



College of Chiropractors of Ontario

Council Meeting Agenda

Friday, September 22, 2023

180 Dundas Street West, Toronto

19th Floor Conference Room

9:00 a.m. – 5:00 p.m.

8:30am – 9:00am		Breakfast	
		A hot breakfast will be served in the Conference Room	

9:00am – 9:15am	1.0	Call to Order – Nicole Zwiers, Registrar & CEO	Page Number(s)
	1.1	<p>Call to Order</p> <p>Appointment of Secretary</p> <p>Land Acknowledgement – Donna Shewfelt</p> <p>“The members and staff of the College of Chiropractors of Ontario respectfully acknowledge that we are situated on the traditional territories of the fourteen First Nation peoples of Ontario – the Anishinaabe (A-ni-shi-naa-be), the Haudenosaunee-Onk we hone (How-den-o-sew-knee-Onk-we hone), the Mush ke gowuk Cree (Mush-go-wuk-Cree), the Mohawk, the Tus ca rora (tus-ca-rora), the Seneca, the Cayuga, the Oneida, the Delaware, the Mississauga, the Chippewa, the Pot ta wa tami, the Algonquin and the Odawa peoples. We also acknowledge the presence of the Métis and Inuit as well as Indigenous peoples and First Nations peoples living off reserve and in urban areas.”</p> <p>Approval of Professional Member Prep Time</p> <p>Motion: <i>That Council approve the preparation time for professional members on Council.</i></p>	N/A
	1.2	<p>Approval of Agenda</p> <p>Motion: <i>That Council approve the agenda for the September 22, 2023 Council meeting.</i></p>	N/A
	1.3	Declaration of Conflict of Interest**	1 – 8
	1.4	<p>Approval of Minutes of the May 12, 2023 Council Meeting **</p> <p>Motion: <i>That Council approve the minutes of the May 12, 2023 Council meeting.</i></p>	9 – 12
	1.5	Announcement & Welcome to Chiropractor Member for District 3 (Murtuza Najmudin, D.Ch.)	N/A

9:15am – 9:25am	2.0	Consent Agenda Items	Page Number(s)
		<p>Consent Agenda Items</p> <p>A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone 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> <ol style="list-style-type: none"> 1. Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants board discussion? 2. Is this item for information only? Or is it needed for another meeting agenda issue? <p>Motion: <i>That Council approve consent agenda items 2.1, 2.2. and 2.3.</i></p>	
	2.1	Council Meeting Survey Results from the May 12, 2023 Council Meeting**	13 – 19
	2.2	Practice Advisor Report**	20
	2.3	Committee Reports	
	2.3.1	Discipline Committee Report**	21 – 23
	2.3.2	ICRC Report**	24 – 29
	2.3.3	QAC Report**	30 – 31
	2.3.4	Registration Examination Committee Report**	32 – 33
	2.3.5	Standards and Guidelines Committee Report**	34 – 35
	2.3.6	Registration Committee Report**	36
	2.3.7	Patient Relations Committee Report**	37
	2.3.8	Fitness to Practise Committee Report**	38
	2.3.9	Technical Committee Report**	39 – 40
	2.3.10	Standing Drug Committee Report**	41
	2.3.11	Elections Committee Report**	42 – 43
	2.3.12	Strategic Planning Committee Report**	44 – 45
	2.3.13	Registrar’s Performance and Compensation Committee Report**	46 – 47
	2.3.14	Audit Committee Report**	48

9:25am – 10:00am	3.0	Decision Items (without briefing notes) – Part I	Page Number(s)
	3.1	<p>Appointment of Podiatrist Member (A. Klayman) for Districts 3 & 4 (Combined District 2)</p> <p>Motion: <i>To appoint A. Klayman as the Podiatrist Member for Districts 3 & 4 (Combined District 2).</i></p>	N/A

Agenda items may not necessarily be dealt with in the order in which they appear.
 ** Denotes an agenda item with supporting documentation

	3.2	Election of Executive Committee Members	N/A
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10:00am – 10:15am		Break	
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10:15am – 11:30am	4.0	Council Education Item #1 – Dr. Allyson Harrison	Page Number(s)
		Determining Reasonable Accommodations	N/A

11:30am – 12:00pm	5.0	Council Education Item #2 – Dr. Anthony Marini	Page Number(s)
		Update to Council on Registration Examinations	N/A

12:00pm – 1:00pm		Lunch Break	
		Newly Elected Executive Committee Meeting to determine Committee composition and Committee Chairs	

1:00pm – 3:00pm	3.0	Decision Items (with briefing notes) – Part II	Page Number(s)
	3.2.1	Executive Committee’s recommendations for Committee Chairs and Composition Motion: <i>That Council approve the Executive Committee’s recommendations for Committee Chairs and Composition.</i>	N/A
	3.3	Amendments to By-law 4 (Code of Conduct of Councillors and Committee Members) regarding conflict of interest obligations** Motion: <i>That Council approve the amendments to By-law 4.</i>	49 – 83
	3.4	Amendments to By-law 2 (Fees) to increase the fee for equivalency assessments of non-approved programs** Motion: <i>That Council approve, in principle, the amendments to By-law 2 to increase the fee for equivalency assessments of non-approved programs, and direct the amendments for circulation to registrants and other stakeholders for 60 days.</i>	84 – 103
	3.5	Amendments to By-law 2 (Fees) to levy penalty against registrants who fail to complete their CE logs in a timely fashion** Motion: <i>That Council approve, in principle, the amendments to By-law 2 to levy penalty against registrants who fail to complete their CE logs in a timely fashion, and direct the amendments for circulation to registrants and other stakeholders for 60 days.</i>	104 – 123
	3.6	Amendments to Patient Relations Plan – Sexual Abuse Prevention** Motion: <i>That Council approve the amended Patient Relations Plan – Sexual Abuse Prevention.</i>	124 – 133

Agenda items may not necessarily be dealt with in the order in which they appear.
 ** Denotes an agenda item with supporting documentation

	3.7	Surgical Competencies Standard** Motion: <i>That Council approve the Surgical Competencies Standard.</i>	134 – 143
	3.8	Acupuncture Standard** Motion: <i>That Council approve the Acupuncture Standard.</i>	144 – 151
	3.9	Amendments to the Fees, Billing and Accounts Guideline** Motion: <i>That Council approve the amended Fees, Billing and Accounts Guideline.</i>	152 – 167
	3.10	Referral of Guidelines for the Safe Use of Lasers** Motion: <i>That Council refer the Guidelines for the Safe Use of Lasers to the Standards and Guidelines Committee for review and update.</i>	168 – 201

3:00pm – 3:30pm	6.0	Discussion Items	Page Number(s)
	6.1	Registrar’s Report** – Nicole Zwiers	202 – 205
	6.2	President’s Report (verbal) – Peter Stavropoulos	N/A
	6.3	Amendments to and merging of Registration Examination General Requirements Policy and Registration Examination Appeals Policy into a new Registration Examination Process, Procedures & Appeals Policy**	206 – 211
	6.4	Registration Examination Failures Policy**	212 – 214
	6.5	Key Performance Indicators (KPIs) Update & Dashboard	N/A
	6.6	Financial package**	215 – 218

3:30pm – 3:45pm		Break	
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3:45pm – 5:00pm	7.0	In Camera	Page Number(s)
	7.1	Motion to move in camera Motion: <i>That Council move in camera pursuant to section 7(2)(b) of the Health Professions Procedural Code on the basis that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.</i>	
	7.2	Approval of in camera Minutes of the May 12, 2023 Council Meeting Motion: <i>That Council approve the in camera minutes of the May 12, 2023 Council meeting.</i>	N/A
	7.3	In Camera Discussion Items	
	7.3.1	Collection of personal health information by registrants**	N/A
	7.3.2	Stakeholder communications	N/A

	7.3.3	Regulatory comparators	N/A
	7.3.4	Lease update	N/A
	7.4	In Camera Decision Items	
	7.4.1	HR Policy	N/A
	7.4.2	Podiatry Model Update	N/A

5:00pm – 5:15pm	8.0	Next Meeting	
	8.1	Council Meeting Dates for 2024: <ul style="list-style-type: none"> January 26, 2024 May 31, 2024 September 27, 2024 	
	8.2	Council Survey Reminder	
	8.3	Proposed Agenda Items for Next Council Meeting	

5:15pm	9.0	Adjournment	
		Motion: <i>That Council adjourn the meeting.</i>	



Conflict of Interest Disclosure Form

Meeting Date: September 22, 2023

Council/Committee:

Meeting type: Plenary Panel

I acknowledge and agree that an actual or perceived conflict of interest can undermine confidence in the College and its ability to fulfill its public interest mandate. I have read and understood the [College's by-laws](#) on conflict of interest, the [Code of Conduct for Members of Council and its Committees](#) (Appendix A), the **Conflict of Interest Worksheet** (Appendix B) and the Process for Considering & Declaring a Conflict of Interest (Appendix C).

I agree to take all reasonable steps to avoid any actual or perceived conflict of interest from arising and, if one cannot be avoided, I undertake to declare any real, perceived, or potential conflict of interest and to recuse myself from any consideration of the matter at issue.

I have NO conflict of interest to report regarding any of the agenda items to be discussed at the above noted meeting.

I declare a conflict of interest with one or more of the agenda items to be discussed at the above noted meeting.

I certify that the information above is true and complete to the best of my knowledge.

Signature:

Date:



Code of Conduct for Members of Council and its Committees

Preamble

For the College to command the confidence of the government, the public and the profession, it is necessary that Council, as the profession's governing body, adopt appropriate standards of conduct for members of Council and its Committees in order to ensure that they properly perform their duties with integrity and in a manner that promotes the highest standard of public trust.

Each member of Council and its Committees is therefore required to comply with the following Code of Conduct (Code) understanding that a breach of the Code could result in the Council member being removed from Council or the Committee member being removed from all Committees, in accordance with the By-laws of the College.

The Code

1. Council and Committee members shall be familiar with and comply with the provisions of the Regulated Health Professions Act, 1991 (RHPA), its Health Professions Procedural Code and its regulations, the Chiroprody Act 1991 and its regulations, and the by-laws and policies of the College.
2. Council and Committee members, when acting in that capacity, shall act in a diligent manner, including preparing for meetings/hearings, attending meetings/hearings on time, and actively participating.
3. Council and Committee members, when acting in that capacity, shall participate in all deliberations and communications in a respectful, courteous and professional manner, recognizing the diverse background, skills and experience of members on Council.
4. Council and Committee members, when acting in that capacity, shall conduct themselves in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in their decision making.
5. Council and Committee members shall place the interests of the College and Council above their personal interests.
6. Council and Committee members shall avoid any appearance of or actual conflict of interest or bias.
7. Council and Committee members shall uphold the decisions made by Council and its Committees, regardless of the level of prior individual disagreement. Where a member of Council or its Committees feels compelled to publicly oppose or speak against a policy adopted by Council, or a decision made by a Committee, the member should first resign from Council and/or its Committees.

8. Council and Committee members shall refrain from engaging in any discussion in relation to the business of Council and/or Committees with other Council or Committee members that takes place outside the formal Council/Committee decision making process.
9. Council and Committee members shall refrain from communicating with Committee members on Statutory Committees in circumstances where this could be perceived as an attempt to influence a member or members of a Statutory Committee, unless he or she is a member of the panel or, where there is no panel, of the Statutory Committee dealing with the matter. This would include, but not be limited to, matters involving the Registration of applicants and matters involving members involved with the Inquiries, Complaints and Reports Committee, the Quality Assurance Committee, the Disciplinary Committee or the Fitness to Practise Committee.
10. Council and Committee members shall respect the confidentiality of information identified as confidential and acquired solely by virtue of their Council/Committee member position.
11. Council and Committee members shall ensure that confidential information is not disclosed except as required for the performance of their duties, or as directed by Council or the Executive Committee acting on behalf of Council.
12. Council and Committee members shall not use their positions as members of Council or any Committee to obtain or attempt to obtain employment at the College or preferential treatment for themselves, family members, friends or associates.
13. Council and Committee members shall not include or reference Council or Committee titles or positions held at the College in any business promotional materials, advertisement or business cards.
14. Council and Committee members shall respect the boundaries of staff recognizing that a staff member's role is not to report to or work for individual Council or Committee members. Council and Committee members will, therefore, not directly contact staff members, other than the Registrar, except on matters where the staff member has been assigned to provide administrative support to that Committee, without the prior approval of the Registrar or the Executive Committee.
15. Council and Committee members shall be respectful of each other and staff and not engage in conduct or behaviour towards fellow Council or Committee members or staff that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

WORKSHEET: Conflict of Interest

What is a conflict of interest?

A conflict of interest may be defined as any financial, personal, professional or emotional interest that could reasonably be perceived as interfering with the exercise of a person's public duties, for example as a COCOO Council, committee or panel member.

Self-screening Questions

Not sure if you are in a conflict of interest? In assessing for conflicts of interest, know that each situation will vary and have its own specific context. Consider the following questions & examples:



Financial interest

Do you stand to be affected financially by the outcome of this decision?

Example: Council is discussing whether it would find College-provided iPads mounted in the meeting room for each Council member to be helpful. One Council member owns a small number of shares of Apple, Inc. Since the financial implication for the Council member is negligible or non-existent, they do not declare a conflict of interest.

Personal or professional relationship

Have you had a personal or professional relationship, e.g. friend, family, instructor, student, supervisor, supervisee, employer, employee, colleague, with any of the individuals involved in the matter?



Example: A Registration Committee panel member taught at the education program from which an applicant obtained some of their education. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel member attended a two-day workshop seven years ago with the respondent's clinical supervisor. Since the contact was brief and occurred long ago, they do not declare a conflict of interest.



Professional bias. Do you have a private or publicly stated opinion that could reasonably be perceived as interfering with your ability to consider one or more of the issues with an open mind?

Example: An Inquiries, Complaints and Reports Committee panel member has published work about the harms of breaching therapist-client boundaries. They are reviewing a complaint involving an alleged breach of boundaries. Since there is no reasonable disagreement within the profession, and assuming they are not emotionally biased, they do not declare a conflict of interest.

Emotional bias

For whatever reason, do your ideas or emotions prevent you from considering one or more of the issues with an open mind?



Example: Based on personal experience, an Examination Committee member has an emotional reaction to a candidate's rationale for needing to extend the normal timeframe within which to write the exam. They declare a conflict of interest.

Example: A panel of the Inquiries, Complaints and Reports Committee is dealing with serious allegations of misconduct. After discussing and processing the emotional impact of reviewing the materials, they all reassure themselves that they can consider the situation with an open mind.

Interests of Related Persons

Are you aware that your parent, child, spouse or sibling has any of the above interests respecting Council, committee or panel business?



Example: A Registration Committee member's child is attending a program coming before the Committee to seek recognition. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel is considering a complaint by a firefighter. One panel member's spouse is also a firefighter. Assuming there is no emotional bias, the profession of the panel member's spouse would not reasonably be seen as interfering with the panel member's duties. They do not declare a conflict of interest.



Threshold analysis

Would a reasonably well-informed person perceive that the above interest could interfere with the exercise of your public duties?

Example: A Discipline Committee panel member was employed at the same large clinic at the time the alleged misconduct occurred. While the panel member had no prior knowledge of the alleged events, the panel member is close colleagues with a key witness in the case. There was a reasonable apprehension of bias on the part of the panel member.

Example: A complainant appeals a decision of the Inquiries, Complaints and Reports Committee taking no action against a registrant. Through Google, the complainant discovered that a panel member was a LinkedIn contact of the respondent. The panel member clarified they only met once briefly three years ago. Even though it may have been preferable for that panel member not to participate, this was not found to be a conflict of interest.



Process for Considering & Declaring Conflicts of Interest

The following are steps the College follows in addressing conflicts of interest.



Staff pre-screening

- Staff will pre-screen agenda items for obvious conflicts of interest on the part of Council, committee or panel members.
 - If a conflict is identified, staff will alert the Chair and materials will not be sent to the conflicted member.
 - The matter will either be assigned to a different panel, or the conflicted member will be alerted in advance that they will not be present for the entire meeting.
-



Council, committee or panel member self-screening

- Go through the above self-screening.
 - If a concern is identified that does not rise to the threshold of a conflict of interest, consider making a courtesy declaration at the meeting to reassure the Council, committee or panel that you have considered the issue.
 - If unsure, consult with staff, legal counsel or the Chair. It is preferable to consult with staff or legal counsel before the Chair to avoid the risk of tainting the Chair.
 - In close cases, consider the potential benefit of declaring a conflict to avoid later disputes about whether or not there was a conflict of interest.
 - If you identify a conflict of interest, do not review the meeting materials further and securely delete them. Alert the Chair and support staff in advance of the meeting. Always declare in a general manner so as not to cause emotional bias on the listener's part.
 - Subsequently, declare the conflict at the meeting itself. Do not take part in or attempt to influence the deliberation and leave the room while deliberation is taking place. The general nature of conflict will be recorded in the minutes.
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Council, committee or panel discussion of possible conflicts of interest

- Occasionally, you may become aware that another member may have a conflict. If that member does not declare a conflict, or if they are unsure, all members are responsible at the meeting for raising the concern and discussing whether it constitutes a conflict of interest.
- In rare cases of disagreement, a majority of those present can vote to find there is a conflict and exclude the conflicted member from considering the matter.

- Post Meeting Conduct: After recusing yourself on a matter, use professional discretion and avoid revisiting the issue with colleagues, even if the decision is on the public register or you have seen the meeting minutes.¹

¹ Council minutes are public documents (aside from in camera portions). Regarding committee and panel minutes, normally it will not be considered that viewing minutes by a panel member who has declared a conflict poses a risk of improperly affecting the College's decision. However, occasionally confidentiality and risk management may require that panel minutes not be viewed by a member who has declared a conflict of interest.



College of Chiropodists of Ontario

**Minutes of the Council Meeting
Friday, May 12, 2023 at 9:00 a.m.
66 Wellington St. W., 41st Floor Conference Room**

Council Members in Attendance:

1. Matthew Andrade
2. Melanie Atkinson
3. Chad Bezaire
4. Ramesh Bhandari, Public Appointee
5. Ed Chung
6. Matthew Doyle
7. Donna Shewfelt
8. Peter Stavropoulos
9. Deborah Loundes, Selected Member
10. Jim Daley, Public Appointee
11. Allan Katz, Public Appointee
12. Reshad Nazeer, Public Appointee
13. Jannel Somerville

Regrets:

1. Andrew Simmons, Public Appointee
2. Winnie Linker, Public Appointee
3. Andrew Klayman

Staff in Attendance:

1. Nicole Zwiers, Registrar and CEO
2. Meghan Clarke, Deputy Registrar and Manager, Professional Conduct and Hearings
3. Meghan Hout, Manager, Operations – via Zoom

General Legal Counsel:

1. Sarah Yun

Guests:

1. Bruce Ramsden, President, OPMA – via Zoom
2. Ethan Chung
3. Ian Colin McQuistan, OSC
4. Vivian Pang, Ministry of Health – via Zoom

1. Call to Order

1.1 Call to Order, Appointment of Secretary

P. Stavropoulos called the meeting to order at 9:03 a.m., noting that notice of the meeting was given, and the meeting was properly constituted with a quorum present. Meghan Clarke was appointed as Secretary.

M. Doyle delivered a land acknowledgement.

P. Stavropoulos proposed two hours of preparation time for professional members.

1.2 Approval of Agenda

It was moved by P. Stavropoulos and seconded by C. Bezaire to remove item 3.5 from the agenda. Motion CARRIED.

It was moved by D. Loundes and seconded by M. Atkinson to approve the agenda as amended. Motion CARRIED.

1.3 Declaration of Conflict of Interest

No conflict of interest was declared.

P. Stavropoulos raised a concern that Council member D. Loundes has a conflict of interest with item 3.3. – the bylaw change to the number of selected members on Council. S. Yun provided advice to Council on perceived conflicts of interest. D. Loundes removed herself from the room during Council’s discussion of item 3.3.

1.4 Approval of Minutes of January 27, 2023 Council Meeting and the April 17, 2023 Special Council Meetings

It was moved by J. Daley and seconded by R. Nazeer to approve the minutes of the January 27, 2023 Council meeting and the April 17, 2023 Special Council Meeting. Motion CARRIED.

1.5 Introduction of Michael Aubé, Manager, Registration, Examinations and Quality Programs

N. Zwiers introduced M. Aubé who will be starting as the Manager, Registration, Examinations and Quality Programs in June 2023. Michael joined the council meeting remotely for the introduction and spoke briefly about his experience in professional health regulation.

2. Consent Agenda Items

It was moved by A. Katz and seconded by M. Doyle to approve consent agenda items 2.1, 2.2. and 2.3. Motion CARRIED

3. Decision Items

3.1 Motion to Approve 2024 Council Meeting Dates – January 26, 2024, May 31, 2024 and September 27, 2024

It was moved by D. Shewfelt and seconded by M. Andrade that Council approve the proposed 2024 Council meeting dates. Motion CARRIED.

3.2 Motion to Approve Amendments to Bylaw 2 to align with other College Bylaw to create consistency in fee charged for declined credit card charge

N. Zwiers explained that this change is to ensure the College’s bylaws are consistent.

It was moved by J. Daley and seconded by M. Doyle that Council approve the amendment to Bylaw 2 (9.01) to align it with Bylaw 3 (item 6.1). Motion CARRIED.

9.01 A fee of ~~\$35.00~~50.00 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

3.3 Motion to Approve Amendments to Bylaw 1 to Allow for One Selected Member on Council

D. Loundes declared a conflict of interest and left the room during the discussion and the vote on the motion.

N. Zwiers explained that Bylaw 1 allows for 1-2 selected members from the Michener on Council. The modernization of regulation is moving towards smaller Council sizes – this is a move in that direction.

It was moved by M. Doyle and seconded by C. Bezaire that Council approve the amendment to Bylaw 1 to reduce the number of selected members on Council from two to one. Motion CARRIED.

D. Loundes returned to the room following the vote.

3.4 Motion to Amend relevant Bylaws to create consistency in the eligibility requirements for selected members to be appointed to Council and/or College Committees

N. Zwiers explained that this change is to align with previous changes to Council bylaws for non-selected Council members.

It was moved by A. Katz and seconded by D. Shewfelt that Council approve the amendments as set out in Appendices A and B to the Briefing Note Re: Eligibility. Motion CARRIED.

3.6 Motion to Approve the Financial Statements

J. Daley commented that having the audit ready for the May Council meeting went smoothly, and there is nothing unusual to note in the audit.

It was moved by J. Daley and seconded by A. Katz that the motion be amended to approve the financial statements, not the auditor's report. Motion CARRIED.

