED.

1.4 Declaration of Conflict of Interest

No conflicts of interest were declared.

1.5 Preparation Time Confirmation for Professional Council members

It was agreed that preparation time of 2 hours for Professional Council Members was appropriate.

1.6 Approval of Minutes of February 26, 2021 Council Meeting

It was moved by Irv Luftig and seconded by Winnie Linker to approve the minutes of the February 26, 2021 Council meeting. Motion CARRIED.

2. Information Items

2.1 College Performance Measurement Framework

The Council reviewed the College Performance Measurement Framework as prepared by staff. It is an operational document and is being provided to Council for information.

The document will be posted to the College website and provided to the Ministry of Health before March 31, 2021.

A. Katz suggested that perhaps Council could be kept abreast of the progress by the College on any deficient items on the Framework by having the Registrar report to Council at each meeting with respect to those areas. It was agreed that this was a good idea.

3. Decision Items

3.1 College Budget for 2021

The Acting Registrar along with A. Gassman, Chair of the Audit Committee, presented the draft 2021 Budget to Council.

Discussion ensued about the draft Budget and Council agreed that the information was well presented and easy to understand. A. Gassman raised the issue of the College's strategic plan and the need for consulting assistance in order to prepare a high quality, appropriate strategic plan for the College. The consensus was that this would be an appropriate expenditure.

A. Gassman seconded by A. Katz moved to increase the amount budgeted for the Strategic Planning Committee to \$12,500. Motion CARRIED.

It was moved by Doug Ellis and seconded by Ed Chung to approve the 2021 College Budget as revised. Motion CARRIED.

4. In Camera

It was moved by Peter Stavropoulos and seconded by Irv Luftig to move in camera pursuant to section 7(d) of the Health Professions Procedural Code at approximately 7:30 p.m. Motion CARRIED.

Council moved *in camera* to discuss personnel issues.

Council came out of *in camera* at approximately 8:20 pm.

Item 5.0 Adjournment

It was moved by Irv Luftig and seconded by Sasha Kozera that the meeting be adjourned. Motion CARRIED.

The meeting was adjourned at approximately 8:20 p.m.

Item 3.1

COUNCIL BRIEFING NOTE RE RECOMMENDED AMENDMENTS TO BYLAW 2: Annual Fee Increase

Background:

Attached as Appendix 1 is the College's current By-law No. 2: Fees. The College bylaws have not been amended to increase the annual fee since 2014. An amendment to the annual fee was made to the bylaw (Article 4.03.1 was added last year) to defer payment of members' annual fee from February 14th to August 14th for the 2021 calendar year without penalty. The deferral was viewed as a reasonable accommodation to members whose ability to practice had been negatively impacted by the covid-19 pandemic and restrictions imposed on their ability to practice by Government. Those restrictions were lifted some time ago and it is anticipated that the impact of the pandemic on members' practices will continue to lessen such that the College could reasonably consider increasing its annual fee for the year 2022.

Council is being asked to consider adding to this by-law an automatic increase to the annual fee commencing in 2023 to adjust that fee each year by the yearly increase in the Consumer Price Index to ensure that inflation does not impact the College's ability to meet its public protection mandate.

Increased legal costs arising from the College's adoption of the zero-tolerance policy have resulted in an increased number of referrals to the Discipline Committee. The College has undertaken cost saving measures as part of its strategy that are expected to temper the legal costs going forward, however, a net increase in spending due to the zero-tolerance policy is still reasonably anticipated.

In addition, the Ministry of Health introduced the College Performance Measurement Framework (CPMF), an annual reporting metric that all 26 RHPA Regulatory Colleges were required to submit to the Ministry in March 2021. The RHPA Colleges have an ongoing obligation to annually submit a CPMF with the expectation that all metrics will be satisfied and, where possible, show improvement. The CPMF is a public document. The College has increased the work hours of its Manager, Professional Conduct to 5 days a week in order to manage both the additional workload related to the zero-tolerance policy and the additional workload of the CPMF and related policies, evaluation criteria and other various required documents.

In comparison to other RHPA Colleges, the College of Denturists of Ontario is the most similar

to COCOO in membership size and constitution of all of the RHPA Colleges and serves as a ready comparator to COCOO. The Denturists have paid annual fees of \$1900.00 for a number of years as well as an annual cost of living increase. Members of the College of Physicians and Surgeons of Ontario pay \$1725.00 in annual membership fees with a late penalty of \$431.25. Colleges that typically have lower fees than COCOO have larger memberships to cover their costs associated with fulfilling their mandate of protection of the public.

Public Interest Rationale for Decision:

It is in the public interest that the College remains financially stable and has the proper funding and resources to fulfill its mandate of protection of the public. As part of its mandate, the College is required to meet all expectations of the Ministry of Health, including the CPMF which has expense implications.

Recommended Motion:

That By-law No. 2: Fees be amended, in principle, as follows:

1. Revoke Articles 3.03 and 4.03 and substitute that shown in Appendix 2 (the changes to the existing Articles are shown by redline); and
2. Revoke the existing Article 4.03.1 and substitute a new Article 4.03.1, as shown in Appendix 2;

And further, that Council direct that the proposed amendments be circulated to members and other stakeholders for comment for 60 days before the matter is returned to Council.

The action which Council is being asked to pass would increase the annual fees by \$100 to \$1800 for 2022 and add an automatic adjustment of the annual fee by the increase in the Consumer Price Index starting with the annual fee for 2023.



BY-LAW NO. 2: FEES

1.01. In this by-law,

"**certificate of registration**" means a certificate of registration in any class unless otherwise indicated;

"**fee**" includes a required fee(s) or charge, an administrative fee(s) or an administration charge(s);

"**Inhalation Certificate**" is the authorization issued by the College to a member to permit the member to administer a substance to a patient by inhalation, as permitted by the *Chiropody Act, 1991* and its regulations

"**member**" includes a former member.

2.01 Fees described in this by-law are exclusive of any applicable taxes and are not refundable either in whole or in part.

3.01 A person who submits an application for a certificate of registration shall pay an application fee, which fee shall be submitted along with the application of

- (a) \$200.00 where the application is based upon the applicant having completed an educational program which was approved by Council at the time the application is submitted; and
- (b) \$500.00 where the application is based upon the applicant having been completed an education program which has not been approved by Council and therefore must, in accordance with Council policy, be assessed before Council considers approving the program.

3.02 A person who is entitled to the issuance of a certificate of registration shall pay a registration fee of \$100.00 and an annual fee calculated in accordance with Article 3.03, which fees are due prior to the issuance of the certificate of registration.



3.03 The annual fee for the year in which a member is first issued a certificate of registration is

- (a) \$1,700.00 if the certificate of registration is issued on or after February 14th but before July 1st; and
- (b) \$850.00 if the certificate of registration is issued on or after July 1st

provided the applicant had not previously been a member of the College.

3.04 The annual fee for a member who previously held a certificate of registration issued by the College is that fee set out in Article 4.03.

4.01 Every member shall pay an annual fee in accordance with this by-law.

4.02 Subject to article 4.03.1, 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.

4.03 Subject to article 4.03.1, the annual fee is \$1,700.00 if paid on or before February 14th in the calendar year in which the fee is due and \$1,900.00 if paid thereafter.

4.03.1 For the calendar year 2021, the annual fee is \$1700.00 if paid on or before August 14, 2021 and \$1900.00 if paid thereafter.

4.04 The Registrar shall notify each member of the amount of the fee and the day on which the fee is due.

FEES RELATED TO INHALATION CERTIFICATE

4.1.01 A member who submits an application for an Inhalation Certificate shall pay a fee of \$100 which fee shall be submitted along with the application.

4.1.02 A member who is entitled to the issuance of an Inhalation Certificate shall pay a fee of \$100 which fee is due prior to the issuance of the Inhalation Certificate.

4.1.03 A member seeking to renew his or her Inhalation Certificate shall pay an annual fee of \$350 which fee is due on or before February 14th.



FEES RELATED TO EXAMINATIONS

- 5.01** A person that applies to attempt the College's jurisprudence exam without applying to attempt the other examinations required for a certificate of registration shall pay a fee of \$250.00.
- 5.02** A person who applies to attempt an examination which is a requirement for a certificate of registration but is not the jurisprudence examination referred to in Article 5.01 or the supplemental examination referred to in Article 5.03, shall pay a fee of \$1,300.00 effective April 1, 2014 and \$1,600.00 effective April 2, 2015.
- 5.03** Where a person fails the examination referred to in Article 5.02 and the person applies for and is eligible to take a supplemental examination, the person shall pay a fee of
- (a) \$500.00 for the written portion;
 - (b) \$1,300.00 effective April 1, 2014 and \$1,600.00 effective April 1, 2015 for the OSCE portion.
- 5.04** A person who applies to have the results of an examination referred to in Article 5.02 or 5.03 rescored shall pay a fee of \$ 75.00.
- 5.05** A separate fee is applicable for each application referred to in Articles 5.01, 5.02, 5.03 and 5.04 and shall be paid at the time the application is submitted.

PRACTICE ASSESSMENTS AND EVALUATION

- 5.1.01** Where a member is required by a panel of the Quality Assurance Committee to undergo a practice assessment, other than one which was required as a result of the member's random selection, or a practice reassessment, the member shall pay a fee of \$475.00.
- 5.1.02** The fee referred to in Article 5.1.01 shall be payable for each assessment or reassessment and shall be payable immediately upon receipt of notice from the College that an assessment or reassessment has been required by the panel of the Quality Assurance Committee.
- 5.1.03** Where a member is required by a panel of the Quality Assurance Committee to undergo an evaluation or re-evaluation, the member shall pay a fee of \$750.00.



5.1.04 The fee referred to in Article 5.1.03 shall be payable for each evaluation or re-evaluation and shall be payable immediately upon receipt of notice from the College that the evaluation or re-evaluation has been required by the panel of the Quality Assurance Committee.

FEE FOR ASSESSMENT

5.2.01 Where a person or applicant wishes Council to assess whether he or she meets the Standard of Practice to permit that person to inject a substance into the foot or prescribe a drug, the member or applicant shall pay a fee of:

- a) \$1,250.00 if the assessment relates to whether he or she meets the standard of practice to both inject a substance into the foot and to prescribe a drug;
- b) \$625.00 if the assessment relates to whether he or she meets the standards of practice to either inject a substance into the foot or to prescribe a drug, *but not both*.

FEES RELATED TO REINSTATEMENT

6.01 A person who applies pursuant to section 72 of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991 for the reinstatement of his or her certificate of registration shall pay an application fee of \$6,000 which fee shall be payable at the time the person makes such application.

6.02 Where a certificate of registration was suspended for failure to pay a fee either prescribed by the Regulations or required by the by-laws and the applicant is otherwise entitled to have the suspension lifted, the applicant shall pay

- (a) a reinstatement fee of \$150.00.
- (b) the fee(s) the applicant failed to pay which gave rise to the suspension;
- (c) the annual fee payable for the year in which the suspension is to be lifted; and
- (d) any other monies owed to the College.



- 6.03** A former member who is otherwise entitled to reinstatement of his or her certificate of registration shall pay
- (a) a reinstatement fee of \$100.00;
 - (b) if not previously paid, the annual fee payable for any and all years in which the member practised in Ontario;
 - (c) if not previously paid, the annual fee payable for the year in which the former member is to be reinstated; and
 - (d) any other monies owed to the College.

REPLACEMENT CERTIFICATES

- 7.01** Where a certificate of registration was damaged, a member may request from the Registrar and the Registrar may provide a replacement certificate of registration upon return to the Registrar of the damaged certificate of registration and payment of a fee of \$50.00.
- 7.02** The Registrar may issue a replacement certificate of registration to a member who satisfies the Registrar that his or her certificate was lost or destroyed upon payment of a fee of \$ 50.00.

GENERAL – RULES RESPECTING PAYMENT

- 8.01** A fee or money shall be considered paid
- (a) if payment is made in cash, on the date upon which the money is actually received at the offices of the College;
 - (b) if payment is made by VISA, MasterCard or other credit card accepted by the College, on the date upon which appropriate authorization is actually received at the offices of the College;
 - (c) if payment is made by cheque, the date of the cheque or the date the cheque is actually received at the offices of the College, whichever is later,



provided that the cheque is ultimately honoured on first presentation to the financial institution of the payer; and

- (d) if payment is made by money order, on the date upon which the money order is actually received at the offices of the College.

8.02 Payment by any other means other than those specified in Article 8.01 is not to be considered payment under this by-law.

OTHER FEES

9.01 A fee of \$35.00 shall be payable by a member where

- (a) the member purports to make payment by VISA, MasterCard or other credit card accepted by the College and payment is refused by the credit card provider on first submission by the College; or
- (b) payment is made by cheque and the cheque is not honoured on first presentation to the financial institution of the payer.

Approved and amended by Council as of October 17, 2014

BY-LAW NO. 2: FEES

1.01. In this by-law,

"**certificate of registration**" means a certificate of registration in any class unless otherwise indicated;

"**fee**" includes a required fee(s) or charge, an administrative fee(s) or an administration charge(s);

"**Inhalation Certificate**" is the authorization issued by the College to a member to permit the member to administer a substance to a patient by inhalation, as permitted by the *Chiropractic Act, 1991* and its regulations

"**member**" includes a former member.

2.01 Fees described in this by-law are exclusive of any applicable taxes and are not refundable either in whole or in part.

3.01 A person who submits an application for a certificate of registration shall pay an application fee, which fee shall be submitted along with the application of

- (a) \$200.00 where the application is based upon the applicant having completed an educational program which was approved by Council at the time the application is submitted; and
- (b) \$500.00 where the application is based upon the applicant having been completed an education program which has not been approved by Council and therefore must, in accordance with Council policy, be assessed before Council considers approving the program.

3.02 A person who is entitled to the issuance of a certificate of registration shall pay a registration fee of \$100.00 and an annual fee calculated in accordance with Article 3.03, which fees are due prior to the issuance of the certificate of registration.