3.7 Motion to Reappoint Hilborn LLP as the College's Auditor for the 2023 Fiscal Year

It was moved by J. Daley and seconded by D. Shewfelt that Council reappoint Hilborn LLP as the College's auditor for the 2023 fiscal year. Motion CARRIED.

4. Education Session – Presentation by Denitha Breau, Deputy Registrar, College of Social Workers and Social Services Workers of Ontario

D. Breau presented to Council on the governance review the OCSWSSW undertook and the changes that resulted from the review.

5. Discussion Items

5.1 Registrar's Report

N. Zwiers advised that the College recently hosted an information session for the Michener's most recent graduates. She also attended and presented at the OSC conference on April 28, 2023. N. Zwiers has been invited to speak at the Chiefs of Ontario about the podiatry model. The College submitted the College Performance Measurement Framework for 2022 by the March 31, 2023 deadline, and it is posted on the College's website.

Meghan Hoult recently returned from medical leave as the Manager, Operations.

The audit was a tighter timeframe than normal because the Council meeting was moved from June to May, but it was seamless because the auditor and the Audit Committee made it a priority.

The College has a new bank manager. N. Zwiers has met with him twice to optimize the College's finances.

The College's lease is up for renewal in March 2024. In September, the College will touch base with the landlord to discuss options. In the meantime, the College's summer student is working on digitizing the corporate records.

5.2 College Performance Measurement Framework

N. Zwiers noted that the 2022 CPMF is available on the College's website.

5.3 Good Governance Council Workshop

N. Zwiers conducted a workshop for Council on good governance.

6. In Camera

It was moved by D. Shewfelt and seconded by C. Bezaire to move in camera pursuant to section 7(2)(b) of the Health Professions Procedural Code on the basis that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public. Motion CARRIED.

Council moved in camera at 2:48 p.m.

7. Next Meeting

7.1 Council Meeting Dates for 2023

- September 22, 2023

7.2 Council Survey Reminder

7.3 Proposed Agenda Items for Next Meeting

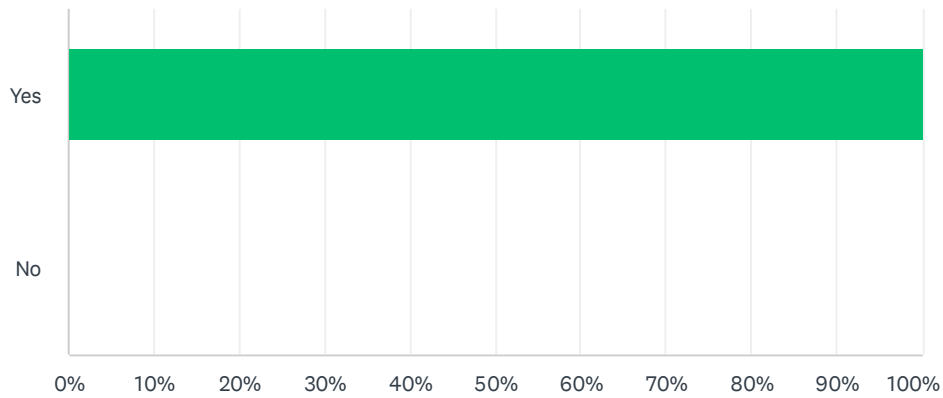
8. Adjournment

It was moved by D. Shewfelt and seconded by R. Bhandari that the meeting be adjourned. Motion CARRIED.

The meeting was adjourned at 2:54 p.m.

Q1 Was the meeting effective in achieving the goals of the meeting?

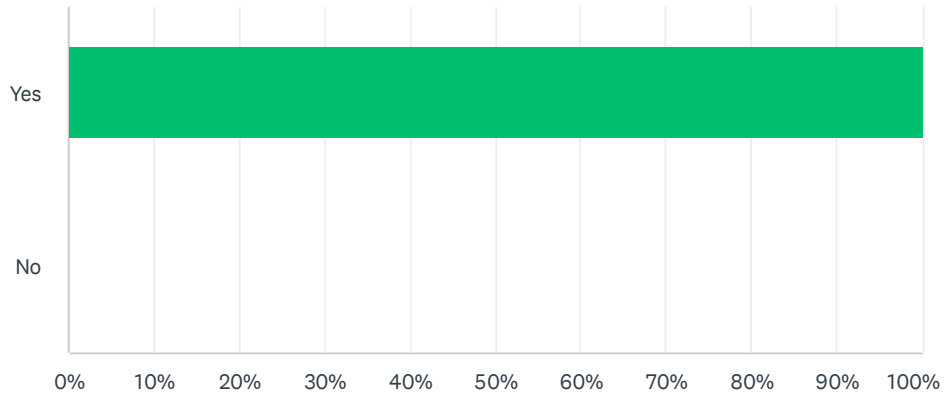
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	12
No	0.00%	0
TOTAL		12

Q2 Did the chair run an efficient and effective meeting?

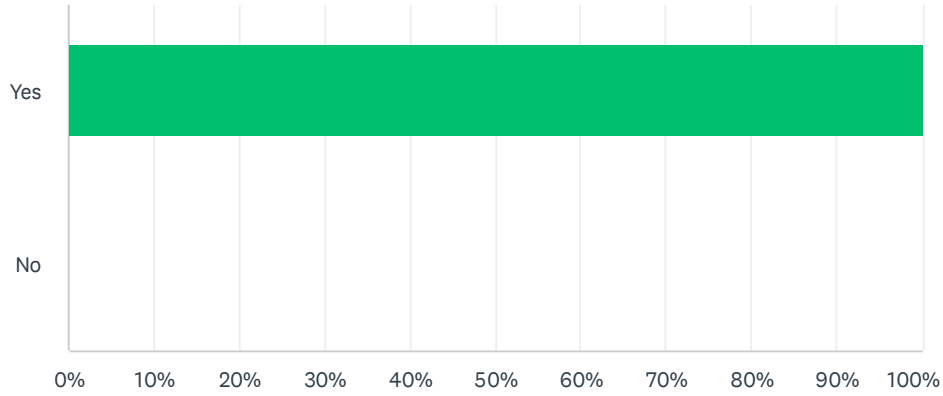
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	12
No	0.00%	0
TOTAL		12

Q3 Did you receive the materials in sufficient time to be adequately prepared for the meeting?

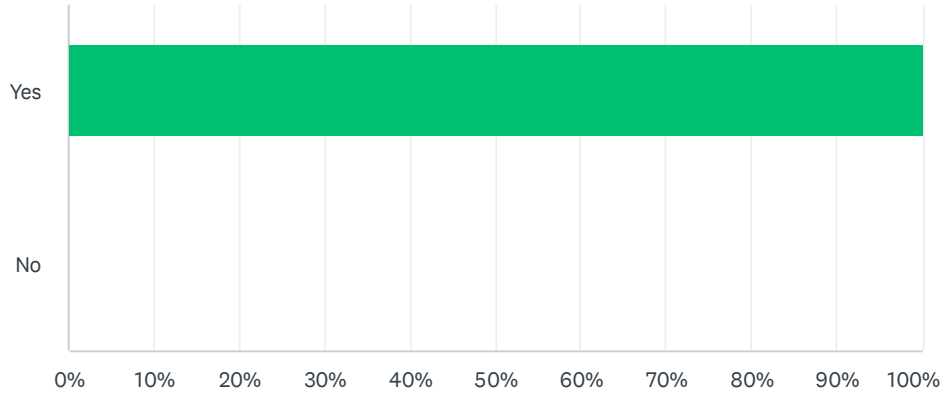
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	12
No	0.00%	0
TOTAL		12

Q4 Did all committee members appear reasonably prepared for the meeting?

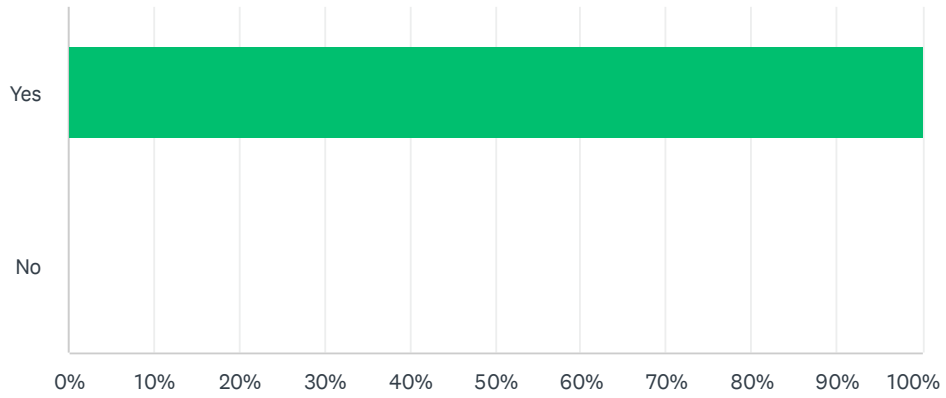
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	12
No	0.00%	0
TOTAL		12

Q5 Did all committee members participate in the meeting appropriately?

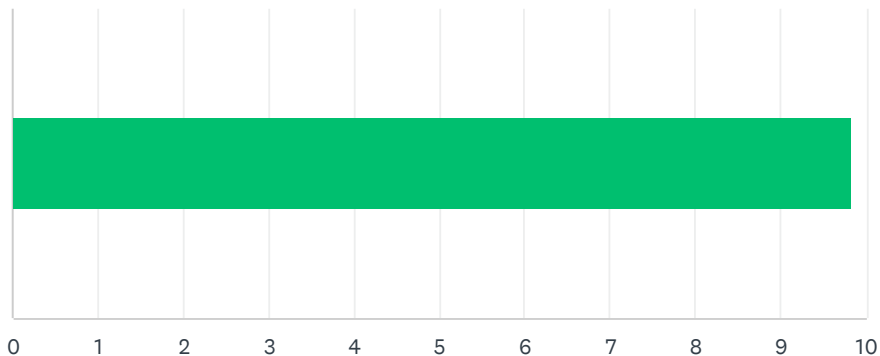
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	12
No	0.00%	0
TOTAL		12

Q6 On a scale of 1-10, how would you rate your overall experience for the meeting?

Answered: 12 Skipped: 0



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	10	118	12
Total Respondents: 12			

#		DATE
1	10	5/24/2023 4:35 PM
2	10	5/19/2023 9:32 AM
3	9	5/16/2023 8:55 AM
4	10	5/13/2023 7:16 PM
5	10	5/13/2023 3:35 PM
6	10	5/13/2023 12:53 PM
7	10	5/12/2023 6:34 PM
8	10	5/12/2023 6:24 PM
9	10	5/12/2023 6:11 PM
10	10	5/12/2023 4:46 PM
11	10	5/12/2023 4:09 PM
12	9	5/12/2023 3:13 PM

Q7 Please provide any comments, questions, concerns, or feedback that we can do differently at the next meeting.

Answered: 10 Skipped: 2

#	RESPONSES	DATE
1	I feel like the meeting went well because members were very well prepared.	5/24/2023 4:35 PM
2	Excellent Meeting. Positive and Productive.	5/19/2023 9:32 AM
3	NA	5/16/2023 8:55 AM
4	If an item is being removed from the agenda (e.g. the surgical competencies guideline), I would have liked to have known a little more information as to why.	5/13/2023 7:16 PM
5	I feel the meetings are well run and productive. It is nice to have the educational component.	5/13/2023 3:35 PM
6	Effective meeting	5/12/2023 6:34 PM
7	I do not have any suggestions for doing things differently. I do however value the ongoing educational component that is now part of the agenda. It is important to hear how other College's are dealing with governance issues.	5/12/2023 6:11 PM
8	No suggestions/recommendation. The meeting was conducted very professionally.	5/12/2023 4:46 PM
9	Educational presentations were excellent and appropriate to achieve good governance. Decision making items were adequately discussed and voted upon.	5/12/2023 4:09 PM
10	Hreat meetung, excellent pace. Food was very good.	5/12/2023 3:13 PM



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.2

PRACTICE ADVISOR REPORT

September 22, 2023 Council Meeting

Acting Practice Advisor - Peter Stavropoulos, DPM, Registered Podiatrist

Purpose: To provide Council with an overview of the Practice Advisor activities since the last meeting of Council. The Practice Advisor (PA) provides professional practice advice on behalf of the College, supporting Members by making sound and ethical clinical decisions that comply with legislative requirements, the Standards of Practice, and College policies and guidelines. The PA is also available to support the public with questions about the practice of chiropodists and podiatrists.

The Public Interest: The practice advisory service responds to inquiries from multiple stakeholders including the public. The PA is also available to support the public with questions about the practice of chiropodists and podiatrists in Ontario.

Data breakdown since the May Council meeting:

- Received 311 phone calls and emails relating to the practice advisory service between April 20 – August 31, 2023 inclusive.
- Collaborated with the practice advisors of other Colleges consistent with College Performance Measurement Framework recommended best practices.
- Sources of enquiries during this cycle included: members of the public, registrants, clinic managers, other regulated health professionals (for example, pharmacists, RNs), third party insurance companies, and referrals from College staff.

Ongoing work: Seeking to improve the practice advisory service to Registrants and stakeholders by:

- Continuing to increase awareness of the services provided by the PA.
- Enhance learning resources available on the College website.

Respectfully submitted,

Peter Stavropoulos, DPM
Acting Practice Advisor



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.1

DISCIPLINE COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Cesar Mendez, Chiropodist

Professional Members (Council):

Matthew Andrade, Chiropodist
 Melanie Atkinson, Chiropodist
 Chad Bezaire, Chiropodist
 Edward Chung, Podiatrist
 Donna Shewfelt, Chiropodist
 Jannel Somerville, Chiropodist
 Peter Stavropoulos, Podiatrist

Professional Members (Non-Council):

Riaz Bagha, Chiropodist
 Peter Guy, Chiropodist
 Stephen Haber, Podiatrist
 Brooke Mitchell, Chiropodist
 Eliot To, Chiropodist
 Shael Jeffrey Weinberg, Podiatrist

Public Appointees:

Ramesh Bhandari, Public Appointee
 Jim Daley, Public Appointee
 Allan Katz, Public Appointee
 Winnie Linker, Public Appointee
 Reshad Nazeer, Public Appointee

Selected Member:

Deborah Loundes, Chiropodist

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 registrants of the College.

MEETINGS

The Discipline Committee held a business meeting on May 11, 2023.

Completed Matters – April to July 2023

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 April and July 2023, the Discipline Committee disposed of two matters.

In the first case, after a contested hearing, the Registrant was found to have engaged in professional misconduct in that he:

- signed or issued, in his professional capacity, a document that contained a false or misleading statement;
- contravened the *Chiropractic Act* and its regulations;
- engaged in conduct that was dishonourable and unprofessional, and;
- failed to comply with an order of the Complaints Committee, the Discipline Committee or the Fitness to Practise Committee.

After finding the Registrant guilty of professional misconduct, the Panel made an order that included an:

- Oral reprimand
- 9-month suspension (2 remitted for completing courses)
- Supervision in the event the registrant hires a locum to take over his practice during the suspension.

The Registrant was ordered to pay \$70,000 in costs to the College.

This matter is currently under appeal.

In the second matter, after a contested hearing, the Panel found that the Registrant did not engage in professional misconduct as alleged by the College.

Outstanding Referrals to the Discipline Committee

Between April and July 2023, there were four referrals from the ICRC to the Discipline Committee. In total, there are six cases that have been referred to the Discipline Committee and are in progress.

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

A. HEARINGS

- **Completed hearings:** two hearings were completed between April and July 2023
- **Scheduled hearings:** there are no scheduled hearings at this time.

B. PRE-HEARING CONFERENCES

- **Completed pre-hearings:** No pre-hearing conferences took place between April and July 2023
- **Scheduled pre-hearings:** There are no scheduled pre-hearing conferences.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.2

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Peter Stavropoulos, Podiatrist

Professional Members (Council):

Matthew Andrade, Chiropodist
Melanie Atkinson, Chiropodist
Chad Bezaire, Chiropodist
Edward Chung, Podiatrist
Donna Shewfelt, Chiropodist
Jannel Somerville, Chiropodist

Professional Members (Non-Council):

Riaz Bagha, Chiropodist
Stephen Haber, Podiatrist
Cesar Mendez, Chiropodist
Brooke Erin Lee Mitchell, Chiropodist
Stephanie Shlemkevich, Chiropodist
Ruth Thompson, Chiropodist
Eliot To, Chiropodist
Shael Jeffrey Weinberg, Podiatrist

Public Appointees:

Ramesh Bhandari, Public Appointee
Jim Daley, Public Appointee
Allan Katz, Public Appointee
Winnie Linker, Public Appointee
Reshad Nazeer, Public Appointee

Selected Member:

Deborah Loundes, Chiropodist

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.

MEETINGS

The Committee held a business meeting on May 11, 2023 and September 21, 2023.

Complaints

In general, complaints come from patients and other members of the public, but other possible sources of complaints include insurance companies, registrants, 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 request that the Registrar appoint an investigator.

Between April and July 2023, the College received ten complaints. This number is slightly higher than usual. See chart 2 below for comparison.

A. Dispositions

Between April and July 2023, ICRC panels disposed of nine complaints matters as follows:

- 4 cases – no further action was taken
- 2 cases – withdrawn
- 3 cases – referral to the Discipline Committee

The nine complaint matters that were considered by ICRC panels were disposed of in an average of 129 days (this does not include the two matters that were withdrawn). This average is lower than what was reported in May 2023 (289.5 days), and it is below the 150-day benchmark outlined in the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991*.

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 registrants can request HPARB reviews.

Between April and July 2023 there were no appeals to HPARB.

C. Interim Orders

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

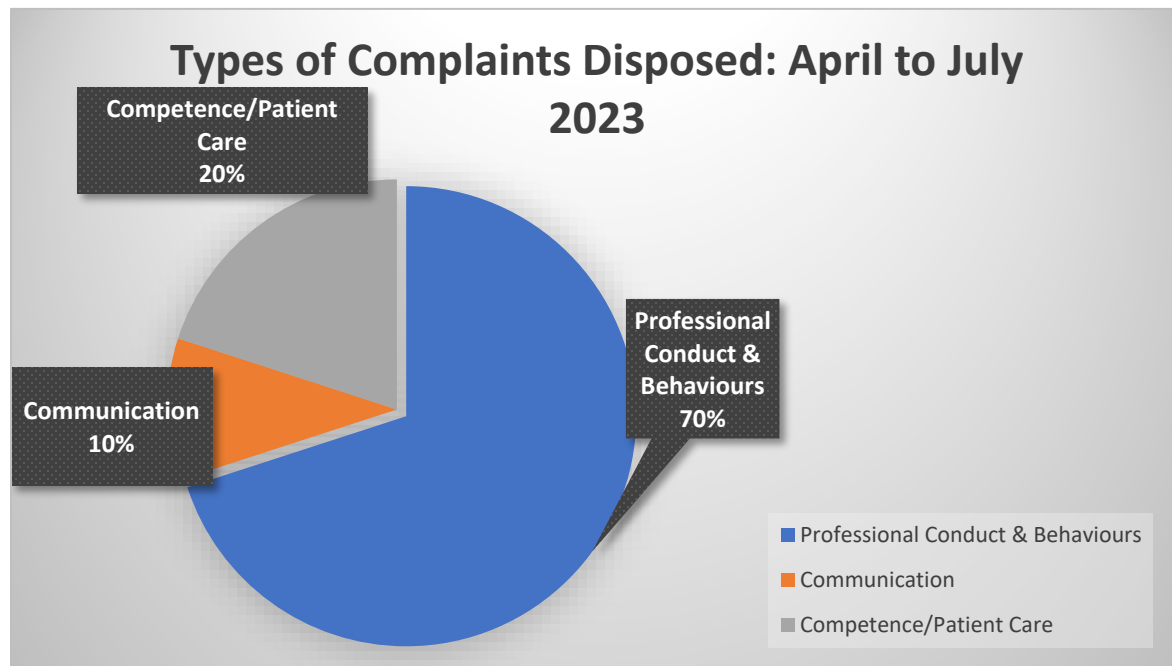
- The ICRC has formed the opinion that the registrant's conduct exposes or is likely to expose patients to harm or injury;
- The registrant has been provided with notice;

- The registrant 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 despoised of by a committee of the College.

The ICRC did not impose any interim orders between April and July 2023 because of a complaint.

Chart 1



Reports - Registrar Investigations

Reports come from employers, facility operators, registrants, 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 April and July 2023, an investigator was appointed to conduct three Registrar Investigations.

B. Dispositions

Between April and July 2023, panels of the ICRC disposed of two Registrar Investigations.

C. Interim Orders

The ICRC imposed one interim order because of a Registrar investigation April to July 2023.

Chart 2

	June – September 2021	October 2021 – January 2022	February –May 2022	June – September 2022	October – December 2022	January to March 2023	April to July 2023
Complaints	8	8	9	8	1	4	10
Registrar’s Investigations	1	1	2	1	1	11	3

Reports from the Quality Assurance Committee

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

Between April and July 2023, the ICRC disposed of one referral from the QAC by taking no further action, and it has an ongoing referral from 2022.

Health Inquiries

The ICRC conducts inquiries into whether a registrant has a mental or physical condition or disorder that impacts the registrant’s capacity to practice safely. The ICRC makes inquiries and may require the registrant to undergo medical examinations and suspend the registrant’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 complete any health inquiries between April and July 2023.

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.

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 registrant. The registrant may make written submissions to the ICRC within 30 days of the date of the notice.

B. *Stage 2: Additional comments from complainant*

The registrant's response may be provided to the complainant who may provide comments.

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

The complainant's response is provided to the registrant 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 registrant'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 the 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 registrant, 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 July 2023

As of the end of July 2023, there were six active complaints.

Date Received	Days Elapsed	Stage1	Stage 2	Stage 2a	Stage 3	Stage 3a	Stage 4
April 11, 2023	111	✓	✓	✓	✓	✓	
April 20, 2023	102	✓	✓	✓	✓	✓	✓
April 26, 2023	96	✓	✓	✓	✓	✓	✓
May 26, 2023	66	✓	✓	✓	✓	✓	
June 20, 2023	41	✓	✓				
July 25, 2023	6	✓					

Average: 70.3 days

ICRC Active Registrar Investigations Files

The process for Registrar Investigations differs from the complaints process. Usually, the Registrant 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 July 2023

As of the end of July 2023, there were four ongoing Registrar's investigations.

Date Received	Days Elapsed	Stage1	Stage 2	Stage 2a	Stage 3	Stage 3a	Stage 4
February 7, 2023	174	✓	✓	✓	✓	✓	
April 19, 2023	103	✓	✓	✓	✓	✓	
May 8, 2023	84	✓	✓	✓	✓	✓	
May 23, 2023	69	✓	✓	✓	✓	✓	

Average: 107.5 days



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.3

QUALITY ASSURANCE COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Millicent Vorkapich-Hill, Podiatrist

Professional Members (Council):

Melanie Atkinson, Chiropodist

Matthew Doyle, Chiropodist

Professional Members (Non-Council):

Lisa Balkarran, Chiropodist

Brooke Mitchell, Chiropodist

Tina Rainville, Chiropodist

Julie Fraser, Chiropodist

Andrew Klayman, Podiatrist

Millicent Vorkapich-Hill, Podiatrist

Public Appointees:

Ramesh Bhandari, Public Appointee

ROLE OF THE COMMITTEE

The Quality Assurance Committee (QAC) provides regulatory oversight through annual practice assessments and continuing education opportunities to ensure that Chiropodists and Podiatrists in Ontario are practicing in accordance with the College's standards.

Practice Assessments

Practice Assessments afford the College with an opportunity to provide collegial feedback and direction to members of the profession. In addition, the practice assessments allow broader concerns to be addressed that can potentially eliminate the need for a future complaint and enhance registrants' focus on public safety.

The Committee met on May 15, 2023, to review draft revisions to the practice assessment and chart review reports, and the self-assessment tool. The committee will hold its inaugural Business

Meeting on September 21, 2023 for educational development and training of Committee members. The Committee is developing a surgical suite assessment tool to be rolled out in 2024.

The 2023 practice assessment process is in progress.

Continuing Education

Registrants are required to accrue a minimum of fifty (50) credit hours over a period of 2 years. The previous cycle began on January 1, 2020, and ended on December 31, 2021. The current cycle began on January 1, 2022, and will end on December 31, 2023.

The continuing education and assessment cycle will move to an annual cycle commencing in January 2024 and will replace the existing 2-year cycle. Further details of the new cycle will be provided to members closer to the end of 2023.

An online portal for members to track their continuing education credits throughout the year will go live in early 2024.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.4

REGISTRATION EXAMINATION COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Stephanie Shlemkevich

Professional Members (Council):

Andrew Klayman
Donna Shewfelt
Matthew Doyle

Professional Members (Non-Council):

Brooke Mitchell
Julie Fraser

Public Appointees:

N/A

ROLE OF THE COMMITTEE

Individuals wishing to practice as a Chiropodist in Ontario must be registered with the College of Chiropodists in accordance with the Chiropody Act, 1991 and its Regulations. New applicants 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 a clinical (OSCE) component.

EXAMINATIONS

The OSCE took place on June 3, 2023 and the written components took place on June 6, 2023 (online proctored). A total of 31 applicants sat one or more components of the exams. 19 applicants were successful, while 12 candidates failed one or more components of the examination.

Results by Component					
Core		JP		OSCE	
Pass	Fail	Pass	Fail	Pass	Fail
24	6 Michener (6)	26	3 Michener (3)	23	6 Michener (4) International (2)

Results Overall	
Pass (Eligible to Register)	Fail
19	12

The next round of examinations will be taking place on October 21, 2023 (OSCE) and November 2, 2023 (Written).

MEETINGS

The Committee met on June 22, 2023 to debrief about the OSCE, and to review and consider the updated Accommodations Policy and Registration Examination Failures Policy. The updated Accommodations Policy was adopted and the Registration Examination Failures Policy will be considered by the Registration Committee.

DECISION/OUTCOMES

The Committee will continue building the exam question bank, with a goal of adding a total of 200 new multiple-choice questions and 7 new OSCE stations to the bank by the end of 2023/2024. The Committee will also focus on updating pharmacology questions to incorporate the College's newly approved drug regulation.

NEXT MEETING

A Committee meeting is scheduled on September 15, 2023 to establish goals for 2023-2024 and plan subcommittee work.

A Committee Business Meeting is scheduled on November 10, 2023.

Members will have assigned committee work to complete on their own time.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.5

STANDARDS AND GUIDELINES COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Brooke Mitchell, Chiropodist

Professional Members (Council):

Ed Chung, Podiatrist

Chad Bezaire, Chiropodist

Peter Stavropoulos, Podiatrist

Professional Members (Non-Council):

Peter Guy, Chiropodist

Jannel Somerville, Chiropodist

Brooke Mitchell, Chiropodist

Public Appointees:

Jim Daley, Public Appointee

Selected Member:

Deborah Loundes, Chiropodist

ROLE OF THE COMMITTEE

The Standards and Guidelines Committee is a standing committee charged with developing, reviewing, updating, and managing standards, guidelines, advisories, and other documents as requested by the Executive Committee. The Committee relies on legal expertise and advice from other committees in developing practice resources.

MEETINGS

The Committee met three times since the last Council meeting.

DECISION/OUTCOMES

The Committee reviewed the revised the Fee, Billing and Accounts Guideline, and developed the Acupuncture Standard of Practice and the Surgical Competencies Standard of Practice. These documents are before Council for its consideration.

NEXT MEETING

There are no meetings scheduled at this time.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.6

REGISTRATION COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Matthew Doyle, Chiropodist

Professional Members (Council):

Melanie Atkinson, Chiropodist
Matthew Andrade, Chiropodist
Peter Stavropoulos, Podiatrist
Matthew Doyle, Chiropodist

Professional Members (Non-Council):

Deepka Duggal, Chiropodist
Tejinder Singh Sahota, Chiropodist

Public Appointees:

Ramesh Bhandari, Public Appointee

ROLE OF THE COMMITTEE

The Registration Committee supports the College's public protection mandate by developing, establishing, and maintaining standards of qualification for persons to be issued certificates of registration with the College.

MEETINGS

The Registration Committee has not held any meetings since the last Report.

NEXT MEETING

The next Committee meeting will be held on an as-needed basis.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.7

PATIENT RELATIONS COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Peter Stavropoulos, Podiatrist

Professional Members (Council):

Matthew Doyle, Chiropodist
Peter Stavropoulos, Podiatrist

Professional Members (Non-Council):

Pauline Looj, Chiropodist
Brooke Mitchell, Chiropodist

Public Appointees:

Allan Katz, Public Appointee
Jim Daley, Public Appointee

ROLE OF THE COMMITTEE

This Committee reviews and oversees the Patient Relations Program and supports the College's commitment to address concerns about a registrant's conduct. The *Regulated Health Professions Act, 1991* outlines two specific roles for the PRC:

- advise Council with respect to the patient relations program (PRP), which must include measures for preventing and dealing with patient sexual abuse;
- administer funding for therapy and counselling for patients who are named in a sexual abuse complaint or report.

MEETINGS

The Committee had one meeting since the last Council meeting.

DECISION/OUTCOMES

N/A

NEXT MEETING

None scheduled.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.8

FITNESS TO PRACTISE COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Brooke Mitchell, Chiropodist

Professional Members (Council):

Matthew Doyle, Chiropodist

Professional Members (Non-Council):

Peter Guy, Chiropodist

Pauline Looi, Chiropodist

Cesar Mendez, Chiropodist

Kimberley Resmer, Chiropodist

Eliot To, Chiropodist

Brooke Mitchell, Chiropodist

Public Appointees:

Winnie Linker, Public Appointee (until July 10, 2023)

ROLE OF THE COMMITTEE

The Fitness to Practise Committee supports the College's public protection mandate by conducting hearings to assess whether a member is incapacitated, after the matter has been referred by the Inquires, Complaints and Reports Committee.

MEETINGS

None

DECISION/OUTCOMES

None

NEXT MEETING

There are no future meetings scheduled at this time.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.9

TECHNICAL COMMITTEE REPORT September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Edward Chung, Podiatrist

Professional Members (Council):

Chad Bezaire, Chiropodist
Edward Chung, Podiatrist (Chair)
Matthew Doyle, Chiropodist

Professional Members (Non-Council):

John Lanthier, Podiatrist

Public Appointees:

None

ROLE OF THE COMMITTEE

The Technical Committee was established by Council as an ad hoc committee. Its mandate is to support Council by responding to questions relating to the acceptability of practice modalities and emerging technologies.

MEETINGS

The Committee met twice regarding two separate issues on July 18th and August 10th, 2023 since the last Council meeting in May 2023. This Committee convened upon request from the Registrar to address an enquiry from the Practice Advisor service.

DECISION/OUTCOMES

On July 18, 2023, the Technical Committee met with a quorum established. A College registrant requested a clarification on using Laser for treating Onychomycosis (fungal infection of the nail).

The Committee deliberated and a summary of recommendations was sent to the Registrar on July 24, 2023.

The Committee recommended the following:

- i. Low level Laser use for treating suspected fungal toenails should be termed “treatment”
- ii. College registrant should be reminded of the Health Canada advisory posted On December 5, 2019, in order to obtain a proper informed consent for the Laser treatment of Onychomycosis <https://recalls-rappels.canada.ca/en/alert-recall/health-canada-clarification-laser-based-medical-devices-are-not-licensed-canada-cure#media-medias>
- iii. COCOO Laser Guidelines (2017) may need review and update https://www.cocoo.on.ca/pdf/guidelines/use_of_the_lasers.pdf

On August 10, 2023, the Technical Committee met with a quorum established. A College registrant requested a clarification on Custom Accommodative inserts from a specific Shoes and Orthotics Laboratory located in the U.S.A.

The Committee reviewed our COCOO PCFO Standards; Fees, Billing and Accounts Guidelines; documents from the specific Manufacturer. The Committee deliberated and a summary of recommendations was sent to the Registrar on August 14, 2023.

The Committee recommended the following:

- a. COCOO members shall follow our College PCFO Standards from prescribing to dispensing and post-dispensing follow-up of custom made foot orthosis https://www.cocoo.on.ca/pdf/standards/standard_orthotics.pdf
- b. COCOO members should exercise their professional judgement on whether an outsource orthotics manufacturer is indeed providing a custom made product for the member to be dispensed to the public
- c. “Custom” orthosis must be custom made
- d. Modification of pre-fabricated insoles are not “custom” or custom made
- e. Heat mouldable pre-fabricated inserts are not “custom” or custom made
- f. Foam box impressions are not compliant with COCOO PCFO Standards
- g. Custom made Accommodative Orthosis must be custom made with precise and accurate off-loading sites in order to fully benefit the patient
- h. Orthotic fees should follow the Fees, Billing and Accounts Guidelines <https://www.cocoo.on.ca/pdf/guidelines/fees.pdf>

NEXT MEETING

No meeting scheduled as of August 15, 2023.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.10

STANDING DRUG COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Peter Stavropoulos, Podiatrist

Professional Members (Council):

Peter Stavropoulos, Podiatrist
Jannel Somerville, Chiropodist

Professional Members (Non-Council):

Cesar Mendez, Chiropodist

Public Appointees:

Jim Daley, Public Appointee

ROLE OF THE COMMITTEE:

With the newly amended Drug Regulation now enacted, this committee has been actively involved in the messaging to registrants and other stakeholders about the implementation of this legislation.

MEETINGS:

This Committee met on June 14 and June 19, 2023.

DECISION/OUTCOMES:

The Committee will serve to review applications by registrants for specific drug prescribing privileges as needed. As already identified, the Committee will also continue to work with the MOH to pursue the category approach for our Drug Regulation.

NEXT MEETING:

There are no meetings scheduled at this time.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.11

ELECTIONS COMMITTEE REPORT September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Allan Katz, Public appointee

Professional Members (Council):
Matthew Doyle, Chiroprapist

Professional Members (Non-Council):
none

Public Appointees:

Allan Katz, Public appointee
Jim Daley, Public appointee
Ramesh Bhandari, Public appointee

ROLE OF THE COMMITTEE

The Elections Committee is a standing committee of the College. This Committee is mandated by the College's General By-law. The Elections Committee deals with disputes relating to the election of Council members and other matters provided in the by-laws, other disputes or issues referred to it by Council or the Executive Committee and it studies and makes recommendations to Council for improving the election process.

MEETINGS

The Election Committee has not met since January 12, 2023.

DECISION/OUTCOMES

Following two calls for nominations, one chiropody member came forward in District 3, and **Murtuza Najmudin, D.Ch.** has been acclaimed to Council.

Following two calls for nominations to the members in Combined District 2, a general call went out to all podiatry members to fill this Council position. One podiatry member came forward,

and **Andrew Klayman, DPM** will be put before Council for appointment at their September 22, 2023 meeting.

NEXT MEETING

None scheduled at this time.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.12

STRATEGIC PLANNING COMMITTEE REPORT

September 22, 2023, Council Meeting

COMMITTEE MEMBERS

Chair: Millicent Vorkapich-Hill, Podiatrist

Professional Members (Council):

Peter Stavropoulos, Podiatrist
Matt Doyle, Chiropodist

Professional Members (Non-Council):

Jannel Somerville, Chiropodist
Millicent Vorkapich-Hill, Podiatrist

Public Appointees:

Allan Katz, Public Appointee
Jim Daly, Public Appointee

ROLE OF THE COMMITTEE

The Strategic Planning Committee's role is to ensure that the College's two main objectives of sustainability and the adoption of the podiatry model in Ontario, are attainable over the next 3 to 5 years.

MEETINGS

Key Performance Indicators (KPIs) were drafted at the November 9, 2022, Strategic Planning Committee meeting and unanimously passed at the January 2023 Council meeting. This list of ten KPIs provide a means of measurement of the College's success in meeting the stated objectives. These KPIs are a requirement as part of the College Performance Measurement Framework (CPMF) that must be submitted annually to the Ministry of Health.

The Committee will be making recommendations to Council on those goals and actions as well as reporting to the committee on the measurements of success in achieving the KPIs. In addition, the Committee will make recommendations to Council on any matter within its responsibility.

DECISION/OUTCOMES

The Committee met in August to review the KPIs and discuss the appropriate metrics to be applied to transparently measure the College's success in achieving the KPIs. The Committee has agreed to the development of a Dashboard reporting tool that will be shared with Council at all Council meetings going forward and posted on the College's website, that will capture all relevant information about the KPIs, the metrics used to measure achievement, the result of the measurement and next steps.

The Committee has agreed to the formation of a working group consisting of the Committee members and Council member, Ed Chung, to continue to develop the competencies for each category of registrant under the proposed podiatry model and to finalize the Dashboard reporting tool.

NEXT MEETING

The Committee is meeting on September 8, 2023.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.13

REGISTRAR'S PERFORMANCE AND COMPENSATION COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Allan Katz, Public Appointee

Professional Members (Council):

Melanie Atkinson, Chiropodist
Peter Stavropoulos, Podiatrist (ex-officio)

Professional Members (Non-Council):

None

Public Appointee Members:

Allan Katz

ROLE OF THE COMMITTEE

The Registrar's Performance and Compensation Review Committee's responsibilities include, but are not limited to:

1. Providing input and support to Council President on mid-year (May-June) performance review and annual (Dec-Jan) performance review, goal planning and compensation;
2. As required, conducting compensation and benefits market review, normally done through engagement of an external consultant, and with the prior approval of the Executive Committee;
3. Presenting to Council the results of all compensation reviews conducted by the Registrar's Performance and Compensation Review Committee, along with any recommendations it has in connection with changes to the Registrar's compensation.

MEETINGS

No meetings have been held since the last Council report. With Winnie Linker's end of term on Council, Allan Katz was appointed by the Executive to assume the Chair position of this Committee.

DECISION/OUTCOMES

N/A

NEXT MEETING

November/December to make recommendations to the Council as per the Committee's mandate.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.14

AUDIT COMMITTEE REPORT

September 22, 2023 Council Meeting

COMMITTEE MEMBERS

Chair: Jim Daley, Public Appointee

Professional Members (Council):

Ed Chung, Podiatrist

Melanie Atkinson, Chiropodist

Professional Members (Non-Council):

None

Public Appointee:

Jim Daley

ROLE OF THE COMMITTEE

To assist Council in the consideration of the College's audited financial statements, including meeting with the College's auditors at least once before the audited annual financial statements are presented by the Committee for approval of Council.

MEETINGS

There have been no meetings since the last Council meeting.

DECISION/OUTCOMES

N/A

NEXT MEETING

None scheduled.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.3

COUNCIL BRIEFING NOTE

RE: Conflict of Interest and Bias By-Law Amendments

Background:

The College is tasked with the important mandate of protecting the public. The College is governed by a Council comprised of both professional members and public members who must consider matters to properly govern the organization and make decisions by vote. All Council and College Committee members have a fiduciary duty to make all decisions in the best interests of the College. At the core of the proper functioning of Council and, by extension, the College, is the requirement that all Council and College Committee members declare any conflict of interest or reasonable appearance of bias that could either cloud their judgement in making a decision or that may undermine the integrity of the Council or Committee's decision-making due to a real or perceived conflict or bias. For this reason, the College's bylaws have provisions and a process for identifying and addressing any conflicts of interests or bias arising.

It is recognized that conflicts of interests will arise ordinarily in the course of Council and Committee business as Council and Committee members may have various other commitments, memberships and interests that could be viewed as competing with the College's best interests. It is further recognized that the obligation to identify a conflict of interest rests with every Council and Committee member, not only with respect to themselves, but also with respect to identifying a conflict of interest or appearance of bias with respect to any other Council or Committee member.

Moreover, there are certain instances where an individual may be deemed to have a conflict of interest in respect of certain matters solely based on the individual's employment or leadership role in another organization. For that reason, the proposed amendment deems the selected member, being a faculty member employed by the Michener Institute, and any other member who is employed by an educational institution that has a chiropody or podiatry program, to be in a deemed conflict of interest in respect of any decisions relating to a chiropody or podiatry program and/or chiropody or podiatry students enrolled in such a program. The aim of the inclusion of this amendment is to maintain the integrity of Council and Committee decisions and to streamline the process of identifying and addressing conflicts of interest that are likely to exist or be perceived to exist.

Public Interest Rationale for Decision:

It is in the public interest that the College ensure there is a clear process for identifying and addressing any conflicts of interest or appearances of bias in all Council and Committee decision-making.

Recommended Motion:

That Council approve the amendments to By-law 4, attached as Appendix C.

Mover: _____

Seconder: _____



BY-LAW NO. 4: CODE OF CONDUCT OF COUNCILLORS AND COMMITTEE MEMBERS

DEFINITIONS

1.01 In this by-law and in any other by-law of the College, unless otherwise defined or required by the context of the specific provision,

“**bias**” includes a reasonable apprehension of bias as described by Articles 7.03 and 7.05;

“**committee**” means a committee or a panel of a committee of the College including any statutory, standing or ad hoc committee;

“**committee member**” means a member of a committee other than an employee of the College serving on an ad hoc or standing committee;

“**panel**” means a panel of a statutory committee of the College;

“**related corporation**” means a corporation wholly or substantially owned or controlled by the councillor or committee member or related person of that councillor or committee member;

“**related person**” is any person who has one of the following relationships to the councillor or committee member or to the spouse of the councillor or committee member, whether based on blood, marriage, common-law or adoption, namely:

- i) child or spouse of a child;
- ii) grandchild or spouse of a grandchild;
- iii) parent or spouse of a parent;
- iv) grandparent or spouse of a grandparent;
- v) sibling or spouse of a sibling



and in respect of the definition of related person,

“**child**” means a child born within or outside marriage and includes an adopted child and a person whom a parent has demonstrated a settled intention to treat as a child or his or her family;

“**parent**” means a person who has demonstrated a settled intention to treat a child as a member of his or her family whether or not that person is a natural parent of the child;

“**spouse**” means a person to whom the person is married or with whom the person is living in a conjugal relationship outside marriage.

2.01 A conflict of interest may be actual or potential, real or perceived, direct or indirect.

3.01 A conflict of interest exists where

- i) a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the councillor's or committee member's judgment was likely to have been influenced by the personal financial interest of the councillor or committee member or by the financial interest of a related person or a related corporation of that councillor or committee member;
- ii) the councillor is a person who holds a position with another organization such that reasonable person knowing the relevant facts would conclude or perceive that the exercise of the councillor's judgment was likely to have been influenced by that councillor's responsibilities or duties to that other organization; or
- iii) the committee member is a person who holds a position with another organization such that a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the committee member's judgment was likely to have been influenced by that committee member's responsibilities or duties to that other organization.

4.01 A councillor shall be deemed to have a conflict of interest if the councillor holds any of the following positions in an international, national or provincial association or organization whose members are predominately chiropractors, podiatrists or other foot care providers and whose mandate in any way relates to the provision of foot care by its members:

- i) a director, officer or member of the governing body of the organization; or



- ii) Executive Director, Chief Administrative Officer or another position with similar duties in the organization.

4.02 A councillor or committee member shall be deemed to have a conflict of interest if he or she applies for employment with the College unless he or she first resigns as a councillor or committee member.

5.01 Subject to Article 5.02, each councillor and each committee member shall, prior to commencing to serve as a councillor or committee member, provide to the Registrar a list of all of the organizations for which he or she serves and in respect of which it is reasonably conceivable that a conflict of interest could arise, including details of the nature of the duties the individual has with that organization.

5.02 A councillor or committee member who is a councillor or committee member when Article 5.01 of this by-law comes into force shall have sixty days from that date to provide the list referred to in Article 5.01.

5.03 Each councillor and committee member shall also advise the Registrar of any changes to the information provided under Article 5.01 or 5.02 within a reasonable period of the change taking place.

6.01 The Registrar shall provide the information referred to in Articles 5.01, 5.02 and 5.03 to the Executive Committee.

7.01 A bias exists where there is actual bias or reasonable apprehension of bias.

7.02 A bias exists in the context of a hearing or meeting involving a decision that directly affects a named person where the committee member who is a member of the decision-making panel has an association, relationship, non-financial interest or activity that is incompatible with his or her responsibilities as an impartial decision-maker.

7.03 There is reasonable apprehension of bias in the context of a hearing or meeting involving a decision that directly affects a named person if a reasonable person, well informed of the facts, might reasonably conclude that the committee member's decision was not impartial nor based solely on the evidence or information properly received by the committee, but rather, influenced by the existence of personal extraneous factors which may include but are not limited to

- i) the committee member's connection with the issue(s) or the decision(s) to be made; or



- ii) the committee member's connection with a person or persons involved in the proceeding, including the person who is the subject matter of the hearing or meeting or any person whose evidence or information is presented at the hearing or meeting.

7.04 A bias exists in the context of the meeting of Council or a committee which does not involve a decision that directly affects a named person if the councillor or committee member's decision was one not impartially made in the best interests of the College, but rather, influenced by the existence of personal extraneous factors.