3.03 Subject to Article 4.03.1, the annual fee for the year in which a member is first issued a certificate of registration is

- (a) \$1800.00 if the certificate of registration is issued on or after February 14th but before July 1st; and

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(b) ~~\$900.00~~ if the certificate of registration is issued on or after July 1st

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provided the applicant had not previously been a member of the College.

3.04 The annual fee for a member who previously held a certificate of registration issued by the College is that fee set out in Article 4.03.

4.01 Every member shall pay an annual fee in accordance with this by-law.

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.

4.03 ~~Subject to Article 4.03.1,~~ the annual fee is ~~\$1,800.00~~ if paid on or before February 14th in the calendar year in which the fee is due and ~~\$2,000.00~~ if paid thereafter.

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4.03.1 Commencing with the annual fee for the 2023 calendar year, the annual fee otherwise payable shall automatically be increased by the annual increase in the Consumer Price Index ("CPI"), as published by Statistics Canada or any successor organization, for the year ending in July of the previous calendar year, rounded up to the nearest ten dollars. By way of example and for greater clarity the CPI increase for the 2023 annual fee will be the CPI increase from July 2021 to July 2022.

4.04 The Registrar shall notify each member of the amount of the fee and the day on which the fee is due.

FEES RELATED TO INHALATION CERTIFICATE

4.1.01 A member who submits an application for an Inhalation Certificate shall pay a fee of \$100 which fee shall be submitted along with the application.

4.1.02 A member who is entitled to the issuance of an Inhalation Certificate shall pay a fee of \$100 which fee is due prior to the issuance of the Inhalation Certificate.

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- 5.02** A person who applies to attempt an examination which is a requirement for a certificate of registration but is not the jurisprudence examination referred to in Article 5.01 or the supplemental examination referred to in Article 5.03, shall pay a fee of \$1,300.00 effective April 1, 2014 and \$1,600.00 effective April 2, 2015.
- 5.03** Where a person fails the examination referred to in Article 5.02 and the person applies for and is eligible to take a supplemental examination, the person shall pay a fee of
- (a) \$500.00 for the written portion;
 - (b) \$1,300.00 effective April 1, 2014 and \$1,600.00 effective April 1, 2015 for the OSCE portion.
- 5.04** A person who applies to have the results of an examination referred to in Article 5.02 or 5.03 rescored shall pay a fee of \$ 75.00.
- 5.05** A separate fee is applicable for each application referred to in Articles 5.01, 5.02, 5.03 and 5.04 and shall be paid at the time the application is submitted.

PRACTICE ASSESSMENTS AND EVALUATION

- 5.1.01 Where a member is required by a panel of the Quality Assurance Committee to undergo a practice assessment, other than one which was required as a result of the member's random selection, or a practice reassessment, the member shall pay a fee of \$475.00.
- 5.1.02 The fee referred to in Article 5.1.01 shall be payable for each assessment or reassessment and shall be payable immediately upon receipt of notice from the College that an assessment or reassessment has been required by the panel of the Quality Assurance Committee.
- 5.1.03 Where a member is required by a panel of the Quality Assurance Committee to undergo an evaluation or re-evaluation, the member shall pay a fee of \$750.00.
- 5.1.04 The fee referred to in Article 5.1.03 shall be payable for each evaluation or re-evaluation and shall be payable immediately upon receipt of notice from the College that the evaluation or re-evaluation has been required by the panel of the Quality Assurance Committee.

FEE FOR ASSESSMENT

- 5.2.01** Where a person or applicant wishes Council to assess whether he or she meets the Standard of Practice to permit that person to inject a substance into the foot or prescribe a drug, the member or applicant shall pay a fee of:

- a) \$1,250.00 if the assessment relates to whether he or she meets the standard of practice to both inject a substance into the foot and to prescribe a drug;
- b) \$625.00 if the assessment relates to whether he or she meets the standards of practice to either inject a substance into the foot or to prescribe a drug, *but not both*.

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6.01 A person who applies pursuant to section 72 of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991 for the reinstatement of his or her certificate of registration shall pay an application fee of \$6,000 which fee shall be payable at the time the person makes such application.

6.02 Where a certificate of registration was suspended for failure to pay a fee either prescribed by the Regulations or required by the by-laws and the applicant is otherwise entitled to have the suspension lifted, the applicant shall pay

- (a) a reinstatement fee of \$150.00.
- (b) the fee(s) the applicant failed to pay which gave rise to the suspension;
- (c) the annual fee payable for the year in which the suspension is to be lifted; and
- (d) any other monies owed to the College.

6.03 A former member who is otherwise entitled to reinstatement of his or her certificate of registration shall pay

- (a) a reinstatement fee of \$100.00;
- (b) if not previously paid, the annual fee payable for any and all years in which the member practised in Ontario;
- (c) if not previously paid, the annual fee payable for the year in which the former member is to be reinstated; and
- (d) any other monies owed to the College.

REPLACEMENT CERTIFICATES

- 7.01** Where a certificate of registration was damaged, a member may request from the Registrar and the Registrar may provide a replacement certificate of registration upon return to the Registrar of the damaged certificate of registration and payment of a fee of \$50.00.
- 7.02** The Registrar may issue a replacement certificate of registration to a member who satisfies the Registrar that his or her certificate was lost or destroyed upon payment of a fee of \$ 50.00.

GENERAL – RULES RESPECTING PAYMENT

- 8.01** A fee or money shall be considered paid
- (a) if payment is made in cash, on the date upon which the money is actually received at the offices of the College;
 - (b) if payment is made by VISA, MasterCard or other credit card accepted by the College, on the date upon which appropriate authorization is actually received at the offices of the College;
 - (c) if payment is made by cheque, the date of the cheque or the date the cheque is actually received at the offices of the College, whichever is later, provided that the cheque is ultimately honoured on first presentation to the financial institution of the payer; and
 - (d) if payment is made by money order, on the date upon which the money order is actually received at the offices of the College.
- 8.02** Payment by any other means other than those specified in Article 8.01 is not to be considered payment under this by-law.

OTHER FEES

- 9.01** A fee of \$35.00 shall be payable by a member where
- (a) the member purports to make payment by VISA, MasterCard or other credit card accepted by the College and payment is refused by the credit card provider on first submission by the College; or
 - (b) payment is made by cheque and the cheque is not honoured on first presentation to the financial institution of the payer.

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AGENDA ITEM 3.3

COUNCIL BRIEFING NOTE RE AMENDMENTS TO BYLAW 3: HEALTH PROFESSION CORPORATIONS

Background:

Prior to 2015, the date of renewal of a chiropody health professional corporation (“HPC”) certificate of authorization was the anniversary of the date that the certificate was first issued (e.g., if the date of issuance was May 10, 2010 then the first renewal date would have been May 10, 2011). Council determined in 2014 to make the renewal date be September 30 for all chiropody HPCs to reduce the administrative work at the College. The year 2015 was a transitional year and therefore there was prorating of the PHC renewal fees. (This means that since 2016 there is no more pro-rating of renewal fees for chiropody PHC’s but instead the renewal fee is a flat fee of \$475 if paid by September 30, and \$575 if paid after September 30.)