7.05 There is reasonable apprehension of bias in the context of a meeting of Council or a committee which does not involve a decision that directly affects a named person if a reasonable person, well informed of the facts, might reasonably conclude that the councillor or committee member's decision was one not impartially made in the best interests of the College, but rather, influenced by the existence of personal extraneous factors.

8.01 If a councillor believes that he or she has a conflict of interest or bias in respect of any matter which is the subject of either debate or action or intended action by Council, the councillor shall,

- i) prior to any consideration of the matter at a meeting of Council, disclose to the Council the fact that he or she has a conflict of interest or bias which prevents him or her from participating;
- ii) not take part in the discussion of or vote on any question in respect of the matter;
- iii) absent himself or herself from that portion of the meeting relating to the matter; and
- iv) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence the other councillors or the decision relating to that matter.

8.02 Where a councillor declares a conflict of interest or bias in accordance with Article 8.01, that fact shall be reflected in the minutes of that meeting of Council.

9.01 If a committee member believes that he or she has a conflict of interest or bias respecting any action or intended action of that committee, the committee member shall,

- i) in the case of a member of a committee which is holding a hearing,



- (a) immediately upon determining that a conflict of interest or bias may exist, disclose to the chair of the panel the existence of a potential conflict of interest or bias without disclosing any details and, if required, ask the chair for a recess;
 - (b) if the committee member is not sure whether to excuse himself or herself from the panel, privately disclose the conflict of interest or bias to the panel's independent legal counsel in order to seek legal advice;
 - (c) unless the member is satisfied that no conflict of interest or bias exists, decline to participate in any way in respect of the hearing and remove himself or herself from the panel; and
 - (d) where the member removes himself or herself from the panel, not attempt in any way to influence or do anything which might be reasonably perceived as an attempt to influence any of the other members of the panel or of the committee or the outcome of the hearing; and
- ii) in the case of a member of a committee which while not holding a hearing is involved in a matter which directly affects the rights of a specifically named member or person (e.g. Patient Relations Committee, Inquiries, Complaints and Reports Committee, Executive Committee, Quality Assurance Committee, Registration Committee),
- (a) immediately upon determining that a conflict of interest or bias may exist, disclose to the chair of the panel or if no panel exists, the chair of the committee or meeting, the existence of a potential conflict of interest or bias without disclosing any details and if required, ask the chair for a recess;
 - (b) if the committee member is not sure whether to excuse himself or herself from the committee in respect of the matter, privately disclose the conflict of interest or bias to the Registrar or the Registrar's delegate to obtain advice;
 - (c) unless the member is satisfied that no conflict of interest or bias exists, decline to participate in any way in respect of the matter; and
 - (d) where the member declines to participate in any way in respect of the matter, not attempt in any way to influence or do anything which might be reasonably perceived as an attempt to influence



any of the other members of the panel or of the committee or the outcome in respect of the matter.

- 9.02** Where a committee member declares a conflict of interest or bias in accordance with Article 9.01 (ii), that fact shall be recorded in the minutes of that committee's meeting.
- 10.01** Where a councillor believes that another councillor or a committee member has breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law, he or she may advise the Executive Committee in writing.
- 10.02** If the Registrar receives information that indicates that a councillor or committee member may have breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law, the Registrar may report the information to the Executive Committee in writing.
- 11.01** The Executive Committee shall notify the person whose conduct is the subject of concern of the nature of the concern and provide that person with a reasonable opportunity to make written or oral submissions or both to the Executive Committee.
- 12.01** The Executive Committee shall make a preliminary determination of the relevant facts and report those facts to the person whose conduct is the subject of concern.
- 12.02** The Executive Committee shall make reasonable efforts to resolve the matter to its satisfaction.
- 13.01** If the Executive Committee is of the view that further action may be required by Council, the issue shall be placed on the agenda for the next meeting of Council.
- 14.01** The Registrar shall advise the person whose conduct is the subject of concern of the date of the next meeting of Council and of his or her opportunity to make either written or oral submissions to the Council should he or she wish to do so.
- 15.01** After providing the opportunity referred to in Article 14.01, Council shall determine whether any material facts are in dispute.
- 15.02** If material facts are in dispute, Council shall adopt a fair and reasonable process to determine those facts which may include the appointment of an independent third party ("ITP") to investigate and provide a written report to Council respecting those facts.



- 15.03** Where Council does not appoint an ITP, the process to determine those facts shall provide the person whose conduct is in question with disclosure of the allegations and relevant information supporting the allegations as well as an opportunity to make written or oral submissions or both to the Council.
- 15.04** Where Council does not appoint an ITP, it shall endeavour to make the decisions required by Article 19 at or before the next regular meeting of Council.
- 16.01** Whether or not Council determines to appoint an ITP, it may suspend the person whose conduct has been brought into question from all of his or her duties with the Council, including all committees of the College, until the matter is finally disposed of provided Council is satisfied that the suspension is necessary to ensure the integrity of the College and/or its processes.
- 17.01** Where an ITP is appointed, the ITP shall use a process that provides the person whose conduct is in question with disclosure of the allegations and relevant information supporting the allegations as well as an opportunity to make written or oral submissions or both to the ITP.
- 17.02** After completing the investigation, the ITP shall provide a written report to Council which shall include the ITP's findings as to whether, in the ITP's opinion, the person whose conduct is the subject of concern breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law and, if so,
- i) whether, in the ITP's opinion, the breach was due to inadvertence or as a result of the wilful conduct or the gross neglect of the person; and
 - ii) whether, in the ITP's opinion, the person's actions have had or are likely to have serious and substantial negative implications for the College as well as the ITP's reasons for those findings and opinions.
- 17.03** The ITP shall complete the investigation and deliver to the Registrar the report referred to in Article 17.02 within forty-five days or such longer period of time as may be permitted by the Executive Committee.
- 17.04** The Registrar shall provide a copy of the report to the Executive Committee and unless the Executive Committee directs that a special meeting of Council be called, the report and the determination of what action to take in respect of the person whose conduct is the subject of concern shall be included in the agenda of the next regular meeting of Council.
- 18.01** The Council may adopt either in whole or in part any of the findings and opinions of the ITP.



- 19.01** Following the determination of all of the relevant facts, Council shall determine whether the person breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law.
- 19.02** If Council determines that the person did not breach any Code of Conduct for councillors and committee members adopted by Council or breach this by-law, no further action shall be taken and any suspension imposed by Article 16.01 shall automatically be lifted.
- 19.03** Where Council determines that the person breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law, it shall
- i) in the case of a councillor, and where Council determines that the breach was wilful or caused by the gross neglect of the councillor or, that although inadvertent, the councillor's actions have had or are likely to have serious and substantial negative implications for the College, request the immediate written resignation of the person from the Council and all committees, and if the resignation is not received forthwith, disqualify the councillor;
 - ii) in the case of a committee member who is not a councillor, and where Council determines that the breach was wilful or caused by the gross neglect of the committee member or, that although inadvertent, the committee member's actions have had or are likely to have serious and substantial negative implications for the College, request the immediate written resignation of the person from all committees, and if the resignation is not received forthwith, disqualify the committee member; or
 - iii) where action under clause i) or ii) is not considered appropriate, demand an apology and, if considered appropriate, suspend the person from any and all duties of Council or a committee or both until an apology is received or other resolution acceptable to Council is reached.
- 19.04** If Council disqualifies a councillor from Council, it shall
- i) in the case of an elected councillor, treat the situation in the same way as if a vacancy had been created as a result of the resignation of that councillor; and
 - ii) in the case of a councillor appointed by the Lieutenant-Governor in Council, suspend the councillor from all of his or her duties with the Council including all committees of the College and immediately advise the



Minister of Health and Long-Term Care of its decision and the reasons for it.

- 19.05** If Council determines to disqualify a committee member, it shall
- i) in the case of a non-council committee member, treat the situation in the same way as if a vacancy had been created as a result of the resignation of that non-council committee appointee; and
 - ii) in the case of a committee member who is not a non-council committee appointee, remove the person from all committees.

PROCEDURAL AND OTHER SAFEGUARDS

- 20.01** In determining whether to appoint an ITP, whether an interim suspension should be imposed, whether a sanction should be imposed and, if so, the appropriate sanction to be imposed, Council shall be mindful of the general principle that sanctions, except in the most extreme cases, shall not be used to punish members of Council, but rather to protect the College and to change behaviour which would be potentially harmful to the College.
- 21.01** Council shall not consider whether to appoint an ITP, suspend the person whose conduct is the subject of concern or take any action to disqualify the person without first providing that person with an opportunity to address Council either personally or by his or her solicitor.
- 22.01** A resolution of at least two-thirds of the councillors present at a meeting of Council duly called for that purpose shall be required in order to
- i) appoint an ITP pursuant to Article 15.02;
 - ii) impose an interim suspension in accordance with Article 16.01; or
 - iii) disqualify a councillor in accordance with this by-law.
- 22.02** A majority resolution of the councillors present at a meeting of Council duly called for that purpose shall be required in order to disqualify a non-council committee member in accordance with this by-law.
- 23.01** A councillor whose conduct is the subject of a debate or vote under this by-law shall not be present during the debate or vote and shall not be counted as a member of Council in determining whether a quorum exists or whether the motion was carried or defeated.



- 24.01** Before any debate is had or vote taken by Council pursuant to this by-law, Council shall consider whether the public should be excluded from the meeting in accordance with the Code.

Approved and amended by Council as of May 13, 2022.



BY-LAW NO. 4: CODE OF CONDUCT OF COUNCILLORS AND COMMITTEE MEMBERS

DEFINITIONS

1.01 In this by-law and in any other by-law of the College, unless otherwise defined or required by the context of the specific provision,

“bias” includes a reasonable apprehension of bias as described by Articles 7.03 and 7.05;

“committee” means a committee or a panel of a committee of the College including any statutory, standing or ad hoc committee;

“committee member” means a member of a committee other than an employee of the College serving on an ad hoc or standing committee;

“panel” means a panel of a statutory committee of the College;

“related corporation” means a corporation wholly or substantially owned or controlled by the councillor or committee member or related person of that councillor or committee member;

“related person” is any person who has one of the following relationships to the councillor or committee member or to the spouse of the councillor or committee member, whether based on blood, marriage, common-law or adoption, namely:

- i) child or spouse of a child;
- ii) grandchild or spouse of a grandchild;
- iii) parent or spouse of a parent;
- iv) grandparent or spouse of a grandparent;
- v) sibling or spouse of a sibling



and in respect of the definition of related person,

“**child**” means a child born within or outside marriage and includes an adopted child and a person whom a parent has demonstrated a settled intention to treat as a child or his or her family;

“**parent**” means a person who has demonstrated a settled intention to treat a child as a member of his or her family whether or not that person is a natural parent of the child;

“**spouse**” means a person to whom the person is married or with whom the person is living in a conjugal relationship outside marriage.

CONFLICT OF INTEREST

2.

2.01

A conflict of interest may be actual or potential, real or perceived, direct or indirect. A conflict of interest is to be avoided in any College business as it undermines the integrity of Council or committee decision-making. Every councillor or committee member shall declare a conflict of interest, including where a potential conflict of interest appears to arise on the part of another councillor or committee member.

2.02

Where a councillor or committee member raises the concern that another councillor or committee member has a conflict of interest or bias, the President, in the case of a councillor, or the committee chair, in the case of a committee member, shall determine whether a conflict of interest exists and shall take the appropriate remedy as set out below in Article 9.1.01. The President, in respect of a councillor, or the committee chair, in the case of a committee member, is the final arbiter in determining whether a conflict of interest or bias exists and there is no right of appeal of the President or committee chair’s decision in this respect.

3

3.01

A conflict of interest exists where

- i) a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the councillor's or committee member's judgment was likely to have been influenced by the personal financial interest of the councillor or committee member or by the financial interest of a related person or a related corporation of that councillor or committee member;



- ii) the councillor is a person who holds a position with another organization such that reasonable person knowing the relevant facts would conclude or perceive that the exercise of the councillor's judgment was likely to have been influenced by that councillor's responsibilities or duties to that other organization; or
- iii) the committee member is a person who holds a position with another organization such that a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the committee member's judgment was likely to have been influenced by that committee member's responsibilities or duties to that other organization.

4

4.01 A councillor shall be deemed to have a conflict of interest if the councillor holds any of the following positions in an international, national or provincial association or organization whose members are predominately chiropodists, podiatrists or other foot care providers and whose mandate in any way relates to the provision of foot care by its members:

- i) a director, officer or member of the governing body of the organization; or
- ii) Executive Director, Chief Administrative Officer or another position with similar duties in the organization.

4.02 A councillor or committee member shall be deemed to have a conflict of interest if he or she applies for employment with the College unless he or she first resigns as a councillor or committee member.

4.03 A selected councillor or a committee member who is employed by the Michener Institute of Education or any other educational institution that provides chiropody or podiatry education and/or training shall be deemed to have a conflict of interest in College matters directly or indirectly impacting the chiropody or podiatry program or courses, and/or the students enrolled in such program or courses.

DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST

5

5.01 Subject to Article 5.02, each councillor and each committee member shall, prior to commencing to serve as a councillor or committee member, provide to the Registrar a list of all of the organizations for which he or she serves and in respect of which it is reasonably conceivable that a conflict of interest could



arise, including details of the nature of the duties the individual has with that organization.

5.02 A councillor or committee member who is a councillor or committee member when Article 5.01 of this by-law comes into force shall have sixty days from that date to provide the list referred to in Article 5.01.

5.03 Each councillor and committee member shall also advise the Registrar of any changes to the information provided under Article 5.01 or 5.02 within a reasonable period of the change taking place.

6

6.01 The Registrar shall provide the information referred to in Articles 5.01, 5.02 and 5.03 to the Executive Committee.

BIAS

7

7.01 A bias exists where there is actual bias or reasonable apprehension of bias.

7.02 A bias exists in the context of a hearing or meeting involving a decision that directly affects a named person where the committee member who is a member of the decision-making panel has an association, relationship, non-financial interest or activity that is incompatible with his or her responsibilities as an impartial decision-maker.

7.03 There is reasonable apprehension of bias in the context of a hearing or meeting involving a decision that directly affects a named person if a reasonable person, well informed of the facts, might reasonably conclude that the committee member's decision was not impartial nor based solely on the evidence or information properly received by the committee, but rather, influenced by the existence of personal extraneous factors which may include but are not limited to

- i) the committee member's connection with the issue(s) or the decision(s) to be made; or
- ii) the committee member's connection with a person or persons involved in the proceeding, including the person who is the subject matter of the hearing or meeting or any person whose evidence or information is presented at the hearing or meeting.

7.04 A bias exists in the context of the meeting of Council or a committee which does not involve a decision that directly affects a named person if the councillor or



committee member's decision was one not impartially made in the best interests of the College, but rather, influenced by the existence of personal extraneous factors.

- 7.05** There is reasonable apprehension of bias in the context of a meeting of Council or a committee which does not involve a decision that directly affects a named person if a reasonable person, well informed of the facts, might reasonably conclude that the councillor or committee member's decision was one not impartially made in the best interests of the College, but rather, influenced by the existence of personal extraneous factors.

COUNCILLORS' OBLIGATION TO SELF-IDENTIFY CONFLICT OF INTEREST OR BIAS

8

- 8.01** If a councillor believes that he or she has a conflict of interest or bias in respect of any matter which is the subject of either debate or action or intended action by Council, the councillor shall,
- i) prior to any consideration of the matter at a meeting of Council, disclose to the Council the fact that he or she has a conflict of interest or bias which prevents him or her from participating;
 - ii) not take part in the discussion of or vote on any question in respect of the matter;
 - iii) absent himself or herself from that portion of the meeting relating to the matter; and
 - iv) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence the other councillors or the decision relating to that matter.
- 8.02** Where a councillor declares a conflict of interest or bias in accordance with Article 8.01, that fact shall be reflected in the minutes of that meeting of Council.

COMMITTEE MEMBERS' OBLIGATION TO SELF-IDENTIFY CONFLICT OF INTEREST OR BIAS

9

- 9.01** If a committee member believes that he or she has a conflict of interest or bias respecting any action or intended action of that committee, the committee member shall,



- i) in the case of a member of a committee which is holding a hearing,
 - (a) immediately upon determining that a conflict of interest or bias may exist, disclose to the chair of the panel the existence of a potential conflict of interest or bias without disclosing any details and, if required, ask the chair for a recess;
 - (b) if the committee member is not sure whether to excuse himself or herself from the panel, privately disclose the conflict of interest or bias to the panel's independent legal counsel in order to seek legal advice;
 - (c) unless the member is satisfied that no conflict of interest or bias exists, decline to participate in any way in respect of the hearing and remove himself or herself from the panel; and
 - (d) where the member removes himself or herself from the panel, not attempt in any way to influence or do anything which might be reasonably perceived as an attempt to influence any of the other members of the panel or of the committee or the outcome of the hearing; and
- ii) in the case of a member of a committee which while not holding a hearing is involved in a matter which directly affects the rights of a specifically named member or person (e.g. Patient Relations Committee, Inquiries, Complaints and Reports Committee, Executive Committee, Quality Assurance Committee, Registration Committee),
 - (a) immediately upon determining that a conflict of interest or bias may exist, disclose to the chair of the panel or if no panel exists, the chair of the committee or meeting, the existence of a potential conflict of interest or bias without disclosing any details and if required, ask the chair for a recess;
 - (b) if the committee member is not sure whether to excuse himself or herself from the committee in respect of the matter, privately disclose the conflict of interest or bias to the Registrar or the Registrar's delegate to obtain advice;
 - (c) unless the member is satisfied that no conflict of interest or bias exists, decline to participate in any way in respect of the matter; and



- (d) where the member declines to participate in any way in respect of the matter, not attempt in any way to influence or do anything which might be reasonably perceived as an attempt to influence any of the other members of the panel or of the committee or the outcome in respect of the matter.

9.02 Where a committee member declares a conflict of interest or bias in accordance with Article 9.01 (ii), that fact shall be recorded in the minutes of that committee's meeting.

ADDRESSING CONFLICT OF INTEREST OR BIAS ARISING AT A MEETING

9.1.01 If, in the course of a meeting other than a hearing, a councillor or committee member is believed to have a conflict of interest or bias in respect of any matter which is the subject of either debate or action or intended action by Council or the committee, and such conflict of interest or bias was not disclosed,

- i) the President or the President’s delegate shall make a determination as to whether there is a conflict of interest or bias;
- ii) where the President or the President’s delegate determines that a conflict of interest or bias exists, the President or President’s delegate shall exclude the conflicted or biased councillor or committee member from debate or action in respect of the matter identified and may request that the councillor or committee member leave the meeting for the duration of Council’s or the committee’s consideration of the matter; and
- iii) if there is a determination of conflict of interest or bias, the councillor or committee member must comply with the direction of the President or the President’s delegate.

PROCEDURE FOR IDENTIFYING BREACH OF CODE OF CONDUCT

10

10.01 Where a councillor believes that another councillor or a committee member has breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law, he or she ~~may~~must advise the Executive Committee in writing.

10.02 If the Registrar receives information that indicates that a councillor or committee member may have breached any Code of Conduct for councillors and



committee members adopted by Council or breached this by-law, the Registrar may report the information to the Executive Committee in writing.

11

11.01 The Executive Committee shall notify the person whose conduct is the subject of concern of the nature of the concern and provide that person with a reasonable opportunity to make written or oral submissions or both to the Executive Committee.

12

12.01 The Executive Committee shall make a preliminary determination of the relevant facts and report those facts to the person whose conduct is the subject of concern.

12.02 The Executive Committee shall make reasonable efforts to resolve the matter to its satisfaction.

13

13.01 If the Executive Committee is of the view that further action may be required by Council, the issue shall be placed on the agenda for the next meeting of Council.

14

14.01 The Registrar shall advise the person whose conduct is the subject of concern of the date of the next meeting of Council and of his or her opportunity to make either written or oral submissions to the Council should he or she wish to do so.

15

15.01 After providing the opportunity referred to in Article 14.01, Council shall determine whether any material facts are in dispute.

15.02 If material facts are in dispute, Council shall adopt a fair and reasonable process to determine those facts which may include the appointment of an independent third party (“ITP”) to investigate and provide a written report to Council respecting those facts.

15.03 Where Council does not appoint an ITP, the process to determine those facts shall provide the person whose conduct is in question with disclosure of the allegations and relevant information supporting the allegations as well as an opportunity to make written or oral submissions or both to the Council.

15.04 Where Council does not appoint an ITP, it shall endeavour to make the decisions required by Article 19 at or before the next regular meeting of Council.



16

- 16.01** Whether or not Council determines to appoint an ITP, it may suspend the person whose conduct has been brought into question from all of his or her duties with the Council, including all committees of the College, until the matter is finally disposed of provided Council is satisfied that the suspension is necessary to ensure the integrity of the College and/or its processes.

17

- 17.01** Where an ITP is appointed, the ITP shall use a process that provides the person whose conduct is in question with disclosure of the allegations and relevant information supporting the allegations as well as an opportunity to make written or oral submissions or both to the ITP.

- 17.02** After completing the investigation, the ITP shall provide a written report to Council which shall include the ITP's findings as to whether, in the ITP's opinion, the person whose conduct is the subject of concern breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law and, if so,

- i) whether, in the ITP's opinion, the breach was due to inadvertence or as a result of the wilful conduct or the gross neglect of the person; and
- ii) whether, in the ITP's opinion, the person's actions have had or are likely to have serious and substantial negative implications for the College as well as the ITP's reasons for those findings and opinions.

- 17.03** The ITP shall complete the investigation and deliver to the Registrar the report referred to in Article 17.02 within forty-five days or such longer period of time as may be permitted by the Executive Committee.

- 17.04** The Registrar shall provide a copy of the report to the Executive Committee and unless the Executive Committee directs that a special meeting of Council be called, the report and the determination of what action to take in respect of the person whose conduct is the subject of concern shall be included in the agenda of the next regular meeting of Council.

18

- 18.01** The Council may adopt either in whole or in part any of the findings and opinions of the ITP.



DETERMINATION OF WHETHER THERE IS A BREACH OF CODE OF CONDUCT

19

19.01 Following the determination of all of the relevant facts, Council shall determine whether the person breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law.

19.02 If Council determines that the person did not breach any Code of Conduct for councillors and committee members adopted by Council or breach this by-law, no further action shall be taken and any suspension imposed by Article 16.01 shall automatically be lifted.

19.03 Where Council determines that the person breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law, it shall

- i) in the case of a councillor, and where Council determines that the breach was wilful or caused by the gross neglect of the councillor or, that although inadvertent, the councillor's actions have had or are likely to have serious and substantial negative implications for the College, request the immediate written resignation of the person from the Council and all committees, and if the resignation is not received forthwith, disqualify the councillor;
- ii) in the case of a committee member who is not a councillor, and where Council determines that the breach was wilful or caused by the gross neglect of the committee member or, that although inadvertent, the committee member's actions have had or are likely to have serious and substantial negative implications for the College, request the immediate written resignation of the person from all committees, and if the resignation is not received forthwith, disqualify the committee member;
or
- iii) where action under clause i) or ii) is not considered appropriate, demand an apology and, if considered appropriate, suspend the person from any and all duties of Council or a committee or both until an apology is received or other resolution acceptable to Council is reached.



- 19.04** If Council disqualifies a councillor from Council, it shall
- i) in the case of an elected councillor, treat the situation in the same way as if a vacancy had been created as a result of the resignation of that councillor; and
 - ii) in the case of a councillor appointed by the Lieutenant-Governor in Council, suspend the councillor from all of his or her duties with the Council including all committees of the College and immediately advise the Minister of Health and Long-Term Care of its decision and the reasons for it.
- 19.05** If Council determines to disqualify a committee member, it shall
- i) in the case of a non-council committee member, treat the situation in the same way as if a vacancy had been created as a result of the resignation of that non-council committee appointee; and
 - ii) in the case of a committee member who is not a non-council committee appointee, remove the person from all committees.

PROCEDURAL AND OTHER SAFEGUARDS

20

- 20.01** In determining whether to appoint an ITP, whether an interim suspension should be imposed, whether a sanction should be imposed and, if so, the appropriate sanction to be imposed, Council shall be mindful of the general principle that sanctions, except in the most extreme cases, shall not be used to punish members of Council, but rather to protect the College and to change behaviour which would be potentially harmful to the College.

21

- 21.01** Council shall not consider whether to appoint an ITP, suspend the person whose conduct is the subject of concern or take any action to disqualify the person without first providing that person with an opportunity to address Council either personally or by his or her solicitor.

22

- 22.01** A resolution of at least two-thirds of the councillors present at a meeting of Council duly called for that purpose shall be required in order to



- i) appoint an ITP pursuant to Article 15.02;
- ii) impose an interim suspension in accordance with Article 16.01; or
- iii) disqualify a councillor in accordance with this by-law.

22.02 A majority resolution of the councillors present at a meeting of Council duly called for that purpose shall be required in order to disqualify a non-council committee member in accordance with this by-law.

23

23.01 A councillor whose conduct is the subject of a debate or vote under this by-law shall not be present during the debate or vote and shall not be counted as a member of Council in determining whether a quorum exists or whether the motion was carried or defeated.

24

24.01 Before any debate is had or vote taken by Council pursuant to this by-law, Council shall consider whether the public should be excluded from the meeting in accordance with the Code.

Approved and amended by Council as of ~~May 13~~ September 22, 2022 ~~2022~~ 2023.



BY-LAW NO. 4: CODE OF CONDUCT OF COUNCILLORS AND COMMITTEE MEMBERS

DEFINITIONS

1.01 In this by-law and in any other by-law of the College, unless otherwise defined or required by the context of the specific provision,

“**bias**” includes a reasonable apprehension of bias as described by Articles 7.03 and 7.05;

“**committee**” means a committee or a panel of a committee of the College including any statutory, standing or ad hoc committee;

“**committee member**” means a member of a committee other than an employee of the College serving on an ad hoc or standing committee;

“**panel**” means a panel of a statutory committee of the College;

“**related corporation**” means a corporation wholly or substantially owned or controlled by the councillor or committee member or related person of that councillor or committee member;

“**related person**” is any person who has one of the following relationships to the councillor or committee member or to the spouse of the councillor or committee member, whether based on blood, marriage, common-law or adoption, namely:

- i) child or spouse of a child;
- ii) grandchild or spouse of a grandchild;
- iii) parent or spouse of a parent;
- iv) grandparent or spouse of a grandparent;
- v) sibling or spouse of a sibling

and in respect of the definition of related person,



“**child**” means a child born within or outside marriage and includes an adopted child and a person whom a parent has demonstrated a settled intention to treat as a child or his or her family;

“**parent**” means a person who has demonstrated a settled intention to treat a child as a member of his or her family whether or not that person is a natural parent of the child;

“**spouse**” means a person to whom the person is married or with whom the person is living in a conjugal relationship outside marriage.

CONFLICT OF INTEREST

2.01 A conflict of interest may be actual or potential, real or perceived, direct or indirect. A conflict of interest is to be avoided in any College business as it undermines the integrity of Council or committee decision-making. Every councillor or committee member shall declare a conflict of interest, including where a potential conflict of interest appears to arise on the part of another councillor or committee member.

2.02 Where a councillor or committee member raises the concern that another councillor or committee member has a conflict of interest, the President, in the case of a councillor, or the committee chair, in the case of a committee member, shall determine whether a conflict of interest exists and shall take the appropriate remedy as set out below in Article 9.1.01. The President, in respect of a councillor, or the committee chair, in the case of a committee member, is the final arbiter in determining whether a conflict of interest or bias exists and there is no right of appeal of the President or committee chair’s decision in this respect.

3.01 A conflict of interest exists where

- i) a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the councillor's or committee member's judgment was likely to have been influenced by the personal financial interest of the councillor or committee member or by the financial interest of a related person or a related corporation of that councillor or committee member;
- ii) the councillor is a person who holds a position with another organization such that reasonable person knowing the relevant facts would conclude or perceive that the exercise of the councillor's judgment was likely to have been influenced by that councillor's responsibilities or duties to that other organization; or



- iii) the committee member is a person who holds a position with another organization such that a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the committee member's judgment was likely to have been influenced by that committee member's responsibilities or duties to that other organization.

4.01 A councillor shall be deemed to have a conflict of interest if the councillor holds any of the following positions in an international, national or provincial association or organization whose members are predominately chiropodists, podiatrists or other foot care providers and whose mandate in any way relates to the provision of foot care by its members:

- i) a director, officer or member of the governing body of the organization; or
- ii) Executive Director, Chief Administrative Officer or another position with similar duties in the organization.

4.02 A councillor or committee member shall be deemed to have a conflict of interest if he or she applies for employment with the College unless he or she first resigns as a councillor or committee member.

4.03 A selected councillor or a committee member who is employed by the Michener Institute of Education or any other educational institution that provides chiropody or podiatry education and/or training shall be deemed to have a conflict of interest in College matters directly or indirectly impacting the chiropody or podiatry program or courses, and/or the students enrolled in such program or courses.

DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST

5.01 Subject to Article 5.02, each councillor and each committee member shall, prior to commencing to serve as a councillor or committee member, provide to the Registrar a list of all of the organizations for which he or she serves and in respect of which it is reasonably conceivable that a conflict of interest could arise, including details of the nature of the duties the individual has with that organization.

5.02 A councillor or committee member who is a councillor or committee member when Article 5.01 of this by-law comes into force shall have sixty days from that date to provide the list referred to in Article 5.01.

5.03 Each councillor and committee member shall also advise the Registrar of any changes to the information provided under Article 5.01 or 5.02 within a reasonable period of the change taking place.



6.01 The Registrar shall provide the information referred to in Articles 5.01, 5.02 and 5.03 to the Executive Committee.

BIAS

7.01 A bias exists where there is actual bias or reasonable apprehension of bias.

7.02 A bias exists in the context of a hearing or meeting involving a decision that directly affects a named person where the committee member who is a member of the decision-making panel has an association, relationship, non-financial interest or activity that is incompatible with his or her responsibilities as an impartial decision-maker.

7.03 There is reasonable apprehension of bias in the context of a hearing or meeting involving a decision that directly affects a named person if a reasonable person, well informed of the facts, might reasonably conclude that the committee member's decision was not impartial nor based solely on the evidence or information properly received by the committee, but rather, influenced by the existence of personal extraneous factors which may include but are not limited to

- i) the committee member's connection with the issue(s) or the decision(s) to be made; or
- ii) the committee member's connection with a person or persons involved in the proceeding, including the person who is the subject matter of the hearing or meeting or any person whose evidence or information is presented at the hearing or meeting.

7.04 A bias exists in the context of the meeting of Council or a committee which does not involve a decision that directly affects a named person if the councillor or committee member's decision was one not impartially made in the best interests of the College, but rather, influenced by the existence of personal extraneous factors.

7.05 There is reasonable apprehension of bias in the context of a meeting of Council or a committee which does not involve a decision that directly affects a named person if a reasonable person, well informed of the facts, might reasonably conclude that the councillor or committee member's decision was one not impartially made in the best interests of the College, but rather, influenced by the existence of personal extraneous factors.



COUNCILLORS' OBLIGATION TO SELF-IDENTIFY CONFLICT OF INTEREST OR BIAS

- 8.01** If a councillor believes that he or she has a conflict of interest or bias in respect of any matter which is the subject of either debate or action or intended action by Council, the councillor shall,
- i) prior to any consideration of the matter at a meeting of Council, disclose to the Council the fact that he or she has a conflict of interest or bias which prevents him or her from participating;
 - ii) not take part in the discussion of or vote on any question in respect of the matter;
 - iii) absent himself or herself from that portion of the meeting relating to the matter; and
 - iv) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence the other councillors or the decision relating to that matter.
- 8.02** Where a councillor declares a conflict of interest or bias in accordance with Article 8.01, that fact shall be reflected in the minutes of that meeting of Council.

COMMITTEE MEMBERS' OBLIGATION TO SELF-IDENTIFY CONFLICT OF INTEREST OR BIAS

- 9.01** If a committee member believes that he or she has a conflict of interest or bias respecting any action or intended action of that committee, the committee member shall,
- i) in the case of a member of a committee which is holding a hearing,
 - (a) immediately upon determining that a conflict of interest or bias may exist, disclose to the chair of the panel the existence of a potential conflict of interest or bias without disclosing any details and, if required, ask the chair for a recess;
 - (b) if the committee member is not sure whether to excuse himself or herself from the panel, privately disclose the conflict of interest or bias to the panel's independent legal counsel in order to seek legal advice;
 - (c) unless the member is satisfied that no conflict of interest or bias exists, decline to participate in any way in respect of the hearing and remove himself or herself from the panel; and



- (d) where the member removes himself or herself from the panel, not attempt in any way to influence or do anything which might be reasonably perceived as an attempt to influence any of the other members of the panel or of the committee or the outcome of the hearing; and
- ii) in the case of a member of a committee which while not holding a hearing is involved in a matter which directly affects the rights of a specifically named member or person (e.g. Patient Relations Committee, Inquiries, Complaints and Reports Committee, Executive Committee, Quality Assurance Committee, Registration Committee),
 - (a) immediately upon determining that a conflict of interest or bias may exist, disclose to the chair of the panel or if no panel exists, the chair of the committee or meeting, the existence of a potential conflict of interest or bias without disclosing any details and if required, ask the chair for a recess;
 - (b) if the committee member is not sure whether to excuse himself or herself from the committee in respect of the matter, privately disclose the conflict of interest or bias to the Registrar or the Registrar's delegate to obtain advice;
 - (c) unless the member is satisfied that no conflict of interest or bias exists, decline to participate in any way in respect of the matter; and
 - (d) where the member declines to participate in any way in respect of the matter, not attempt in any way to influence or do anything which might be reasonably perceived as an attempt to influence any of the other members of the panel or of the committee or the outcome in respect of the matter.

9.02 Where a committee member declares a conflict of interest or bias in accordance with Article 9.01 (ii), that fact shall be recorded in the minutes of that committee's meeting.

ADDRESSING CONFLICT OF INTEREST OR BIAS ARISING AT A MEETING

9.1.01 If, in the course of a meeting other than a hearing, a councillor or committee member is believed to have a conflict of interest or bias in respect of any matter which is the subject of either debate or action or intended action by Council or the committee, and such conflict of interest or bias was not disclosed,



- i) the President or the President's delegate shall make a determination as to whether there is a conflict of interest or bias;
- ii) where the President or the President's delegate determines that a conflict of interest or bias exists, the President or President's delegate shall exclude the conflicted or biased councillor or committee member from debate or action in respect of the matter identified and may request that the councillor or committee member leave the meeting for the duration of Council's or the committee's consideration of the matter; and
- iii) if there is a determination of conflict of interest or bias, the councillor or committee member must comply with the direction of the President or the President's delegate.

PROCEDURE FOR IDENTIFYING BREACH OF CODE OF CONDUCT

- 10.01** Where a councillor believes that another councillor or a committee member has breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law, he or she must advise the Executive Committee in writing.
- 10.02** If the Registrar receives information that indicates that a councillor or committee member may have breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law, the Registrar may report the information to the Executive Committee in writing.
- 11.01** The Executive Committee shall notify the person whose conduct is the subject of concern of the nature of the concern and provide that person with a reasonable opportunity to make written or oral submissions or both to the Executive Committee.
- 12.01** The Executive Committee shall make a preliminary determination of the relevant facts and report those facts to the person whose conduct is the subject of concern.
- 12.02** The Executive Committee shall make reasonable efforts to resolve the matter to its satisfaction.
- 13.01** If the Executive Committee is of the view that further action may be required by Council, the issue shall be placed on the agenda for the next meeting of Council.
- 14.01** The Registrar shall advise the person whose conduct is the subject of concern of the date of the next meeting of Council and of his or her opportunity to make either written or oral submissions to the Council should he or she wish to do so.



- 15.01** After providing the opportunity referred to in Article 14.01, Council shall determine whether any material facts are in dispute.
- 15.02** If material facts are in dispute, Council shall adopt a fair and reasonable process to determine those facts which may include the appointment of an independent third party (“ITP”) to investigate and provide a written report to Council respecting those facts.
- 15.03** Where Council does not appoint an ITP, the process to determine those facts shall provide the person whose conduct is in question with disclosure of the allegations and relevant information supporting the allegations as well as an opportunity to make written or oral submissions or both to the Council.
- 15.04** Where Council does not appoint an ITP, it shall endeavour to make the decisions required by Article 19 at or before the next regular meeting of Council.
- 16.01** Whether or not Council determines to appoint an ITP, it may suspend the person whose conduct has been brought into question from all of his or her duties with the Council, including all committees of the College, until the matter is finally disposed of provided Council is satisfied that the suspension is necessary to ensure the integrity of the College and/or its processes.
- 17.01** Where an ITP is appointed, the ITP shall use a process that provides the person whose conduct is in question with disclosure of the allegations and relevant information supporting the allegations as well as an opportunity to make written or oral submissions or both to the ITP.
- 17.02** After completing the investigation, the ITP shall provide a written report to Council which shall include the ITP's findings as to whether, in the ITP's opinion, the person whose conduct is the subject of concern breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law and, if so,
- i) whether, in the ITP's opinion, the breach was due to inadvertence or as a result of the wilful conduct or the gross neglect of the person; and
 - ii) whether, in the ITP's opinion, the person's actions have had or are likely to have serious and substantial negative implications for the College as well as the ITP's reasons for those findings and opinions.
- 17.03** The ITP shall complete the investigation and deliver to the Registrar the report referred to in Article 17.02 within forty-five days or such longer period of time as may be permitted by the Executive Committee.



- 17.04** The Registrar shall provide a copy of the report to the Executive Committee and unless the Executive Committee directs that a special meeting of Council be called, the report and the determination of what action to take in respect of the person whose conduct is the subject of concern shall be included in the agenda of the next regular meeting of Council.
- 18.01** The Council may adopt either in whole or in part any of the findings and opinions of the ITP.

DETERMINATION OF WHETHER THERE IS A BREACH OF CODE OF CONDUCT

- 19.01** Following the determination of all of the relevant facts, Council shall determine whether the person breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law.
- 19.02** If Council determines that the person did not breach any Code of Conduct for councillors and committee members adopted by Council or breach this by-law, no further action shall be taken and any suspension imposed by Article 16.01 shall automatically be lifted.
- 19.03** Where Council determines that the person breached any Code of Conduct for councillors and committee members adopted by Council or breached this by-law, it shall
- i) in the case of a councillor, and where Council determines that the breach was wilful or caused by the gross neglect of the councillor or, that although inadvertent, the councillor's actions have had or are likely to have serious and substantial negative implications for the College, request the immediate written resignation of the person from the Council and all committees, and if the resignation is not received forthwith, disqualify the councillor;
 - ii) in the case of a committee member who is not a councillor, and where Council determines that the breach was wilful or caused by the gross neglect of the committee member or, that although inadvertent, the committee member's actions have had or are likely to have serious and substantial negative implications for the College, request the immediate written resignation of the person from all committees, and if the resignation is not received forthwith, disqualify the committee member; or
 - iii) where action under clause i) or ii) is not considered appropriate, demand an apology and, if considered appropriate, suspend the person from any



and all duties of Council or a committee or both until an apology is received or other resolution acceptable to Council is reached.

- 19.04** If Council disqualifies a councillor from Council, it shall
- i) in the case of an elected councillor, treat the situation in the same way as if a vacancy had been created as a result of the resignation of that councillor; and
 - ii) in the case of a councillor appointed by the Lieutenant-Governor in Council, suspend the councillor from all of his or her duties with the Council including all committees of the College and immediately advise the Minister of Health and Long-Term Care of its decision and the reasons for it.
- 19.05** If Council determines to disqualify a committee member, it shall
- i) in the case of a non-council committee member, treat the situation in the same way as if a vacancy had been created as a result of the resignation of that non-council committee appointee; and
 - ii) in the case of a committee member who is not a non-council committee appointee, remove the person from all committees.

PROCEDURAL AND OTHER SAFEGUARDS

- 20.01** In determining whether to appoint an ITP, whether an interim suspension should be imposed, whether a sanction should be imposed and, if so, the appropriate sanction to be imposed, Council shall be mindful of the general principle that sanctions, except in the most extreme cases, shall not be used to punish members of Council, but rather to protect the College and to change behaviour which would be potentially harmful to the College.
- 21.01** Council shall not consider whether to appoint an ITP, suspend the person whose conduct is the subject of concern or take any action to disqualify the person without first providing that person with an opportunity to address Council either personally or by his or her solicitor.
- 22.01** A resolution of at least two-thirds of the councillors present at a meeting of Council duly called for that purpose shall be required in order to
- i) appoint an ITP pursuant to Article 15.02;
 - ii) impose an interim suspension in accordance with Article 16.01; or



iii) disqualify a councillor in accordance with this by-law.

22.02 A majority resolution of the councillors present at a meeting of Council duly called for that purpose shall be required in order to disqualify a non-council committee member in accordance with this by-law.

23.01 A councillor whose conduct is the subject of a debate or vote under this by-law shall not be present during the debate or vote and shall not be counted as a member of Council in determining whether a quorum exists or whether the motion was carried or defeated.

24.01 Before any debate is had or vote taken by Council pursuant to this by-law, Council shall consider whether the public should be excluded from the meeting in accordance with the Code.

Approved and amended by Council as of [September 22, 2023].



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.4

COUNCIL BRIEFING NOTE RE: RECOMMENDED AMENDMENTS TO BYLAW 2: FEES Application Fee for Non-Approved Programs

Background:

Individuals applying to the College from a non-approved program are required to pay a fee to have their program assessed. The College then retains an expert to conduct an equivalency assessment by comparing the non-approved program to the Michener program. The expert prepares a written report and presents the report to Council. Over time, the expert fee to conduct program equivalency evaluations has increased, but the applicant fee has not. As a result, the College has been offsetting the cost of the program equivalency evaluations.

Council is being asked to approve, in principle, the following revisions to Bylaw 2:

- (1) increase the fee for equivalency assessment of non-approved programs from \$500 to \$750; and
- (2) correct a typographical error to align the wording with the previous subsection.

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. One of the ways the College maintains financial stability is by increasing fees to align with inflation, and by ensuring that the fees being charged to external parties are sufficient to cover the actual cost to the College.

Recommended Motion:

That Council approve, in principle, the amendments to By-law 2, attached as Appendix C, as follows:

- 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~~\$750.00 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.

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

Mover: _____

Seconder: _____



APPENDIX A: CURRENT VERSION

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 *Chiroprody 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) \$1,800.00 if the certificate of registration is issued on or after February 14th but before July 1st; and

(b) \$900.00 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 \$1,800.00 if paid on or before February 14th in the calendar year in which the fee is due and \$2,000.00 if paid thereafter.
- 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.
- 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 who 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 \$750.00.
- 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 \$3,600.00.



- 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) \$750.00 for the written examination, if the requirement to take a supplemental examination was due solely to the applicant being unsuccessful on the jurisprudence portion of the written examination;
 - (b) \$750.00 for the written examination, if the requirement to take a supplemental examination was due solely to the applicant being unsuccessful on the core competencies portion of the written examination;
 - (c) \$1,500.00 for the written examination, if the requirement to take a supplemental examination was due to the applicant being unsuccessful on both the jurisprudence and core competencies portions of the written examination; and
 - (d) \$2,100.00 if the requirement to take a supplemental examination was due to the applicant being unsuccessful on the clinical (OSCE) examination.
- 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 \$50.00 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.



- 9.02** A fee of \$35.00 shall be payable by a member or applicant where the member or applicant makes payment by VISA, Mastercard or other credit card accepted by the College. Such fee shall apply to each credit card transaction made by a member or applicant.

Approved and amended by Council as of May 12, 2023.



APPENDIX B: REDLINE VERSION

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 *Chiroprody 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~~ \$750.00 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.

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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) \$1,800.00 if the certificate of registration is issued on or after February 14th but before July 1st; and

(b) \$900.00 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 \$1,800.00 if paid on or before February 14th in the calendar year in which the fee is due and \$2,000.00 if paid thereafter.
- 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.
- 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 who 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 \$750.00.
- 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 \$3,600.00.



- 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) \$750.00 for the written examination, if the requirement to take a supplemental examination was due solely to the applicant being unsuccessful on the jurisprudence portion of the written examination;
 - (b) \$750.00 for the written examination, if the requirement to take a supplemental examination was due solely to the applicant being unsuccessful on the core competencies portion of the written examination;
 - (c) \$1,500.00 for the written examination, if the requirement to take a supplemental examination was due to the applicant being unsuccessful on both the jurisprudence and core competencies portions of the written examination; and
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- 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.
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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;
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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;
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- 6.03** A former member who is otherwise entitled to reinstatement of his or her certificate of registration shall pay
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OTHER FEES

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- 9.02** A fee of \$35.00 shall be payable by a member or applicant where the member or applicant makes payment by VISA, Mastercard or other credit card accepted by the College. Such fee shall apply to each credit card transaction made by a member or applicant.

Approved and amended by Council as of ~~May 12, 2023~~ September 22, 2023.