The bylaws included a provision (Article 2.3) that refers specifically to the year 2015, however, that transitional provision is no longer effective and its continued inclusion is confusing to the reader. It is recommended that the bylaw be amended to delete the reference to the transitional year by deleting article 2.3 in its entirety.

Additionally, the addition of the words “on or after October 1st” which are currently implied but not explicit, should be added to Article 2.1 so that the reader does not believe that the period being discussed is January to March (but instead October of one year to March of the next year).

Finally, it is recommend that the word “Subject to Article 2.04” be deleted from Article 2.2. This was a typo and should originally should have been a reference to Article 2.3, but again Article 2.3 was only a transitional provision relating to the year 2015 so that provision and any reference to it is now moot.

Public Interest Rationale for Decision:

It is in the interest of the public that the College’s bylaws be clear and understandable to all stakeholders.

Recommended Motion:

That Bylaw No 3 be amended as shown (additions showed using underlining and deletions shown using ~~strikethrough~~):

2.1 The fee for the issuance of a certificate of authorization, whether initial or revised, and the fee for the reinstatement of a certificate of authorization is

(a) **\$950.00** if issued on or after October 1st and on or before March 31st; or

(b) **\$475.00** if issued after March 31st and on or before September 30th.

2.2 ~~Subject to Article 2.04, t~~The fee for the renewal of a certificate of authorization is due on the 30th day of September in each year and is **\$475.00**, if paid on or before the 30th day of September, and **\$575.00**, if paid thereafter.

~~**2.3** The fee for the renewal of a certificate of authorization due on September 30, 2015 is the fee otherwise payable under Article 2.02 times the fraction, the numerator of which is the number of months from the month after the issuance of that certificate to and including the month of September and the denominator of which is twelve. [By way of example, if the original certificate was issued in January, the fraction to be applied to the annual fee would 8/12.]~~

[Renumber existing Article 2.4 to become 2.3]

~~**2.4**~~ **2.3** The fee for the issuing each document or certificate respecting a chiroprody profession corporation, other than the original certificate of authorization or the annual renewal of a certificate of authorization, is **\$25.00**.

Mover: _____

Seconder: _____

Item 3.4

Briefing Note for Council Re: Approval of Continuing Education Course Content in Chiropractic Pharmaceuticals

Background:

As part of the College's ongoing obligation to protect the public by ensuring the competency of its members, the College is aware that some members are interested in upgrading and/or maintaining currency in their prescribing knowledge. The Michener Institute of Education at UHN (the "Michener") has developed a course outline to provide pharmacology content through its Continuing Education program. Attached as Appendix 2 is the course content overview entitled, "Chiropractic Pharmaceuticals Course Content Overview".

Under the College's regulation which governs the prescribing of drugs, namely Ontario Regulation 203/94, as amended to date ("Regulation"), a member must meet the standard of practice set out in that Regulation in order to prescribe the drugs permitted to be prescribed under that Regulation. The Regulation is attached as Appendix 1.

There are a number of ways for a member to meet that standard of practice, one of which is to successfully complete a pharmacology course approved by Council. This is specifically provided under paragraph 1 of subsection 3(1) which subsection reads as follows:

" 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 shall first have successfully completed at least one of the following which has been approved by the Council:

1. A pharmacology course.
2. A pharmacology program.
3. Relevant training in pharmacology."

The Michener has indicated that it would design and teach a course, in keeping with the course content overview at Appendix 2, if Council would approve the course overview such that those members who have successfully completed that course would meet the regulatory requirement to be able to prescribe drugs otherwise permitted by that Regulation to be prescribed by members.

The Executive Committee believes that the course would be helpful not only for members who are not currently able to prescribe but also to assist members who wish to upgrade their education related to the prescribing of drugs.

Protection of the Public:

The public is protected by competent members with access to continuing education to upgrade their skills with respect to the prescribing of drugs.

As a result the Executive Committee recommends:

“That Council approve for the purposes of paragraph 1 of subsection 3(1) of Ontario Regulation 203/94, as amended, the course on pharmacology to be designed in accordance with the outline attached as Appendix 1 and to be provided by the Michener Institute of Education at UHN.”

Appendix 1

Chiropody Act, 1991 Loi de 1991 sur les podologues

ONTARIO REGULATION 203/94

GENERAL

Consolidation Period: From October 8, 2020 to the e-Laws currency date.

Last amendment: 567/20.

This Regulation is made in English only.

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

(3) For the purposes of 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 and 4. O. Reg. 338/08, s. 1.

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.
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.

(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 shall first have successfully completed at least one of the following which has been approved by the Council:

- 1. A pharmacology course.
- 2. A pharmacology program.
- 3. Relevant training in pharmacology. 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.

4. (1) For the purposes of subsections 1 (2) and (3), and subject to subsection (3), it is a standard of practice of the profession that a member may prescribe a drug set out in the following table for the indicated maximum duration, in the indicated maximum daily dosage:

Drug	Maximum duration	Maximum dosage
Ketorolac tromethamine	Five days	10 mg. every 6 hours, not to exceed 40 mg. per day

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

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

(3) A member who may prescribe a drug set out in the tables to subsections (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.

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.

PART VIII SPOUSAL EXCEPTION

37. The spousal exception in subsection 1 (5) of the Health Professions Procedural Code applies in respect of the College. O. Reg. 567/20, 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

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

SCHEDULE 2

DRUGS THAT MAY BE PRESCRIBED BY CHIROPODY CLASS 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
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 dipropionate
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

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

SCHEDULE 3

DRUGS THAT MAY BE PRESCRIBED BY PODIATRY CLASS 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

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 dipropionate

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.
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.

Chiropody Pharmaceuticals Course Content Overview

Draft #2 - COURSE COMPETENCIES:

1. Understand the principles of pharmacology, pharmacokinetics and pharmacodynamics and apply their relevance to clinical situations. (*College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 5 – Pharmacotherapy: 5.1*)

Learning Objectives

- a. Explain and contrast the differences between; pharmacy, pharmacology, pharmacokinetics, pharmacodynamics, and systems pharmacology.
- b. Explore the principles of pharmacodynamics and pharmacokinetics and their relevance to clinical situations.
- c. Define pharmacotoxicity and pharmacogenetics.
- d. Explain how pharmacodynamic principles relate to clinical pharmacotoxicity and clinical pharmacogenetics.
- e. Explain the pharmacological principles underlying; drug absorption, drug distribution, drug biotransformation, and drug excretion.
- f. Explain the mechanism of action of drugs; at the molecular level, at the cellular level, at the organ level, and at the system level.
- g. Describe the principles of receptor binding theory and their role in; drug affinity, drug selectivity, and drug receptor availability.
- h. Explain the difference between reversible and irreversible binding and its clinical relevance.