APPENDIX C: AMENDED VERSION

BY-LAW NO. 2: FEES

1.01 In this by-law,

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“fee” includes a required fee(s) or charge, an administrative fee(s) or an administration charge(s);

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 - (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
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Approved and amended by Council as of September 22, 2023.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.5

COUNCIL BRIEFING NOTE

RE: RECOMMENDED AMENDMENTS TO BYLAW 2: FEES Penalty Fee for Non-Compliance with CE Log Submission

Background:

The Regulated Health Professions Act, 1991, mandates that each Chiropodist/Podiatrist registered (the “Registrant”) with the College of Chiropodists of Ontario (the “College”) participate in a Quality Assurance Program that includes continuing education and self-assessment components. Note – the term “Registrant” and “Member” are used interchangeably within the briefing note and the bylaws.

On June 24, 2022, Council approved updates to the College’s Continuing Education & Self-Assessment Policy, which outlined moving the Continuing Education requirements to an annual cycle, beginning January 1, 2024. The updated policy included a fee of \$250.00 for non-compliance, to be levied when Registrants who have been selected to submit their CE Log fail to do so by the February 14 deadline. In order to fully implement the fee, By-Law 2 requires an update to include this information.

Council is being asked to approve, the following inclusions to By-Law No. 2: Fees:

- (1) Implement a penalty fee of \$250.00 for failure to submit a Continuing Education Log and supporting documentation on or before February 14th.

Public Interest Rationale for Decision:

It is in the public interest that Registrants of the College engage in Continuing Education to maintain currency in the profession. Registrants are obligated to comply with the College’s Continuing Education requirements which are intended to promote the safety of the public. A penalty fee acts as a deterrent, thereby encouraging timely completion of Continuing Education requirements. In addition, the public interest is served when the College remains financially stable and maintains proper funding and resources to fulfill its mandate of protection of the public. One of the ways the College maintains financial stability is by ensuring that the costs incurred as a result of Registrant non-compliance with College requirements are recovered.

Recommended Motion:

That Council approve, in principle, the amendments to By-law 2, attached as Appendix C, as follows:

CONTINUING EDUCATION

5.06 Where a member who is required to submit their Continuing Education Log and supporting documentation fails to do so on or before February 14th, the member shall pay a fee of \$250.00.

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

Mover: _____

Secunder: _____



APPENDIX A: CURRENT VERSION

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 *Chiroprody 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) \$1,800.00 if the certificate of registration is issued on or after February 14th but before July 1st; and

(b) \$900.00 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 \$1,800.00 if paid on or before February 14th in the calendar year in which the fee is due and \$2,000.00 if paid thereafter.
- 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.
- 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 who 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 \$750.00.
- 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 \$3,600.00.



- 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) \$750.00 for the written examination, if the requirement to take a supplemental examination was due solely to the applicant being unsuccessful on the jurisprudence portion of the written examination;
 - (b) \$750.00 for the written examination, if the requirement to take a supplemental examination was due solely to the applicant being unsuccessful on the core competencies portion of the written examination;
 - (c) \$1,500.00 for the written examination, if the requirement to take a supplemental examination was due to the applicant being unsuccessful on both the jurisprudence and core competencies portions of the written examination; and
 - (d) \$2,100.00 if the requirement to take a supplemental examination was due to the applicant being unsuccessful on the clinical (OSCE) examination.
- 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 \$50.00 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.



- 9.02** A fee of \$35.00 shall be payable by a member or applicant where the member or applicant makes payment by VISA, Mastercard or other credit card accepted by the College. Such fee shall apply to each credit card transaction made by a member or applicant.

Approved and amended by Council as of May 12, 2023.



APPENDIX B: REDLINE VERSION

BY-LAW NO. 2: FEES

1.01 In this by-law,

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“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 *Chiroprody 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.

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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) \$1,800.00 if the certificate of registration is issued on or after February 14th but before July 1st; and

(b) \$900.00 if the certificate of registration is issued on or after July 1st provided the applicant had not previously been a member of the College.



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- 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.
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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.

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CONTINUING EDUCATION

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PRACTICE ASSESSMENTS AND EVALUATION

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- 9.02** A fee of \$35.00 shall be payable by a member or applicant where the member or applicant makes payment by VISA, Mastercard or other credit card accepted by the College. Such fee shall apply to each credit card transaction made by a member or applicant.

Approved and amended by Council as of ~~May 12, 2023~~ September 22, 2023.



APPENDIX C: AMENDED VERSION

BY-LAW NO. 2: FEES

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- 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 \$50.00 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.
- 9.02** A fee of \$35.00 shall be payable by a member or applicant where the member or applicant makes payment by VISA, Mastercard or other credit card accepted by the College. Such fee shall apply to each credit card transaction made by a member or applicant.

Approved and amended by Council as of September 22, 2023.

**COLLEGE OF CHIROPODISTS OF ONTARIO***Regulating Chiropodists and Podiatrists in Ontario*

ITEM 3.6**COUNCIL BRIEFING NOTE
RE: PATIENT RELATIONS PLAN****Background:**

The *Regulated Health Professions Act, 1991* requires that the College have a Patient Relations Committee. The Committee's primary responsibilities include monitoring the Patient Relations Program and administering the victim compensation fund (for victims of sexual abuse). The Committee also works to encourage positive communications between members and patients, with a view to continually improving the quality of chiropody/podiatry care and services. The College's Patient Relations Plan was last approved by Council in January 2001. Since then, there have been important changes to the RHPA with respect to protecting and supporting victims of sexual abuse.

The Patient Relations Committee has approved the revised Patient Relations Plan and it is being recommended to Council by the Executive Committee.

Public Interest Rationale for Decision:

It is in the interest of the public that the College has an updated Patient Relations Plan that outlines the College's commitment to zero-tolerance of sexual abuse of patients by its members.

Recommended Motion:

That Council approve the amended Patient Relations Plan – Sexual Abuse Prevention, attached as Appendix A.

Mover: _____

Seconder: _____



Patient Relations Plan – Sexual Abuse Prevention

Purpose

The College of Chiropodists of Ontario is committed to zero-tolerance of sexual abuse of patients by registrants of the College. We recognize the importance of having a robust sexual abuse prevention plan for our registrants and responsive strategies regarding the sexual abuse of patients. The College’s Sexual Abuse Prevention Plan outlines the strategies we have in place to protect the public.

The legislation referenced in this document refers to “member” rather than “registrant” when referring to a regulated healthcare professional. This document refers to registrants, rather than members, but the terms are interchangeable.

What is Sexual Abuse?

Sexual abuse of a patient by a registrant is defined as:¹

- Sexual intercourse or other forms of sexual relations between the member (registrant) and the patient;
- Touching of a sexual nature, of the patient by the member (registrant); or
- Behaviour or remarks of a sexual nature, by the member (registrant) towards the patient.

Sexual abuse does not include touching, behaviour, or remarks that are clinically appropriate to the service being provided.

(a) Who is a Patient?

Although the RHPA’s definition of “patient” is not exhaustive,² it makes it clear that, at a minimum, a person is considered a registrant’s patient for the purpose of the sexual abuse provisions if there is direct interaction and any of the following has happened:

- The registrant has, in respect of a health care service provided by the registrant to the person, charged or received payment from the person or a third party on behalf of the individual;
- The registrant has contributed to a health record or file for the person;
- The person has consented to a health care service recommended by the registrant;³ or
- The registrant has prescribed a drug to the person for which a prescription is needed.⁴

The only situation in which a person who falls within the definition above may not be classified as a patient is if all the following conditions are met:

¹ [Subsection 1\(3\) of the HPPC, Schedule 2 to the RHPA](#)

² [Subsection 1\(6\) of the HPPC, Schedule 2 to the RHPA](#)

³ [Health Care Consent Act, 1996](#)

⁴ [Subsection 1.1 of O. Reg. 260/18 under the RHPA](#)

- There is an existing sexual relationship between the person and the registrant at the time the health care service is provided;
- The health care service provided to the person by the registrant was minor in nature or was provided in an emergency; and
- The registrant has taken reasonable steps to transfer the person’s care, or there is no reasonable opportunity to transfer care.⁵

The Code also establishes a minimum period of **one year** after a person ceases to be a health care professional’s patient, during which time a sexual relationship between registrants and former patients is prohibited. The one-year period runs from the date the registrant-patient relationship is formally terminated, which does not necessarily coincide with the date the patient last received health care services from the registrant. Termination often requires the registrant to take active steps to end the professional-patient relationship.

Engaging in a sexual relationship with a patient before waiting the full year after terminating the registrant-patient relationship can lead to a finding by the Discipline Committee of professional misconduct for sexual abuse of a patient. As discussed below, such a finding may require a mandatory penalty of revocation of the registrant’s certificate of registration.

(b) Spousal Exemption

As of October 2020, registrants are permitted to treat their spouses without it constituting sexual abuse of a patient, provided the registrant’s spouse meets the statutory definition of “spouse”⁶ – either the registrant and the patient are married to each other or the patient has lived with the registrant in a conjugal relationship, outside marriage, for a period of not less than three years.⁷ As well, the registrant must keep the sexual relationship entirely out of the office setting. While treating a spouse, registrants must follow professional formalities and maintain the same professional distance that registrants would for any other patient.

(c) Consent

Consent between a registrant and a patient is irrelevant, even if the patient initiates or willingly participates in the sexual activity. Sexual relations with a patient are never permitted, and evidence of sexual exploitation is not required.

(d) Relationships with a Former Patient

The registrant must ensure that at least one year has elapsed before engaging in a sexual or romantic relationship with a former patient.

Even after one year has passed, the registrant must consider whether the clinical relationship has created a vulnerability or dependency on the part of the patient that may make it inappropriate to engage in a sexual or romantic relationship, regardless of the amount of time that has elapsed after terminating the clinical relationship.

⁵ [Subsection 1.2 of O. Reg. 260/18 under the RHPA](#)

⁶ [Subsection 1\(6\) of the HPPC, Schedule 2 to the RHPA](#)

⁷ [Subsection 1\(6\) of the HPPC, Schedule 2 to the RHPA](#)

- Sexual contact with a former patient may be considered professional misconduct even if it is not considered sexual abuse as defined under the Code. A sexual or romantic relationship is inappropriate in cases where the clinical relationship has created a vulnerability or dependency on the part of the patient such that the power imbalance in the registrant-patient relationship continues to affect the patient's objectivity.

If at least one year has passed since the termination of the clinical relationship, there is no vulnerability or dependency on the part of the patient, and there are no other circumstances that would make a sexual or romantic relationship inappropriate, registrants who subsequently begin a sexual or romantic relationship with a former patient must be cautious not to provide any chiropody or podiatry services (including advice) to the former patient. If such advice or services are provided, it may re-establish a registrant-patient relationship, thereby engaging the sexual abuse provisions of the RHPA.

The College's Regulatory Obligations

(a) Patient Relations Program

The Patient Relations Program enhances and promotes the therapeutic relationship between registrants and patients. The College expects registrants to meet a high standard of behaviour and it regards any act of abuse or harassment of a patient as unacceptable. The Patient Relations Program provides resources, advice, training, and support to prevent and deal with sexual abuse of patients.

Administered by the Patient Relations Committee, the Program helps patients understand what to expect when they visit a chiropody clinic and what to do if they feel they have not received appropriate care or have been sexually abused.

Both the Patient Relations Program and the Patient Relations Committee are requirements under the RHPA.⁸ The Committee's primary responsibilities include monitoring the Patient Relations Program and administering the victim compensation fund. The Committee also works to encourage positive communications between registrants and patients, with a view to continually improve the quality of chiropody/podiatry care and services.

(b) Funding for Therapy and Counselling

The College provides funding for therapy and counselling for patients who have made allegations of sexual abuse by a chiropodist or podiatrist or where there has been a finding of sexual abuse by a chiropodist or podiatrist. The funding is administered by the Patient Relations Committee.

Funding is available for five years from the day on which the person first received therapy or counselling after the alleged sexual abuse occurred, or five years from the day the College receives a complaint or report of sexual abuse by a registrant. The maximum amount of funding that may be provided is the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist on the day the person becomes eligible for funding.⁹

Funding recipients can choose any therapist or counsellor as long as the counsellor or therapist:

⁸ [Subsection 84\(1\) of the HPPC, Schedule 2 to the RHPA](#)

⁹ [O. Reg. 59/94 under the RHPA](#)

- is not a family member;
- has not been found guilty of sexual misconduct or been found civilly or criminally liable for a similar act;
- signs a document to confirm they are not the subject of professional discipline if they are a regulated health professional.¹⁰

There are many different forms of therapy and counselling that may help, and applicants can decide what works best for them. The funds can be used for more than one therapist or counsellor. Applicants may decide to seek support from a non-licensed care provider, however, in that case there is no opportunity to express concern about the quality of care provided (for example, to a regulatory college).

(c) Sexual Abuse in the Complaints Process

The College receives information about possible sexual abuse of a patient through its complaints process. In this process, the patient, or a third party, may file a complaint with the College alleging that a registrant sexually abused a patient. Once a complaint is received, the College sends a copy of the complaint to the registrant, and the registrant has 30 days to respond to it, in writing.

A Panel of the Inquiries, Complaints and Reports Committee (ICRC) is formed to oversee the investigation of the complaint and to ensure the investigation is fair and objective. The Panel is made up of individuals appointed by the Provincial Government and professional members. Once the investigation of the complaint is complete, the ICRC Panel can:¹¹

- Take no further action;
- Issue written advice;
- Require the registrant to appear in person for an oral caution;
- Direct the registrant to complete a specified continuing education and remediation program (SCERP);
- Refer the registrant to the Discipline Committee for specified allegations of professional misconduct;
- Refer the registrant to a panel of the ICRC for incapacity proceedings;
- Take action it considers appropriate that is not inconsistent with the RHPA.

(d) Mandatory Revocation

When allegations of sexual abuse are referred to the Discipline Committee, a hearing is held. Patients alleging sexual abuse have certain rights to help protect their privacy during these proceedings, including the right to have an order banning publication of their identity and restrictions on the right of access to their counselling or therapy records.

When a panel of the Discipline Committee finds a registrant guilty of sexually abusing a patient, it must revoke the registrant's certificate of registration (for a minimum of five years), if the sexual abuse consisted of, or included, any of the following:¹²

¹⁰ [Subsection 85.7\(7\) of the HPPC, Schedule 2 to the RHPA](#)

¹¹ [Subsection 26\(1\) of the HPPC, Schedule 2 to the RHPA](#)

¹² [Subsection 51\(5\)\(3\) of the HPPC, Schedule 2 to the RHPA](#)

- i. Sexual intercourse;
- ii. Genital to genital, genital to anal, oral to genital or oral to anal contact;
- iii. Masturbation of the member (registrant) by, or in the presence of, the patient;
- iv. Masturbation of the patient by the member (registrant);
- v. Encouraging the patient to masturbate in the presence of the member (registrant); and
- vi. Touching of a sexual nature of the patient's genitals, anus, breasts or buttocks.

Mandatory revocation is attached to other findings of professional misconduct, in addition to sexual abuse of a patient. Regulations under the RHPA specify that professional misconduct associated with findings of guilt related to certain sexual offences within the *Criminal Code* also trigger mandatory revocation of a regulated health professional's certificate of registration.¹³ Convictions for these *Criminal Code* offences (and the related mandatory revocation provisions) do not require the victim to be a patient.

After the mandatory five-year period, a registrant may apply for reinstatement. The application for reinstatement will be reviewed by the Discipline Committee.¹⁴

(e) Information on the Public Register

The College is committed to increasing the transparency of information on the public register about its registrants. The public has access to information about their health care providers on the public register, which includes:

- information about charges, findings of guilt and conditions of release made under the *Criminal Code* and/or the *Controlled Drug and Substances Act*;
- other information respecting charges, findings of guilt and conditions of release under federal, provincial or other offence the Registrar believes is relevant to the registrant's suitability to practice;
- every referral to the Discipline Committee by the ICRC;
- information on interim orders;
- findings of professional misconduct or incompetence made by other regulators.

It is important for patients to be aware of conduct that could affect the therapeutic relationship with a registrant, even if the conduct occurred outside Ontario. The [public register](#) is available on the College's website.

College Regulations, Guidelines, Standards and Policies

The Code specifies that measures for preventing and dealing with sexual abuse of clients must include "guidelines for the conduct of members with their patients."¹⁵ The College's Professional Misconduct Regulation under the *Chiropractic Act, 1991*, specifies that abuse of a client of any kind — this includes sexual abuse — is considered professional misconduct.¹⁶

¹³ [O. Reg. 262/18 under the RHPA](#)

¹⁴ [Subsection 72\(3\) of the HPPC, Schedule 2 to the RHPA](#)

¹⁵ [Subsection 84\(3\)\(b\) of the HPPC, Schedule 2 of the RHPA](#)

¹⁶ [O. Reg. 750/93 under the Chiropractic Act, 1991](#)

(a) The Chiropodist/Podiatrist/Patient Relationship

The purpose of the registrant/patient relationship is to provide care within the scope of practice set out in the *Chiropody Act, 1991*.

The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.¹⁷

It is the registrant's responsibility to establish and maintain a professional relationship with patients. The patient depends on the registrant for their expertise in chiropody or podiatry, which creates a power imbalance in the relationship where the patient is vulnerable. For successful care, a patient must trust that the services provided by the registrant will not harm them. Sexual abuse is a violation of that trust and a fundamental betrayal of the registrant-patient relationship.

While sexual abuse in the context of the RHPA relates to patients, sexual misconduct towards other persons can constitute disgraceful, dishonourable and unprofessional conduct. For example, flirting with the parent of a young patient would generally be unprofessional. So would sexual harassment of a colleague or employee.

(b) Patient Relations Standard

The College's [Patient Relations standard](#) contains a section on sexual ethics that specifically states that registrants "shall not commit sexual abuse of a patient."

The Standard outlines the criteria:

1. *The member shall not have sexual intercourse or other forms of physical sexual relations with a patient.
2. * The member shall not carry out touching, of a sexual nature that includes, but is not limited to:
 - genital to genital, genital to anal, oral to genital, or oral to anal contact,
 - masturbation of the member by, or in the presence of, the patient,
 - masturbation of the patient by the member,
 - encouragement of the patient by the member to masturbate in the presence of the member,
 - oral to breast contact
3. * The member shall not exhibit behaviour, or utter remarks of a sexual nature to a patient. Behaviour and remarks include, but are not limited to:
 - disrobing or draping practices that reflect a lack of respect for the patient's privacy.
 - deliberately watching a patient dress or undress.
 - sexual comments about a patient's underclothing.
 - criticism of the patient's sexual orientation.
 - discussion of the patient's sexual performance.

¹⁷ [Chiropody Act, 1991, section \(4\)](#)

- conversations regarding the sexual preferences or fantasies of the member or patient.
 - kissing of a sexual nature
4. * The member has a legal obligation to abide by the mandatory reporting requirements outlined in the *Regulated Health Professions Act*.¹⁸

(c) Mandatory Reporting of Sexual Abuse

All health care professionals governed by the RHPA are required to file a written report with the Registrar if, in the course of practising their profession, they form reasonable grounds to believe that a registrant of any regulated health profession has sexually abused a patient.¹⁹

The report must be made within 30 days after the obligation to report arises; however, if there is reason to believe that there is continuing sexual abuse of a patient, or that a registrant will sexually abuse other patients, then the report must be made immediately.

The report must include:

- The name of the patient who has been sexually abused (only if written consent has been given by the patient OR, if the patient is incapable, by the patient's representative);
- The name of the registrant filing the report;
- The name of the registrant who is the subject of the report; and
- An explanation of the alleged sexual abuse.²⁰

Once the report is received by the College, the information will be reviewed to determine next steps, which may include conducting a formal investigation.

Failure to submit a mandatory report could result in a fine of up to \$50,000 for an individual or up to \$200,000 for a corporation. Registrants are protected from reprisal for making reports in good faith.²¹

Educating the Profession

The College is committed to providing ongoing education, direction, and support to registrants on the topic of sexual abuse of patients. The objectives of the College's professional education program include:

- Increasing awareness of professional development opportunities for registrants on the topic of sexual abuse and its impact on patients;
- Developing and collecting resource materials related to the topic of sexual abuse;
- Collaborating with business, professional, and educational partners to enhance the development and delivery of education to registrants;
- Alerting registrants to high-risk situations and the consequences of engaging in sexual abuse;

¹⁸ [College Patient Relations Standard](#)

¹⁹ [Section 85.1 of the HPPC, Schedule 2 to the RHPA](#)

²⁰ [Section 85.3 of the HPPC, Schedule 2 to the RHPA](#)

²¹ [Subsections 93\(1\)-\(3\) of the HPPC, Schedule 2 to the RHPA](#)

- Providing assistance, direction and resource support to registrants in matters related to the reporting or disclosure of information concerning sexual abuse of patients in respect of a registrant of this or another regulated health profession;
- Educating registrants and employers about mandatory reporting requirements;
- Educating registrants about the complaints process and special procedures available for the reporting of complaints related to sexual abuse.

These objectives are achieved by:

- Developing and compiling resource and educational materials related to sexual abuse and its prevention;
- Collecting data on reports and complaints of sexual abuse;
- Making available educational materials concerning circumstances arising from complaints and discipline matters and providing clear guidance on how such situations can be prevented;
- Complying with all terms of any evaluation of the College's Patient Relations Program by the Health Professions Regulatory Advisory Council as set out in the RHPA;
- Collaborating with other colleges, either individually or through the HPRO in the development and delivery of educational materials;
- Providing information to registrants and the public on mechanisms for the reporting of sexual abuse including the complaints process and mandatory reporting requirements;
- Recognizing the different needs of diverse populations, (e.g., children, people of different cultural, religious).

The College's website contains resources for registrants on [professional boundaries and sexual abuse](#).

Public Education

The College is committed to protecting the public by providing public education about the role of the profession, standards of care and the College's regulatory responsibilities. Issues related to sexual abuse and reporting mechanisms are an integral part of this process.

The College strives to further protect the public by educating them about the role of the College and by providing supportive and accessible resources to the public and registrants. Elements of a public education strategy to increase awareness of the College and its role in the prevention and elimination of sexual abuse by registrants include:

- Publication of information on the definition of sexual abuse;
- Publication of information on reporting and complaints procedures in general, and on reporting and complaints procedures specific to sexual abuse;
- Provision of information and resources to the public and registrants on how to access support groups for survivors of sexual abuse and funding for therapy and counselling for patients who were sexually abused by registrants;
- Collaboration with HPRO and with individual colleges and others in activities designed to increase knowledge of the RHPA and its various provisions for preventing and dealing with sexual abuse.

Legislative References

- *Protecting Patients Act, 2017*
- [Regulated Health Professions Act, 1991](#), SO 1991, c18
 - [Health Professionals Procedural Code](#), Schedule 2
 - [Funding for Therapy or Counselling for Patients Sexually Abused by Registrants](#), O Reg 59/94
- [Chiropractic Act, 1991](#), S.O. 1991, c. 20
 - [Professional Misconduct](#), O. Reg. 750/93
- [Family Law Act](#), RSO 1990, c F.3
- [Criminal Code](#), RSC., 1985, c. C-46
- [Health Care Consent Act, 1996](#)

Resources

- [To Zero: Independent Report of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991](#)
- [File a Complaint with the College](#)
- [Funding for Therapy and Counselling](#)
- [Mandatory Reporting of Sexual Abuse](#)
- [Professional Boundaries and Sexual Abuse Resources](#)
- [Patient Relations standard](#)

Contact the College

Contact the College's practice advisory services for more information: practice@cocoo.on.ca

**COLLEGE OF CHIROPODISTS OF ONTARIO***Regulating Chiropodists and Podiatrists in Ontario*

ITEM 3.7**COUNCIL BRIEFING NOTE
RE: Surgical Competencies Standard and Appendix****Background:**

The College considers it prudent to provide a surgical standard to registrants establishing the expected competencies for surgical procedures within the current legislated scope of practice of registrants of the College. All registrants must only perform surgical procedures they have the skill, knowledge and judgement to competently perform. The Surgical Competencies Standard serves as a tool for registrants and stakeholders to ensure the public is properly protected against the harm and risk of incompetent surgical procedures. Attached as an appendix to the surgical standard is a further tool for registrants to follow as a guide to help them achieve competency in surgical procedures within their scope of practice.

Public Interest Rationale for Decision:

It is in the public interest that the College provide a Surgical Competencies Standard outlining the surgical competencies required to practice safely.

Recommended Motion:

That Council approve the Surgical Competencies Standard, attached as Appendix A.

Mover: _____

Seconder: _____

Surgical Competencies

Standard of Practice for Members of the
College of Chiropractors of Ontario

Approved by Council: **X**



College of Chiropractors of Ontario

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INDEX

Introduction	3
List of Procedures by Anatomic Boundary	3-6
A. Skin and Appendages	3-4
B. Dermal and Subcutaneous Structures	4
C. Deep Soft Tissue Structures	4-5
D. Osseous Procedures	5-6
Appendix	7-9

Introduction

The Surgical Competencies Standard of Practice of the College of Chiropodists of Ontario (the “College”) contains practice parameters and standards that should be considered by all Ontario chiropodists and podiatrists in the care of their patients. All members of the College shall only perform surgical procedures within their knowledge, skill, and judgement. The surgical procedures, and complexity of procedures, that chiropodists and podiatrists choose to undertake should reflect the commensurate level of training and courses they have successfully completed and competency and experience they have acquired.

List of Procedures by Anatomic Boundary

A. Skin and Appendages

- i. Nail Procedures
 - Partial Nail Avulsions
 - Total Nail Avulsions
- ii. Nail Procedures with Matrixectomies
 - Surgical
 - Chemical
 - Laser
 - Thermal
- iii. Excision or Ablation of Pedal Verrucae
 - Surgical
 - Laser
 - Thermal

Competencies Required

- a) Demonstrates ability to evaluate, diagnose, select appropriate treatment plan, avoiding complications while identifying possible differential diagnoses and appropriate investigations or treatments.
- b) Demonstrates Comprehensive understanding of the anatomy and ability to preserve vital structures from unintended harm.
- c) Demonstrates appropriate blunt/ sharp soft tissue dissection techniques and tissue handling skills.
- d) Able to demonstrate appropriate sterile technique and set up of the surgical field.
- e) Fundamental understanding of sterilization procedures of surgical instrumentation and materials.
- f) Able to formulate and communicate appropriate informed consent to patient as part of overall management plan.

- g) Demonstrates appropriate use of ankle tourniquet as required.
- h) Demonstrates appropriate pre-op prep of the foot for surgery.
- i) Demonstrates appropriate suturing skills.
- j) Demonstrates appropriate use of Laser/Thermal modalities employed.
- k) Demonstrates ability to appropriately pharmacologically manage the patient case.
- l) Demonstrates ability to appropriately communicate with the patient's primary care practitioner to appropriately facilitate the recommended treatment.

B. Dermal and Subcutaneous Structures

- i. Laceration and puncture wound primary repair
- ii. Foreign body removal
- iii. Various biopsy methods
punch, shave, saucerization, fine-needle aspiration
- iv. Scar revisional procedures
- v. Skin grafting – ulcer surgical management

Competencies Required

The competencies outlined above in section A apply, in addition to the following competencies:

- a) Demonstrates knowledge and ability to recognize potential tissue pathology and to outline appropriate treatment plan.
- b) Demonstrates knowledge of appropriate imaging studies to be ordered and ability to interpret these as deemed appropriate to assist with performance of above procedures.
- c) Demonstrates knowledge of ability to interpret pathology specimen results and initiate appropriate management.

C. Deep Soft Tissue Structures

- i. Excision of Nodular Masses (bursae, fibromas, neuromas, other)
- ii. Excision of Cystic Masses (Ganglionic, Mucous, other)
- iii. Thermal Ablation of Interdigital Neuromas

- iv. Digital Tenotomies (flexor and extensor)
- v. Tenoplasties – lengthening procedures
- vi. Tenorrhaphies – repair of ruptured tendons
- vii. Capsulotomies – flexor/extensor – digital and Metatarso-Phalangeal (mtp) joints
- viii. Capsulorrhaphies – 1st and 5th mtp joints
- ix. Correction of Syndactylism
- x. Correction of Overlapping toes, digital flexure contracture deformities, digital extensor contracture deformities
- xi. Sub -Talar Arthroeresis
- xii. Arthrotomy
- xiii. Arthrocentesis

Competencies Required

The competencies outlined above in section B apply, in addition to the following competencies:

- a) Demonstrates knowledge of appropriate surgical intervention and its appropriate application for a given patient presentation.
- b) Demonstrates an understanding of the limitations of a given surgical procedure.
- c) Demonstrates an understanding of the potential medical and surgical complications of a recommended surgical procedure and can appropriately manage these.

D. Osseous Procedures

- i. Exostectomies – (subungual, digital, other)
- ii. Phalangectomies
- iii. Condylectomies – metatarsal
- iv. Cheilectomies – mtp joints
- v. Sesamoidectomies
- vi. Osteotomies – bunion, tailor’s bunion
- vii. Osteotomies – without internal fixation – (phalangeal, metatarsal)

- viii. Metatarsal Osteotomies – proximal or distal -without Internal fixation
- ix. Metatarsal Osteotomies – proximal or distal -with Internal fixation
- x. Arthrodesis – interphalangeal, mtp joint
- xi. Combining of several aforementioned procedures to achieve appropriate correction
- xii. Consideration for Open Procedures versus Minimal Incision Methods
- xiii. Bone Biopsy

Competencies Required

The competencies outlined above in section C apply, in addition to the following competencies:

- a) Demonstrates a fundamental knowledge and competence of the instrumentation required, and its use, in performing a given procedure.
- b) Demonstrates a fundamental understanding of the limitations, indications, contraindications, risks and benefits of a given procedure.
- c) Demonstrates competence in handling intra-operative and post-operative complications.
- d) Demonstrates knowledge of appropriate pharmacological management of this patient population.
- e) Demonstrates knowledge of appropriate post-operative management of this patient population.
- f) Demonstrates appropriate knowledge of the osseous anatomy.
- g) Demonstrates appropriate competence in appropriate dissection techniques and tissue handling.
- h) Demonstrates competence and appropriate application of various internal fixation methods.
- i) Demonstrates knowledge to order and interpret appropriate diagnostic imaging studies and laboratory testing and pathology/microbiology specimen analyses.

APPENDIX

Surgery requires the practical application of didactically and clinically acquired competencies in the performance of an operative procedure. One of the measures used to assess surgical competence is that of Minimum Activity Volumes (MAVs)*. MAVs are patient care activity requirements that demonstrate the member has been exposed to and directly involved in diversity and volume of surgical patient cases. MAVs are not minimum repetitions to achieve competence. There may be instances when a member may have required more repetitions than the recommended MAV to achieve competence for a given surgical procedure. Accordingly, the following information in this appendix is to serve as guidance only. It is incumbent upon the member to practice only within the knowledge, skill and judgement of the member at all times.

List of Procedures by Anatomic Boundary

A. Skin and Appendages

- i. Nail Procedures
 - Partial Nail Avulsions - *Six (6)
 - Total Nail Avulsions - *Four (4)

- ii. Nail Procedures with Matrixectomies
 - Surgical
 - Chemical *Six (6) from this group
 - Laser
 - Thermal

- iii. Excision or Ablation of Pedal Verrucae
 - Surgical
 - Laser *Six (6) from this group
 - Thermal

B. Dermal and Subcutaneous Structures

- i. Laceration and puncture wound primary repair - MAV on a case-by-case basis to achieve competency
- ii. Foreign body removal - *Three (3)
- iii. Various biopsy methods – *Three (3)
punch, shave, saucerization, fine-needle aspiration
- iv. Scar revisional procedures- MAV on a case-by-case basis to achieve competency
- v. Skin grafting – ulcer surgical management - MAV on a case-by-case basis to achieve competency

C. Deep Soft Tissue Structures

- i. Excision of Nodular Masses (bursae, fibromas, neuromas, other) - *Six (6)
- ii. Excision of Cystic Masses (Ganglionic, Mucous, other) - *Six (6)
- iii. Thermal Ablation of Interdigital Neuromas - MAV on a case-by-case basis to achieve competency
- iv. Digital Tenotomies (flexor and extensor) - *Six (6)
- v. Tenoplasties – lengthening procedures - *Four (4)
- vi. Tenorrhaphies – repair of ruptured tendons – MAV on a case-by-case basis to achieve competency
- vii. Capsulotomies – flexor/extensor – digital and mtp joints - *Six (6)
- viii. Capsulorrhaphies – 1st and 5th mtp joints - MAV on a case-by-case basis to achieve competency
- ix. Correction of Syndactylism - MAV on a case-by-case basis to achieve competency
- x. Correction of Overlapping toes, digital flexure contracture deformities, digital extensor contracture deformities - MAV on a case-by-case basis to achieve competency
- xi. Sub -Talar Arthroeresis - MAV on a case-by-case basis to achieve competency
- xii. Arthrotomy - MAV on a case-by-case basis to achieve competency
- xiii. Arthrocentesis - * Three (3)

D. Osseous Procedures - MAV on a case-by-case basis to achieve competency

- i. Exostectomies – (subungual, digital, other)
- ii. Phalangectomies
- iii. Condylectomies – metatarsal
- iv. Cheilectomies – mtp joints
- v. Sesamoidectomies
- vi. Osteotomies – bunion, tailor’s bunion
- vii. Osteotomies – without internal fixation – (phalangeal, metatarsal)

- viii. Metatarsal Osteotomies – proximal or distal -without Internal fixation
- ix. Metatarsal Osteotomies – proximal or distal -with Internal fixation
- x. Arthrodesis – interphalangeal, mtp joint
- xi. Combining of several aforementioned procedures to achieve appropriate correction
- xii. Consideration for Open Procedures versus Minimal Incision Methods
- xiii. Bone Biopsy



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.8

**COUNCIL BRIEFING NOTE
RE: ACUPUNCTURE STANDARD OF PRACTICE**

Background:

The College does not currently have a standard, guideline or policy for registrants outlining the use and application of acupuncture. Registrants are authorized under Regulation 107/96 of the *Regulated Health Professions Act, 1991* (RHPA) to perform acupuncture. Regulation 107/96 creates an exemption for specific regulated health professionals, including chiropodists, to perform the controlled act of a procedure performed on tissue below the dermis, in accordance with standards of practice and within the scope of practice of the profession.

There are two important components to the exemption in the regulation: (a) acupuncture must be performed within the scope of practice of the profession, and (b) in accordance with the standards of practice of the College. This draft standard addresses the second criteria by setting out the standard of practice for registrants performing acupuncture.

The Standards and Guidelines Committee approved the attached draft standard, and it is being recommended to Council by the Executive Committee.

Public Interest Rationale for Decision:

It is in the interest of the public that registrants of the profession be able to perform acupuncture within their scope of practice. To do so safely, acupuncture must be performed in accordance with standards set by the College. This standard will align the College with many other RHPA colleges whose registrants can perform acupuncture because of the regulatory exemption, and who have acupuncture standards for their registrants.

Recommended Motion:

That Council approve the Acupuncture Standard, attached as Appendix A.

Mover: _____

Seconder: _____

APPENDIX A

ACUPUNCTURE STANDARD

Standard of Practice for Members of the
College of Chiropractors of Ontario

Approved: X



INDEX

Introduction	3
Overview of the Standards for Acupuncture	3-7
1. Scope of Practice	3-4
2. Competence	4-5
3. Maintaining Competence	5
4. Consent	5-6
5. Record Keeping	6
6. Students/Assistants/Other Health Practitioners	6
7. Risk Management	6-7
Related College Documents	7
References	7

Introduction

Acupuncture is a controlled act under the *Regulated Health Professions Act, 1991* (RHPA) – it is a procedure performed on tissue below the dermis. Controlled acts are procedures that pose a risk to patients if not performed by qualified practitioners. Members who are competent to perform acupuncture are permitted to do so under *Ontario Regulation 107/96* of the RHPA.

There are two important components to the exemption in the Regulation:

- a) acupuncture must be performed within the scope of practice of the profession, and
- b) in accordance with the standards of practice of the College.

The scope of practice for members is defined in the *Chiropody Act, 1991*, paragraph 4, as: “... the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”

Chiropodists and Podiatrists are reminded that the title acupuncturist or acupuncture practitioner, is restricted to members registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

Overview of the Standards for Acupuncture

1. Scope of Practice
2. Competence
3. Maintaining Competence
4. Consent
5. Record Keeping
6. Students/Assistants/Other Health Practitioners
7. Risk Management

1. Scope of Practice

The Chiropodist or Podiatrist will perform the procedure of acupuncture within the scope of practice of the profession.

Performance Indicators

A Chiropodist or Podiatrist will:

- 1.1 Perform acupuncture safely, effectively, and ethically in accordance with all the Standards of Practice, the Code of Ethics, and relevant legislation.

- 1.2 Register with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario if using the protected title Acupuncturist Practitioner or if performing acupuncture techniques outside the scope of practice of the profession.
- 1.3 Provide the clinical rationale for using the modality of acupuncture within the treatment plan.
- 1.4 Refer patient to other qualified practitioners of acupuncture if the patient requires treatment beyond the scope of practice of the profession or beyond the limits of the Chiropodist or Podiatrist's knowledge, skill, and judgement.

2. Competence

The Chiropodist or Podiatrist must have successfully completed training in acupuncture and demonstrate knowledge, skill, and judgement prior to performing acupuncture.

Performance Indicators

A Chiropodist or Podiatrist will:

- 2.1 Have formal acupuncture training that includes instructional, theoretical, and practical components by a qualified acupuncture practitioner.

The course will include the following components:

- Introduction to traditional Chinese acupuncture
- Acupuncture points:
 - Location of the 361 classical points on the 14 meridians and the 48 extraordinary points.
 - Alphanumeric codes and names, classifications of points, direction and depth of insertion of needles, actions and indications of the commonly used points selected for basic training.
- Applications of acupuncture in modern Western medicine:
 - Principal clinical conditions in which acupuncture has been shown to be beneficial.
 - Selection of patients and evaluation of progress/benefit.
 - Planning of treatment, selection of points and methods of needle manipulation, and the use of medication or other forms of therapy concurrently with acupuncture.
- Guidelines on infection control and safety procedures.
- Treatment techniques including general principles and for specific clinical conditions.

- 2.2 Provide verifiable documentation of the completion of an educational program in acupuncture upon request.
- 2.3 Assess patient(s) as candidates for acupuncture based on knowledge of current evidence and effectiveness of the acupuncture treatment.
- 2.4 Understand the indications, contraindications, benefits, and limitations of acupuncture.
- 2.5 Refrain from performing any acupuncture technique that is outside the Chiroprapist or Podiatrist's knowledge, training, skills, and abilities.

3. Maintaining Competence

The Chiroprapist or Podiatrist will maintain competence by engaging in ongoing acupuncture specific learning activities.

Performance Indicators

A Chiroprapist or Podiatrist will:

- 3.1 Participate in professional development activities that ensure the maintenance of knowledge, skills, judgement, and training to perform acupuncture safely and effectively. Examples include recognized acupuncture education and training programs, workshops, conferences, and learning modules.

4. Consent

The Chiroprapist or Podiatrist will ensure that informed and ongoing consent is obtained from the patient to perform acupuncture, in accordance with the standards.

Performance Indicators

A Chiroprapist or Podiatrist will:

- 4.1 Obtain informed consent for acupuncture as outlined in the standards, ensuring the patient understands that the modality of acupuncture is within the Chiroprapist or Podiatrist's scope of practice and that the patient understands:
 - a) The nature of the proposed procedure
 - b) The benefits, risks, limitations, and side-effects of acupuncture
 - c) Alternative treatments
 - d) The option of the patient to withdraw consent at any time during the process

- 4.2 Respect the patient's choice not to proceed with acupuncture; and offer alternative treatment options.

5. Record Keeping

The Chiroprapist or Podiatrist will document the performance of acupuncture in accordance with the Records standard.

Performance Indicators

A Chiroprapist or Podiatrist will:

- 5.1 Maintain patient records as outlined in the Records standard.
- 5.2 Document details about the performance of acupuncture (i.e. needle points used, length of needle, depth, direction, retention time, stimulation or manipulation) and the outcome and effectiveness of the procedure.

6. Students/Assistants/Other Health Practitioners

The Chiroprapist or Podiatrist will not delegate or assign any part of the controlled act pertaining to acupuncture.

Performance Indicators

A Chiroprapist or Podiatrist will:

- 6.1 Not delegate or assign any part of acupuncture to students, assistants, or any other health practitioner.

7. Risk Management

The Chiroprapist or Podiatrist will be responsible for minimizing the risks to the patient, self, and others associated with the performance of acupuncture before, during, and after the procedure.

Performance Indicators

A Chiroprapist or Podiatrist will:

- 7.1 Comply with the standards for Infection Prevention and Control:
- Maintain required standards of cleanliness, skin disinfection technique, needling technique.

- Ensure needles used for treatment are single-use, pre-packaged, pre-sterilized, unexpired, manufactured for use in acupuncture, intended for the specific kind of acupuncture being performed, and disposed of properly at the end of the treatment.
- Ensure the number of needles inserted into the patient matches the number of needles removed from the patient.

7.2 Establish policies and implement precautions necessary to prevent adverse events or injury when performing acupuncture.

7.3 Recognize and manage adverse reactions or complications during, or because of, acupuncture treatment.

7.4 Implement a risk management process to assist with tracking incidents, identifying trends, to inform quality improvement processes.

Related College Documents

1. [Records Standard](#)
2. [Patient Relations Standard](#)
3. [Assignment, Orders and Delegation Policy](#)
4. [Infection Prevention and Control](#)

References

1. [Regulated Health Professions Act, 1991](#)
2. College of Occupational Therapists of Ontario. (2020). [Standards for Acupuncture](#)
3. [Ontario Regulation 107/96, Controlled Acts \(1991\)](#)



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.9

**COUNCIL BRIEFING NOTE
RE: AMENDED FEES, BILLING AND ACCOUNTS GUIDELINE**

Background:

In October 2022, Council adopted the Fees, Billing and Accounts Guideline to address recurring fee-related questions the practice advisory service was receiving. In May 2023, the Standards and Guidelines Committee was asked to consider what obligations registrants have to let patients know they have been delisted by an insurance company. The Standards and Guideline added the following paragraph to the Fees, Billing and Accounts Guideline to provide guidance to registrants on this issue:

If a Member is aware that they, or the clinic or facility where they practise, have been delisted by an insurance provider, the Member has a professional responsibility to inform the patient or ensure that patients are informed prior to booking an appointment and/or providing any treatment.

The Executive Committee reviewed the revised Guideline and is recommending that it be approved by Council.

Public Interest Rationale for Decision:

It is in the public interest that the College provide its registrants with clear guidance on what must be communicated to patients when a registrant or a clinic has been delisted by an insurance company. The public has the right to know whether the services they are receiving from a registrant of the College will be covered by their private insurance plan before treatment is provided.

Recommended Motion:

That Council approve the amended Fees, Billing and Accounts Guideline, attached as Appendix C.

Mover: _____

Secunder: _____

APPENDIX A: CURRENT VERSION

**COLLEGE OF CHIROPODISTS OF ONTARIO
FEES, BILLING AND ACCOUNTS GUIDELINE**

Approved by Council: October 28, 2022

FEES, BILLING, AND ACCOUNTS GUIDELINE

The College of Chiropractors of Ontario (COCOO) has created this guideline to assist Members in understanding their legal and professional responsibilities in relation to fees, billings, and accounts. The standards and regulations, in particular Ontario Reg. 203/94 (General) and Ontario Reg. O. Reg. 750/93 (Professional Misconduct), specifically set the obligations that Members are required to comply with in respect to fees, billings, and accounts and there is no substitute or excuse for Members to not inform themselves of the requirements and comply with those requirements. Members are required to comply with their professional and statutory obligations with respect to fees, billings and accounts regardless of particular employment circumstances or contractual arrangements with a clinic. It is incumbent upon every Member to understand their obligations and to also explain those obligations to their employers and to clinic owners. This document is intended to assist and guide Members in that regard.

In the event of any inconsistency between this guideline and any legislation that governs the profession, the legislative requirements prevail.

A. Accountability

Members are accountable for any fees, billings or accounts that use their name or registration number and/or are issued or charged for services or treatments rendered by the Member. All Members must be aware of how their name and registration number are being used and to involve themselves and be knowledgeable of the billing practices of the clinic. Members are also required to ensure that appropriate records are created and maintained, as required by COCOO standards, regulations, and this guideline.

B. Accuracy and Honesty

Members must ensure that any fees, billings or accounts that use their name and registration number and/or are issued or charged for services rendered by the Member are an accurate reflection of the services and/or products provided. Members must never charge fees or create billings or accounts that are inaccurate, false, misleading, or excessive.

Members are required to have a written process for routinely reviewing their fees, billings or accounts. Members must be able to demonstrate to the College's satisfaction that they did the review. The review process must ensure that:

- Any fees charged are accurate and reasonable

- Billings or accounts are accurate

In the event that a Member discovers as part of the review any inaccuracies or errors with respect to fees, billings or accounts and/or inappropriate billings or billing practices by the clinic where they practice, the Member must:

- take reasonable steps to correct and appropriately report the inaccuracies or errors, and
- document the finding, what action was taken, and the outcome.