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. (*College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 5 – Pharmacotherapy: 5.2*)

Learning Objectives

- a. Examine the pharmacokinetic properties, mechanisms of action, therapeutic indications, adverse effects, contraindications, drug interactions, dosage of the drugs, and relevant laboratory testing for drug classes prescribed in clinical podiatric practice.
- b. Provide recommendation and justification of appropriate;
 - i. histamine pharmacotherapy
 - ii. antifungal pharmacotherapy
 - iii. antibiotic pharmacotherapy
 - iv. NSAID pharmacotherapy
 - v. corticosteroid pharmacotherapy
 - vi. narcotic pharmacotherapy
 - vii. sedative pharmacotherapy

3. Explain the principles of drug delivery and the clinical impact of available pharmaceutical dosage forms. (*College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 5 – Pharmacotherapy: 5.3*)

Learning Objectives

- a. Investigate principles of quantification of drug action.
- b. Explain the pharmacological principles underlying drug delivery.
- c. Explain dose-response studies.
- d. Explain drug efficacy.
- e. Explain drug potency.
- f. Explain drug intrinsic activity.

4. Select and /or prescribe appropriate medications, dosages, and dosage forms and effectively communicate to patients the appropriate use of medications. (*College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 5 – Pharmacotherapy: 5.4*)

Learning Objectives

- a. Integrate pharmacological knowledge with clinical podiatric assessment.
- b. Evaluate the patient's past drug history, the patient's current medications, and the patient's allergies.
- c. Assess the role of pharmacotherapy in a multidisciplinary approach to chiropody/podiatric medicine practice.
- d. Identify prescribed drugs that are classified as narcotics or controlled substances.
- e. Investigate therapeutic indications of narcotics and other controlled substances.
- f. Investigate the management of pain including use of controlled and non-controlled substances as well as non-pharmacologic options.
- g. Identify and manage the risk of aberrant drug related behaviours and harms associated with the use of narcotics or controlled substances.

5. Understand the importance of laboratory tests to direct medication selection and to monitor the effectiveness of pharmacotherapy. (*College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 5 – Pharmacotherapy: 5.5*)

Learning Objectives

- a. Discuss the use of laboratory tests to select and monitor the therapeutic effectiveness of drugs.
- b. Discuss the use of laboratory tests to provide rationale for appropriate drug choice.

6. Understanding the administration of inhaled substances and the use of sedation in a members practice. (College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 5 – Pharmacotherapy: 5.6)

Learning Objectives

- a. Describe the pharmacological principles underlying the inhalation route of administration.

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. (College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 5 – Pharmacotherapy: 5.7)

Learning Objectives

- a. Identify urgent health conditions that may be instigated by the administration of drugs.
- b. Discuss the appropriate management of urgent health conditions that may be instigated by the administration of drugs.
- c. Analyze the pharmacokinetic properties, mechanisms of action, therapeutic indications, adverse effects, contraindications, and drug interactions of the drugs used to treat the disorders related to the systems listed in the objectives.
- d. Investigate integrated and interdisciplinary approaches to systems pharmacology.
- e. Discuss competency in relation to systems pharmacology and the;
 - i. Autonomic Nervous System
 - ii. Respiratory System
 - iii. Cardiovascular System
 - iv. Hematopoietic System
 - v. Gastrointestinal System
 - vi. Endocrine System
 - vii. Central Nervous System
 - viii. Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)
 - ix. Musculoskeletal System
 - x. Antimicrobial Drugs
 - xi. Integumentary system

8. Comply with legal and regulatory requirements; (a) Comply with applicable federal and provincial / territorial legislation and (b) Comply with regulatory requirements. (College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 6 – Professionalism: 6.1, 6.1.1, 6.1.2)

Learning Objectives

- a. Examine legal and professional responsibilities and issues in prescribing drugs.
- b. Interpret federal and provincial legislation and specific prescriber responsibilities related to prescribing drugs.

9. Embrace social responsibility as a health professional; (a) Maintain awareness of issues and advances affecting the health system locally, nationally and globally and (b) Demonstrate awareness of the social determinants of health and emerging trends that may impact the practice of chiropody/podiatry. (*College of Chiropodists of Ontario - Profile of Competencies, 2019; Category 6 – Professionalism: 6.3, 6.3.1, 6.3.2*)

Learning Objectives

- a. Discuss strategies for safe prescribing of narcotics and controlled substances
- b. Examine legal and professional issues in prescribing narcotics and controlled substances
- c. Interpret federal and provincial legislation and specific prescriber responsibilities related to narcotics and controlled substances.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 5.1

Report of the Inquiries, Complaints and Reports Committee: February 2021 to June 2021

Introduction: Role of the Committee

The Inquiries, Complaints and Reports Committee (ICRC) investigates complaints and reports to address concerns about the conduct and practice of Ontario chiropodists and podiatrists.

Complaints

In general, complaints come from patients and other members of the public, but other possible sources of complaints include insurance companies, members or other health care professionals. The ICRC investigates most complaints with the consent of the patient/complainant to obtain relevant health information. Where the investigative powers obtained through an appointment, such as the authority to issue a summons, are required to investigate a complaint, the ICRC can make a request to the Registrar for an investigator appointment.

Between February 2021 and June 2021, the College received 11 complaints, which is consistent with the number of complaints received in the last two years for the same time period. See chart 2 below. Seven of the new complaints were from patients or their families, with the remainder being from other members of the College and other healthcare providers.

A. *Dispositions*

Between February 2021 and June 2021, ICRC panels disposed of 15 complaints matters as follows:

- 7 cases – no further action was taken
- 1 case – SCERP
- 1 case – SCERP and Oral Caution
- 3 cases – referral to the Discipline Committee
- 3 cases – oral caution

The 15 complaints matters that were considered by ICRC panels were disposed of in an average of 200.2 days. The length of time is slightly high because of one 2019 case, and two 2020 cases, that required a

lengthy investigation. However, the average length of time to complete ICRC files has reduced from 250 days in September 2020, down to 200.2 days.

B. *HPARB Appeals*

The Health Professions Appeal and Review Board (HPARB) reviews the adequacy of an investigation and the reasonableness of an ICRC decision. Both complainants and members can request HPARB reviews.

Between February 2021 and June 2021 there was one appeal to HPARB by a member.

In April 2021, the College received a decision from HPARB that confirmed the decision of the ICRC to order a SCERP, but the Board also requested that the Panel conduct further investigation on another issue in the complaint.

C. *Interim Orders*

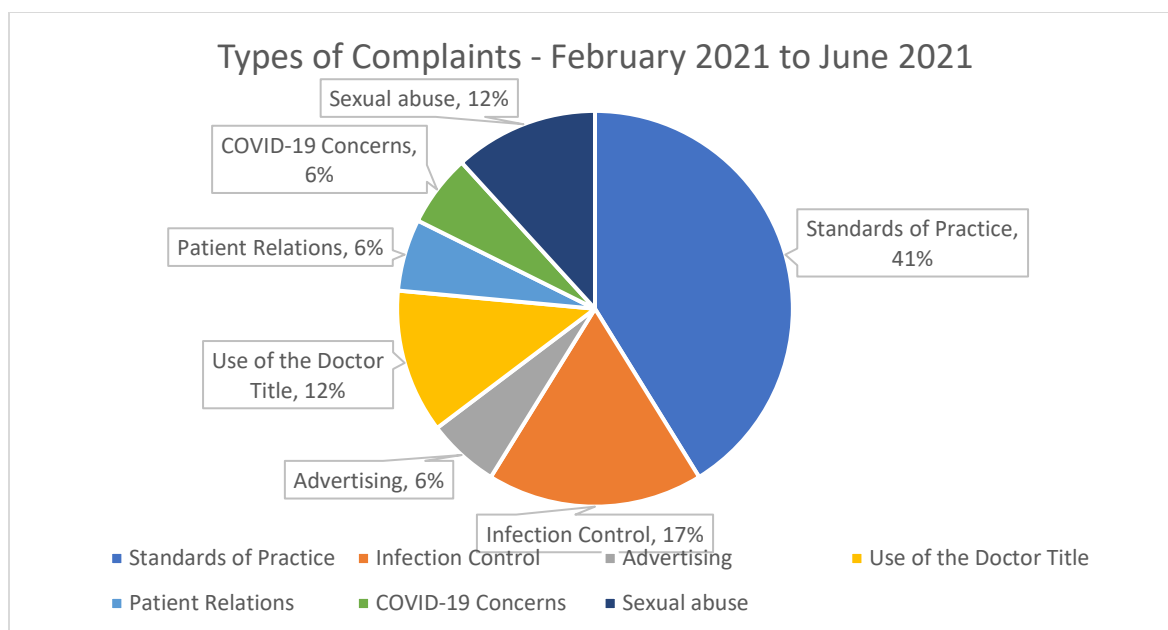
The ICRC may direct the Registrar to suspend a member or impose terms, conditions or limitations on a member's certificate of registration if:

- The ICRC has formed the opinion that the member's conduct exposes or is likely to expose patients to harm or injury;
- The member has been provided with notice;
- The member has at least 14 days to make submissions on the proposed order.

The ICRC cannot impose any gender-based terms, conditions or limitations. If an interim order is made, the matter must be investigated and prosecuted expeditiously. An interim order will remain in force until it is varied by the ICRC, or the matter is withdrawn or resolved by way of an alternative dispute resolution process or otherwise finally disposed of by a committee of the College.

The ICRC imposed one interim order between February 2021 and June 2021 as a result of a complaint.

Chart 1



Reports - Registrar Investigations

Reports come from employers, facility operators, members, and others. The Registrar reviews a report of a preliminary investigation and decides on the appropriate response from options including remediation, or the appointment of investigators to conduct a full investigation. The ICRC approves Registrar investigator appointments and is informed of Registrar emergency investigator appointments, which are made if there is a risk of harm or injury to patients.

A. Investigator Appointments

Between February 2021 and June 2021, an investigator was appointed to conduct three Registrar Investigations. One investigation was initiated because the member was referred to as “doctor” on social media and other websites and promotional materials, and in another, concerns were raised about the member’s infection control practices. The College also received one mandatory report from a healthcare practitioner about sexual abuse.

This is consistent with the data from 2019 and 2020.

Chart 2

	February – May 2019	June – September 2019	October 2019 – January 2020	February – May 2020	June – September 2020	October 2020 – January 2021	February – May 2021
Complaints	15	12	12	11	11	14	11
Registrar’s Investigations	1	2	2	1	0	4	3

B. Dispositions

Between February 2021 and June 2021, panels of the ICRC disposed of four Registrar Investigations.

C. Interim Orders

The ICRC did not impose any interim orders because of Registrar investigations between February 2021 and June 2021.

Reports from the Quality Assurance Committee

The ICRC can also request a Registrar's investigator appointment if it receives a report about a member's conduct or practice from the Quality Assurance Committee (QAC).

Between February 2021 and June 2021, the ICRC appointed one investigator after receiving a referral from the QAC.

Health Inquiries

The ICRC conducts inquiries into whether a member has a mental or physical condition or disorder that impacts the member's capacity to practice safely. The ICRC makes inquiries and may require the member to undergo medical examinations and suspend the member's certificate of registration if he or she does not attend or comply. The ICRC, after reviewing the results of its inquiries, may refer the matter to the Fitness to Practise Committee.

The ICRC did not conduct any health inquiries between February 2021 and June 2021.

ICRC Active Complaints Files

The Complaints process has been classified into stages, which are described below. The number of days elapsed is calculated from the date the complaint was received by the College.

The *Regulated Health Professions Act, 1991* requires that the College dispose of a complaint within 150 days, but the jurisdiction to continue an investigation is not lost if the investigation exceeds 150 days. At 150 days, a letter is sent to both parties explaining that the ICRC will not meet the deadline. At 210 days, the College is required to notify the parties and HPARB of the delay, as well as the reasons for the delay. After 210 days, either party can apply to HPARB seeking relief for the delay. Delay letters must be issued to both parties every 30 days after the 210-day delay.

Reviewing cases expeditiously, but fairly, meets the mission of the College to regulate the practice of Chiropody in the interest of the overall health and safety of the public of Ontario. Some matters take longer to complete due to complexity and/or to ensure the parties had a fair amount of time to respond to College requests.

A. Stage 1: Notice of Complaint/Report

Within 14 days of receipt of a complaint or a report, the College notifies the member. The member may make written submissions to the ICRC within 30 days of the date of the notice.

B. *Stage 2: Additional comments from complainant*

The member's response is provided to the complainant who may provide comments.

C. *Stage 2a: Additional comments from member*

The complainant's response is provided to the member who may provide comments.

D. *Stage 3: Review by ICRC*

Once the supporting documentation and relevant information has been collected from the parties and possible witnesses, the matter is reviewed by a panel of the ICRC. The Panel conducts a thorough review of the information and considers whether there are any additional documents that should be obtained or any other witnesses who should be approached.

E. *Stage 3a: Formal Investigation*

In some circumstances, the Panel may appoint an Investigator, who has the power to:

- Enter the Member's place of practice and examine records or equipment and, where necessary, copy them or remove them;
- Summons witnesses or documents;
- Obtain a search warrant.

F. *Stage 4: Decision and Reasons*

Once the investigation is complete, the ICRC deliberates on the appropriate disposition of the complaint. This stage includes decision where a panel has formed the intention to refer a matter to the Discipline Committee, but allegations are being drafted.

The Panel's written decision and the reasons are provided to both the complainant and the member, except where the matter has been referred to another panel of the ICRC to conduct a health inquiry.

Active ICRC Complaint Cases to end of May 2021

Date Received	Days Elapsed	Stage1	Stage 2	Stage 2a	Stage 3	Stage 3a	Stage 4
October 21, 2020	222	✓	✓	✓	✓	✓	✓
November 1, 2020	211	✓	✓	✓	✓	✓	
December 18, 2020	164	✓	✓	✓	✓	✓	
January 15, 2021	136	✓	✓	✓	✓		
March 9, 2021	83	✓	✓	✓	✓	✓	
March 9, 2021	83	✓	✓	✓	✓	✓	

March 18, 2021	74	✓	✓	✓	✓	✓	✓
April 7, 2021	54	✓	✓	✓	✓		
April 29, 2021	32	✓					
May 3, 2021	28	✓					
May 21, 2021	10	✓					
May 26, 2021	5	✓					

Average: 91.8

ICRC Active Registrar Investigations Files

The process for Registrar Investigations differs from the complaints process. Usually, the Member is not informed about the investigation until an investigator has been appointed and the Investigations Report is complete.

Active ICRC Registrar Investigation Cases to end of May 2021

Date Received	Days Elapsed	Stage1	Stage 2	Stage 2a	Stage 3	Stage 3a	Stage 4
February 16, 2021	104	✓	✓	✓	✓	✓	
March 5, 2021	87	✓	✓	✓	✓	✓	✓
May 4, 2021	27	✓	✓	✓	✓	✓	

Average: 72.6 days

Committee Members

Chair:

Peter Stavropoulos, Podiatrist

Committee:

Melanie Atkinson, Chiropodist

Riaz Bagha, Chiropodist, Non-Council

Ramesh Bhandari, Public Appointee

Nosheen Chaudhry, Chiropodist

Ed Chung, Podiatrist

Jim Daley, Public Appointee

Matt Doyle, Chiropodist

Doug Ellis, Public Appointee

Peter Ferguson, Chiropodist

Allen Frankel, Podiatrist, Non-Council

Andrew Gassmann, Public Appointee

Pete Guy, Chiropodist, Non-Council

Stephen Haber, Podiatrist, Non-Council

Martin Hayles, Chiropodist, Non-Council

Allan Katz, Public Member

Sylvia Kovari, Chiropodist, Non-Council

Sasha Kozera, Chiropodist

Winnie Linker, Public Appointee

Irv Luftig, Podiatrist

Cesar Mendez, Chiropodist

Neil Naftolin, Podiatrist, Non-Council

Nat Rave, Chiropodist, Non-Council

Stephanie Shlemkevich, Chiropodist, Non-Council

Ruth Thompson, Chiropodist, Non-Council

Eliot To, Chiropodist, Selected Member

Millicent Vorkapich-Hill, Podiatrist, Non-Council



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 5.2

Report of the Discipline Committee: February 2021 to June 2021

Introduction: Role of the Committee

The Discipline Committee supports the College's public protection mandate by conducting hearings to adjudicate allegations of professional misconduct and incompetence against members of the College.

Completed Matters

Disciplinary matters are resolved by way of uncontested or contested hearings. Matters are resolved or disposed of when:

- All allegations are withdrawn or dismissed;
- No findings of professional misconduct and/or incompetence are made by a panel;
- Findings of professional misconduct and/or incompetence are made and a penalty is ordered;
- Reinstatement requests are granted, not granted or abandoned; and
- Removal of information requests are granted, not granted or abandoned.

Between February 2021 and June 2021, the Discipline Committee disposed of five matters. In three cases, the Committee accepted the College's motion to stay the allegations of professional misconduct against the members because they signed an undertaking to permanently resign from the College. The members were ordered to pay costs to the College in the amounts of \$8,000, \$10,000 and \$15,000.

In the fourth case, the member signed an agreed statement of facts, admitting that she engaged in professional misconduct, including that she:

- failed to meet or contravened the College's standards,
- practised the profession in a conflict of interest,
- provided treatment that he knew or ought to have known was ineffective, unnecessary or deleterious,
- falsified records,
- failed to keep records,
- signed or issues a document that contained a false or misleading statement,
- submitted an account or charge for services that she knew was false or misleading,
- charged a fee that was excessive in relation to the services or devises charged;
- contravened the *Chiropody Act* and its regulations, and
- engaged in conduct that was disgraceful, dishonourable and unprofessional.

The Committee ordered that the member receive an oral reprimand, that her certificate of registration be suspended for eight months (three months of which would be remitted if she completed the ProBE ethics course), and that she be restricted from imaging, casting, prescribing, constructing, fitting, dispensing or ordering the fabrication of orthotics for 14 months from the date her suspension ends, among other terms, conditions and limitations on her certificate of registration. The Member was also ordered to pay costs in the amount of \$15,000 to the College.

In the final case, the member signed an agreed statement of facts, admitting that he engaged in professional misconduct, including that he:

- failed to meet or contravened the College's standards,
- practised the profession in a conflict of interest,
- provided treatment that he knew or ought to have known was ineffective, unnecessary or deleterious,
- falsified records,
- failed to keep records,
- signed or issues a document that contained a false or misleading statement,
- submitted an account or charge for services that he knew was false or misleading,
- charged a fee that was excessive in relation to the services or devices charged;
- contravened the *Chiropractic Act* and its regulations, and
- engaged in conduct that was disgraceful, dishonourable and unprofessional.

The Committee ordered that the member receive an oral reprimand, that his certificate of registration be suspended for seven months, and that he be restricted from imaging, casting, prescribing, constructing, fitting, dispensing or ordering the fabrication of orthotics for 12 months from the date his suspension ends, among other terms, conditions and limitations on his certificate of registration. The Member was also ordered to pay costs in the amount of \$7,500 to the College.

Outstanding Referrals to the Discipline Committee

There are currently 19 cases that have been referred to the Discipline Committee and are waiting to be completed. All of the cases have been referred since September 2019 with the exception of two cases that were referred in April 2018 but were held in abeyance pending related matters that were under investigation.

Between February 2021 and June 2021 there were four new referrals.

Referrals are posted on the College's website: <http://cocoo.on.ca/scheduled-discipline-hearings-referrals/>

A. HEARINGS

- **Completed hearings:** five hearings were completed between February 2021 and June 2021
- **Scheduled hearings:** two of the 19 referrals have scheduled hearing dates

B. PRE-HEARING CONFERENCES

- **Completed pre-hearings:** eight pre-hearings took place between February 2021 and June 2021
- **Scheduled pre-hearings:** seven pre-hearing conferences are scheduled to take place

The number of current referrals is high for the College. The College's Hearings office is in the process of scheduling dates, for either hearings or pre-hearing conferences, for the outstanding referrals.

Committee Members

Chair:

Cesar Mendez, Chiropodist

Committee:

Melanie Atkinson, Chiropodist

Riaz Bagha, Chiropodist, Non-Council

Ramesh Bhandari, Public Appointee

Nosheen Chaudhry, Chiropodist

Ed Chung, Podiatrist

Jim Daley, Public Appointee

Matt Doyle, Chiropodist

Doug Ellis, Public Appointee

Peter Ferguson, Chiropodist

Andrew Gassmann, Public Appointee

Peter Guy, Chiropodist, Non-Council

Stephen Haber, Podiatrist, Non-Council

Martin Hayles, Chiropodist, Non-Council

Allan Katz, Public Appointee

Sylvia Kovari, Chiropodist, Non-Council

Sasha Kozera, Chiropodist

Winnie Linker, Public Appointee

Irv Luftig, Podiatrist

Jamie Maczko, Chiropodist, Non-Council

Ann-Marie McLaren, Chiropodists, Non-Council

Peter Stavropoulos, Podiatrist

Eliot To, Selected Member

Millicent Vorkapich-Hill, Podiatrist, Non-Council

ITEM 5.4

Report for Council from Anna Georgiou, QA Committee Chair

- 1. Name of Committee: Quality Assurance Committee**
- 2. Did the Committee meet since the last Council meeting?**

Yes ☒x

No ☐ ☐

- 3. If the Committee met, dates of Last Committee Meeting(s)**

Date (s) __February 22, 2021, March 29, 2021__ and __April 26, 2021__

- 4. Purpose of the Meeting (s)**

Review of the new on-line portal for CE Log submissions and training on use by committee members in preparation for the CE Log submission reviews.

To Review and discuss the CE Log submissions from members and the outcomes.

- 5. Results of the Meeting(s) – what was accomplished**

All submissions have been reviewed and all selected members have been notified of the results.

- 6. Issues that Council must vote on from the Meeting(s)**

None

QUALITY ASSURANCE COMMITTEE REPORT JUNE 2021

Members:

Anna Georgiou, Chiropodist, Non-Council (Chair)
Melanie Atkinson, Chiropodist
Ramesh Bhandari, Public Appointee
Mathew Doyle, Chiropodist
Peter Ferguson, Chiropodist
Andrew Gassmann, Public Appointee
Cindy Lewis, Chiropodist, Non-Council
Winnie Linker, Public Appointee
Irv Luftig, Podiatrist
Ann-Marie McLaren, Chiropodist, Non-Council
Cesar Mendez, Chiropodist
Brooke Mitchell, Chiropodist, Non-Council
Millicent Vorkapich-Hill, Podiatrist

The QA Committee has been quite busy since the last report and we have met three times since the last Council meeting on February 22, 2021, March 29, 2021 and April 26, 2021. The following reflects the work of the committee since the last Council meeting:

Continuing Education Program

CE LOG PROGRAM

- QA Committee met on February 22, 2021, via zoom, to review the online reporting portal/ program in preparation for the CE Log reviews
- **165** randomly selected members and carryovers from previous cycles, which represents 20% of membership were reviewed by the professional members of the QA Committee for the 2018-2019 CE Log two-year cycle
- The Committee met via zoom on March 29, 2021, to discuss the summary of findings including incomplete submissions and those that did not meet the requirements of the CE log program.
- Ongoing updates and letter preparation on the portal; extensive consultation with consultants (BJ and team), COCOO Executive Assistant (Tera) and QA Chair
- The Committee met again on April 26, 2021, to finalize follow-up information on the selected members

Summary:

- 133 members met the requirements of the CE Log Program
- 1 member resigned

- 27 members have been deferred to the next cycle for not meeting the requirements of the CE Log program
- 3 members who were deferred to the next cycle during the last cycle have been referred for Practice Assessments as they once again failed to meet the requirements of the CE Log Program
- 1 member was referred to ICRC for failure to submit a CE Log and failure to respond to numerous attempts to communicate with COCOO

PRACTICE ASSESSMENT PROGRAM

- The QA Committee has been reviewing the documentation required for this program
- Work has begun on converting the documentation to the on-line portal for this component of the QA Program
- 2% of the membership (13 chiropractors and 1 podiatrist) has been selected for Practice Assessments
- 3 Members were referred from the QA Committee for failing to meet the requirements of the CE Log Program
- 2 Members were deferred from last cycle
- We are in the process of matching Assessors to Members and ruling out any conflicts of interest
- Selected members will be notified once this process is completed

Quality Assurance Working Group (Federation)

- Continues to meet about two or three times per year
- Meetings usually attended by QA Chair and Tera Goldblatt
- Information is shared by e-mail and vboardroom platform
- The next meeting (virtual) is not yet scheduled

ITEM 5.5

Report for Council from Committee Chair

1. Name of Committee: Audit Comm
2. Did the Committee meet since the last Council meeting?

Yes ☒ _____

No ☐ _____

3. If the Committee met, dates of Last Committee Meeting(s)

Date (s) _____ May 18; May 28 _____

4. Purpose of the Meeting (s)

We met with our Auditor's (Hilborn) to review their year end audit report and discuss the year end financials. Further work is being done in this regard and a full update will be provided asap.

5. Results of the Meeting(s) – what was accomplished

6. Issues that Council must vote on from the Meeting(s)

ITEM 5.6

May 27th 2021

Registration exam committee

Previous meetings: Feb 19th, Feb 26th, March 26th, May 7th, May 14th, May 21st, May 26th and May 28th, 2021.

Public protection: Individuals wishing to practice as a chiropractor in Ontario must be registered with the College of Chiropractors in accordance with the Chiropractic Act, 1991 and its Regulations. New members wishing to register are required to sit a two-part examination. A pass standing of the exam is required by the College to fulfill a portion of the registration requirements and become a member of the College. The exam is composed of a written and an objective (OSCE) component.

Purpose and results of the meetings:

-A new psychometrician Dr. Anthony Marini was hired by the College in May 2021. He is the founder of Martek Assessments Ltd. Martek is a full-service assessment consultation firm with 20 years of experience in high-stakes licensure examinations. They currently represent various other regulated health professionals in Ontario.

-Martek Assessments Ltd. is assisting the College in building an online platform for our written examination. This exam will take place on June 26th, 2021 for approximately 45-50 candidates. Some of these candidates are those from the 2020 exams who were not successful last year. Unfortunately, the College was not able to provide a re-sit to those candidates in 2020 due to the current state of the province.

Current projects:

- Review and approve new questions for the exam bank
- Triage the current bank with Martek and ensure they are up to date with our standards
- Delegate new items to be worked on
- Updating and creating new OSCE stations to be "COVID friendly"

The OSCE is tentatively booked at the Michener Institute for August 21st 2021. This date depends on the current COVID state in the province.

Thank you!

Stephanie Shlemkevich D.Ch

ITEM 5.7

Report for Council from Committee Chair

1. Name of Committee: **Standards and Guidelines**
2. Did the Committee meet since the last Council meeting?

Yes ☐

No ☐

3. If the Committee met, dates of Last Committee Meeting(s)

Date (s) **April 7, 2021 6:30-8:30pm**

May 27, 2021 7:30-9:30pm

4. Purpose of the Meeting (s) – **Working on updating the Footwear Standard as tasked by executive council**
5. Results of the Meeting(s) – what was accomplished
 - a. **Legal opinion provided on what updates are required as per feedback from previous ICRC/Discipline cases**
 - b. **Creation of tasked based modification based on feedback**
 - c. **Assignments of tasks for committee members**
 - d. **Reformatting and organization of standard as well as research of updated practices of adjunct professions**
 - e. **Clarification, editing of new document**
6. Issues that Council must vote on from the Meeting(s)
 - a. **Once the updated standard is complete it will go through legal**
 - b. **Once legal returns it, it will go through another round of final editing**
 - c. **It will then be presented to council in order to vote to pass the amended and updated footwear standard**

Nosheen Chaudhry

Chair of Standards and Guidelines Committee