C. Fee Schedule

Members are required to have a written fee schedule for routine treatments, products, and procedures. The fee schedule shall include:

- Fees for assessment, reassessment, and treatment
- Fees for other services or products
- Fees for administrative tasks (such as photocopying a patient record, completing a form, etc.)
- Late payment penalties or interest charges
- Charges for cancellations or missed appointments.

Members must ensure that fees charged by them and/or on their behalf are not excessive, false or misleading. Any departure from the Member's established fee schedule can only be to reduce fees. Members are permitted to offer discounts from their standard fees (for example, a senior or student discount). However, such discounts must apply to all patients who meet the criteria for the discount.

Furthermore, under no circumstances are Members permitted to charge higher or different fees for products, services, or treatments based on the patient's available insurance coverage. A Member's standard fee and/or eligible discounts must apply to all patients, regardless of available insurance coverage.

D. Communicating Fees to Patients

Before providing care, Members must ensure that patients are given clear information about fees and that patients understand the information. This includes:

- All fees that might apply to the patient
- All discounts that apply to the patient
- How bills or accounts for services are calculated
- Any financial policies that might affect the patient, such as payment expectations and late payment charges
- Methods of payment that are accepted.

Members are required to provide an itemized account for services and/or products if the patient or a third party payer requests one and/or if the account includes a commercial laboratory fee or orthotics fee. An itemized account must be provided free of charge.

E. Block Fees

Members shall not charge block fees or set fees for packaged or bundled services unless:

- the patient is given the option of paying for each service as it is rendered, and
- if requested by the patient, the unit cost for each type of service covered by the block fee is specified.

As with other aspects of the COCOO standards and regulations addressed in this guideline, Members are required to ensure that their fees, billing and/or accounts in relation to block fees appear accurately, are not false, misleading, or excessive, and are documented appropriately.

F. Conclusion

Members are responsible to ensure that their fees, billings, and accounts, and the billing practices of the clinic where they practise, reflect the highest ethical standards of the profession and enhance the public image of the profession. The professional obligations related to fees, billing, and accounts set out in the College's standards, regulations, and this guideline apply to all Members of the profession, including Members who are full-time or part-

time employees of a clinic and/or contract workers at a practice location. For greater clarity, all Members, regardless of their relationship to the clinic or practice location at which they treat patients, shall comply with these professional obligations without exception. If Members have questions or are unsure of their obligations in relation to fees, billings, and/or accounts, Members are encouraged to contact the College and obtain advice in that regard.

APPENDIX B: REDLINE VERSION

COLLEGE OF CHIROPODISTS OF ONTARIO
FEES, BILLING AND ACCOUNTS GUIDELINE

Approved by Council: ~~October 28, 2022~~
September 22, 2023

FEES, BILLING, AND ACCOUNTS GUIDELINE

The College of Chiropractors of Ontario (COCOO) has created this guideline to assist Members in understanding their legal and professional responsibilities in relation to fees, billings, and accounts. The standards and regulations, in particular Ontario Reg. 203/94 (General) and Ontario Reg. O. Reg. 750/93 (Professional Misconduct), specifically set the obligations that Members are required to comply with in respect to fees, billings, and accounts and there is no substitute or excuse for Members to not inform themselves of the requirements and comply with those requirements. Members are required to comply with their professional and statutory obligations with respect to fees, billings and accounts regardless of particular employment circumstances or contractual arrangements with a clinic. It is incumbent upon every Member to understand their obligations and to also explain those obligations to their employers and to clinic owners. This document is intended to assist and guide Members in that regard.

In the event of any inconsistency between this guideline and any legislation that governs the profession, the legislative requirements prevail.

A. Accountability

Members are accountable for any fees, billings or accounts that use their name or registration number and/or are issued or charged for services or treatments rendered by the Member. All Members must be aware of how their name and registration number are being used and to involve themselves and be knowledgeable of the billing practices of the clinic. Members are also required to ensure that appropriate records are created and maintained, as required by COCOO standards, regulations, and this guideline.

B. Accuracy and Honesty

Members must ensure that any fees, billings or accounts that use their name and registration number and/or are issued or charged for services rendered by the Member are an accurate reflection of the services and/or products provided. Members must never charge fees or create billings or accounts that are inaccurate, false, misleading, or excessive.

Members are required to have a written process for routinely reviewing their fees, billings or accounts. Members must be able to demonstrate to the College's satisfaction that they did the review. The review process must ensure that:

- Any fees charged are accurate and reasonable

- Billings or accounts are accurate

In the event that a Member discovers as part of the review any inaccuracies or errors with respect to fees, billings or accounts and/or inappropriate billings or billing practices by the clinic where they practice, the Member must:

- take reasonable steps to correct and appropriately report the inaccuracies or errors, and
- document the finding, what action was taken, and the outcome.

C. Fee Schedule

Members are required to have a written fee schedule for routine treatments, products, and procedures. The fee schedule shall include:

- Fees for assessment, reassessment, and treatment
- Fees for other services or products
- Fees for administrative tasks (such as photocopying a patient record, completing a form, etc.)
- Late payment penalties or interest charges
- Charges for cancellations or missed appointments.

Members must ensure that fees charged by them and/or on their behalf are not excessive, false or misleading. Any departure from the Member's established fee schedule can only be to reduce fees. Members are permitted to offer discounts from their standard fees (for example, a senior or student discount). However, such discounts must apply to all patients who meet the criteria for the discount.

Furthermore, under no circumstances are Members permitted to charge higher or different fees for products, services, or treatments based on the patient's available insurance coverage. A Member's standard fee and/or eligible discounts must apply to all patients, regardless of available insurance coverage.

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Before providing care, Members must ensure that patients are given clear information about fees and that patients understand the information. This includes:

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- How bills or accounts for services are calculated
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- Methods of payment that are accepted.

Members are required to provide an itemized account for services and/or products if the patient or a third-party payer requests one and/or if the account includes a commercial laboratory fee or orthotics fee. An itemized account must be provided free of charge.

[If a Member is aware that they, or the clinic or facility where they practise, have been delisted by an insurance provider, the Member has a professional responsibility to inform the patient or ensure that patients are informed prior to booking an appointment and/or providing any treatment.](#)

E. Block Fees

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As with other aspects of the COCOO standards and regulations addressed in this guideline, Members are required to ensure that their fees, billing and/or accounts in relation to block fees appear accurately, are not false, misleading, or excessive, and are documented appropriately.

F. Conclusion

Members are responsible to ensure that their fees, billings, and accounts, and the billing practices of the clinic where they practise, reflect the highest ethical standards of the profession and enhance the public image of the profession. The professional obligations related to fees,

billing, and accounts set out in the College's standards, regulations, and this guideline apply to all Members of the profession, including Members who are full-time or part-time employees of a clinic and/or contract workers at a practice location. For greater clarity, all Members, regardless of their relationship to the clinic or practice location at which they treat patients, shall comply with these professional obligations without exception. If Members have questions or are unsure of their obligations in relation to fees, billings, and/or accounts, Members are encouraged to contact the College and obtain advice in that regard.

APPENDIX C: AMENDED VERSION

**COLLEGE OF CHIROPODISTS OF ONTARIO
FEES, BILLING AND ACCOUNTS GUIDELINE**

Approved by Council: September 22, 2023

FEES, BILLING, AND ACCOUNTS GUIDELINE

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- Billings or accounts are accurate

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- Methods of payment that are accepted.

Members are required to provide an itemized account for services and/or products if the patient or a third-party payer requests one and/or if the account includes a commercial laboratory fee or orthotics fee. An itemized account must be provided free of charge.

If a Member is aware that they, or the clinic or facility where they practise, have been delisted by an insurance provider, the Member has a professional responsibility to inform the patient or ensure that patients are informed prior to booking an appointment and/or providing any treatment.

E. Block Fees

Members shall not charge block fees or set fees for packaged or bundled services unless:

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- if requested by the patient, the unit cost for each type of service covered by the block fee is specified.

As with other aspects of the COCOO standards and regulations addressed in this guideline, Members are required to ensure that their fees, billing and/or accounts in relation to block fees appear accurately, are not false, misleading, or excessive, and are documented appropriately.

F. Conclusion

Members are responsible to ensure that their fees, billings, and accounts, and the billing practices of the clinic where they practise, reflect the highest ethical standards of the profession and enhance the public image of the profession. The professional obligations related to fees,

billing, and accounts set out in the College's standards, regulations, and this guideline apply to all Members of the profession, including Members who are full-time or part-time employees of a clinic and/or contract workers at a practice location. For greater clarity, all Members, regardless of their relationship to the clinic or practice location at which they treat patients, shall comply with these professional obligations without exception. If Members have questions or are unsure of their obligations in relation to fees, billings, and/or accounts, Members are encouraged to contact the College and obtain advice in that regard.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.10

COUNCIL BRIEFING NOTE

RE: PROPOSAL TO AMEND THE GUIDELINES FOR THE SAFE USE OF LASERS BY MEMBERS OF THE COLLEGE OF CHIROPODISTS OF ONTARIO

Background:

The Practice Advisory service recently received a question about the classification of onychomycosis as “surgery.” The inquiry referenced an email, dated February 27, 2015, from the College’s Registrar indicating that:

It has come to the College's attention that some members of the College who are treating soft tissue lesions (for example, warts) or fungal nails using Lasers are referring to the treatment provided as "laser therapy". This has led to confusion within the insurance industry, resulting in them seeking clarification on the matter from the College. The matter has been researched by the College's Technical Committee and they have advised Council that the appropriate terminology for such treatments is "laser surgery".

Accordingly, going forward, the College directs its members who offer these services to their patients to refer to the treatment as “laser surgery.” It must never be referred to as “therapy” or “laser therapy” in communications with patients, their guardians or health insurance carriers.

The issue was referred to the Technical Committee and it determined that onychomycosis is more properly referred to as a “treatment” or “laser treatment” not surgery. In the course of reviewing this issue, the Committee recommended that the Standards and Guidelines Committee review and update the laser guidelines report, called *The Safe Use of Lasers by Members of the College of Chiropodists of Ontario* (“Laser Guideline”), which Council approved in February 2017.

The Executive Committee supports the Technical Committee’s recommendation that Council refer the Laser Guideline to the Standards and Guidelines to be reviewed and updated.

Public Interest Rationale for Decision:

It is in the public interest that the College provide its registrants with clear guidance on how to properly categorize the treatment/surgery they perform, and for the public to be aware of how a specific treatment will be billed and reimbursed by their insurance company. It is also in the

public interest that the College regularly update its standards, guidelines and policies to ensure they are relevant to the current practice environment.

Recommended Motion:

That Council refer the Guidelines for the Safe Use of Lasers, attached as Appendix A, to the Standards and Guidelines Committee for review and update.

Mover: _____

Secunder: _____

Guidelines for the Safe Use of Lasers by Members of the College of Chiropractors of Ontario

COLLEGE OF CHIROPODISTS OF ONTARIO TECHNICAL COMMITTEE

Martin Hayles (Chair), Edward Chung, John Lanthier, Sasha Kozera,

Tony Merendino, Tracy Oliver

PURPOSE:

The Registrar of the College of Chiropractors of Ontario(COCCO) referred the following task to the Technical Committee of the College of Chiropractors, to respond to a request from the Executive committee

The Executive request the drafting of guidelines on the safe use of lasers to be used by Members of COCCO.

(The Committee deem the guidelines to be related to 'ALL' members of the College of Chiropractors of Ontario, including BOTH the Chiropractor and Podiatrist class of registrant.)

CORE POINTS IDENTIFIED, AND CONSIDERED BY THE TECHNICAL COMMITTEE:

- Definitions
- Power /Classifications
- Training
- Delegation
- Laser Safety Officer
- Hazard Evaluation/Environment/Personal Protective Equipment (PPE)
- Disinfection/Cleaning/Maintenance

METHODOLOGY

A literature review and detailed assessment of the available body of research that addressed the core points was performed using Medline, Google Scholar, Cochrane Database of Systematic Reviews, National Center for Biotechnology Information, and web based search engines. Data was distributed to committee members for analysis and reviewed during a teleconference.

FOREWORD

The use of lasers by Members is expanding, as the use of medical lasers has greatly enhanced and expanded treatment modalities, but with it comes a risk of harm to the patient, staff, and members. Patient and staff safety is of paramount importance. The purpose of this document is to ensure that Members stay current and informed of the best practices, follow proper protocols and procedures, and ensure the safety of their patients. Safety issues for the use of lasers are almost identical independent of which field in which they are used. Education regarding their safe use is essential for lasers to be integrated into a practice. A brief inadvertent exposure to high-power laser radiation can cause permanent eye injury and/or skin burns. This guideline is designed to give the Members essential information for laser safety. Following the guidelines listed in this document does not relieve the Member, from their obligation to take any additional measures necessary to prevent health hazards from occurring in the facility where they practice. Members remain responsible to COCOO for the management and practice at a facility. The Member and operator(s) should refer to the user information supplied by the manufacturer or distributor of their equipment, as well as their training resource materials, and related guidance documents. As technologies progress, it is anticipated that COCOO's laser-related guidelines will undergo review and expand to address these new advances.

This resource has been prepared to help Members understand some of their obligations under the Occupational Health and Safety Act (OHS) and regulations. It is not legal advice. It is not intended to replace the OHS or the regulations.

What is a Laser?

The term "laser" is an acronym that stands for "Light Amplification by Stimulated Emission of Radiation". Laser light is a form of non-ionizing radiation. Laser equipment produces and amplifies light that has unique properties that cannot be produced any other way. The light that it produces is monochromatic - it is composed of one single colour at a specific wavelength. Laser radiation can be generated in different parts of the spectrum - ultraviolet (UV), visible light, and infrared (IR).

The colour of laser light is usually described in terms of the wavelength of the laser radiation. The most common unit used for the wavelength of laser is a nanometer (nm - one billionth of a meter). Light from other sources is made up of combination of colours at various wavelengths.

Another property of lasers is they are coherent light sources. This means that lasers produce monochromatic light (i.e., with a single or selected wavelength) in which the light “particles” or photons all travel in the same direction. This allows laser beams to be very focused (collimated) so they do not fan out like the light beam of a flashlight. Since the light beam can be contained in a very narrow beam, it has a high radiant power per unit area. These properties enable laser devices to produce powerful laser beams that can even cut metal. Lasers are also used in medicine for cutting, sealing? Use cauterizing?, and surgical procedures.

Examples of Lasers Used by Members

Members use a wide variety of lasers. The type of laser depends on the purpose of use. They can be used to smooth skin wrinkles or remove warts, skin moles, cysts, tattoos, spider veins, and so forth. Some commonly used lasers are given in *Appendix F*.

Standards Used to Regulate Lasers

Members should be aware that use of these lasers is subject to provincial legislation, for purposes of worker health and safety. COCOO will not directly enforce other agencies’ legislation; however, COCOO has a role to monitor evidence of member’s compliance with facility requirements under other legislation. One such requirement is to ensure that laser devices meet certain standards. These obligations arise under the Occupational Health and Safety Act (OHSA). These are worker safety provisions. COCOO will monitor through the practice inspection process whether members have had their lasers maintained, the facility has proper standards for use, and procedures are in-place for all workers to comply with Occupational Health and Safety regulations under OHSA

Canada’s federal government controls the sale, lease and import of lasers, as per the Radiation Emitting Devices Act <http://laws.justice.gc.ca/en/R-1>, and lasers must meet the requirements of the Act. Members are advised that they should only purchase laser devices that have an active Canadian medical device license in accordance with the Medical Devices Regulations. Canada has not yet adopted a specific laser hazard classification system. However, manufacturers who wish to

sell, import or lease laser systems in Canada have been referred to the labelling requirements outlined in Europe and the US. While compliance with the requirements as stated in this document is voluntary, there are regulatory requirements governing the use of lasers in each province and territory

In the Province of Ontario, the general duty clause 25(2) (h) of the Occupational Health and Safety Act (OHSA), requires employers to take every precaution reasonable in the circumstances for the protection of a worker. This includes the protection of workers from the hazards associated with lasers. When enforcing the general duty clause under OHSA, the Ontario Ministry of Labour's Radiation Protection Service takes into consideration.

- The CSA Standard CAN/CSA-Z386-14: *Safe Use of Lasers in Health Care*
- The American National Standards Institute (ANSI) Standard Z136.3-2011: *Safe Use of Lasers in Health Care* and Z136.1-2014: *Safe Use of Lasers*
- IEC 60825-1 Ed. 2.0 (2007) "Safety of laser products - Part 1: Equipment classification and requirements".
- FDA 21CFR1040.10 (2007) "Performance Standards for laser products" and "Laser Notice No. 50".

LASER CLASSIFICATIONS

Class 1

Laser equipment emitting radiation that is not considered hazardous even with long-term exposure, and do not require hazard-warning labelling. Examples include positioning and alignment lasers, low-level laser therapy and home-use lasers.

Class 1M

Laser equipment emitting radiation that is not considered hazardous for the naked eye even with long-term exposure.

Class 2

Laser equipment emitting visible radiation in the wavelength range from 400 nm to 700 nm that is considered safe for exposures of duration less than 0.25 seconds. Examples include alignment lasers used in aiming invisible radiation of CO₂ and Nd:YAG lasers.

Class 2M

Laser equipment emitting visible radiation in the wavelength range from 400 nm to 700 nm that is considered safe for the naked eye for exposures of duration less than 0.25 seconds.

Class 3R

Laser equipment emitting radiation that can exceed the Maximum Permissible Exposure (MPE) when viewed directly but with low risk of permanent eye injury.

Class 3B

Laser equipment emitting radiation that is considered hazardous to the skin and eyes from direct exposure or a specular reflection.

Class 4

Laser equipment emitting radiation that is considered hazardous to the skin and eyes from direct exposure or a specular or diffuse reflection.

TYPES OF HAZARDS FOUND WHEN USING LASERS

Sources of laser hazards include:

- Accidental eye exposure during alignment
- Misaligned laser beam
- Lack of eye protection
- Equipment malfunction
- Improper handling of high voltage systems
- Use of unfamiliar equipment
- Improper restoration of equipment following service

There are two types of laser hazards: the laser beam hazards and the non-beam hazards.

- Laser beam hazards include eye and skin burns which are due to laser beam exposure on a person's body.
- Non-beam hazards are associated with the laser equipment or the hazardous substances released from the laser equipment, and fumes

emitted from materials exposed to laser beams, including laser-plumes produced during surgical procedures.

The maximum permissible exposure (MPE) limits: the level of laser radiation to which an unprotected person may be exposed without adverse biological changes in the eye or skin i.e. injury for various medical surgical lasers are demonstrated in *Appendix G*.

TRAINING AND QUALIFICATIONS

It is inappropriate and inconsistent with the generally accepted standards of practice for a Member to administer or perform a treatment or perform any function, which is beyond the parameters for the Member education, capabilities, and experience. The level of training is in proportion with the degree of potential laser hazards. Health Canada advises those using or working near Class 3B or 4 lasers must have laser safety training with the following topics covered:

- Fundamentals of laser operation
- Overall responsibility for laser safety
- Laser classification
- Potential laser hazards associated with operating a laser, including the significance of reflections
- Control measures
- Cleaning and maintenance of protective equipment
- Medical surveillance
- Patient care (pre- and post-treatment)
- Emergency procedures (i.e. how to use fire equipment, resuscitative procedures, etc.)

(Laser Hair Removal Safety Guidelines for Facility Owners & Operators Prepared by The Joint Documents Working Group of The Federal Provincial Territorial Radiation Protection Committee First Edition October 2011)

It is important to understand that frequently tissue is altered or destroyed by a laser without pathologic confirmation. Because of this, it is imperative that the

Member has the clinical expertise in the assessment of cutaneous lesions with a level of proficiency that meet the minimal specific level required by COCOO. Before using a laser, a Member must obtain appropriate training for the laser's use and the conditions under which the laser is to be employed. Proof of training should be readily available to COCOO for the purposes of an assessment, inspection, or request.

Recommendations for Training

It is recommended that training should include:

- Basic Laser Physics: Definitions and explanations of laser terminology, electromagnetic energy, wavelength, laser systems, types of lasers, beam characteristics, and tissue responses.
- Laser Energy Delivery Systems: The components of laser energy delivery systems (fiber optics, sheathed fibers, hand pieces etc.).
- Clinical Applications: In-service training should be geared towards specific lasers in the clinic as well as the specific indications for laser treatment.
- Safety: Should cover regulatory agencies or standards such as ORNAC (Operating Room Nurses Association of Canada), classification of lasers, procedure safety and equipment checks, major hazards associated with lasers in a clinic, eye protection, window coverings, warning signs and systems, electrical / water safety, fire prevention, emergency laser shutdowns, safety with gases, smoke evacuation, and laser safety publications.
- Policies and Procedures: Set of policies and procedures should be documented in the clinic to include but not limited to; laser policies and standards in general, personnel training, safety, equipment operation and maintenance, responsibility of staff members and current laser resource information.
- Continuing Education: Continuing education should be made available as necessary (to include outside training sessions) with reasonable frequency to help ensure adequate performance, especially when new lasers are introduced into the clinic. Organizations such as the American Society of Laser Medicine and Surgery (ASLMS) provide ongoing educational opportunities and publications in

clinical laser medicine and surgery. (<https://www.aslms.org/for-professionals/education-center>)

The College of Physicians and Surgeons of British Columbia recommend a layered system of education and training framework of laser personnel.

Level 1 Laser Training

This is necessary for:

- non-clinical facility personnel who are involved in the management of the laser program or laser services
- observers
- trainees

The content includes, but is not limited to:

- overview of CSA Z386 Safe use of lasers in health care
- facility policy and procedure
- types of lasers used and general applications in the facility
- roles, authority, and responsibilities of laser team members
- contact information for the LSO

Level 2 Laser Training

This is necessary for:

- laser operator (assistant)

The content includes, but is not limited to:

Level 1 Last training

- laser physics
- laser-tissue interaction
- types of lasers and their delivery systems
- accessory equipment and instrumentation needed for specific applications
- understanding treatment parameters and dosimetry
- roles, authority, and responsibilities of laser team members

- assessment of hazards and risks
- reporting
- applicable documentation

Level 3 Laser Training

This is necessary for:

- laser safety officer (LSO)

The content includes, but is not limited to:

- all items in Level 1 and 2 training
- regulatory requirements in the specific authority
- application of CSA Z386 Safe use of lasers in health care
- hazard identification and implementation of applicable control measures
- facility reporting for accidents, incidents, or occurrences

Level 4 Laser Training

This is necessary for:

- laser users (Member)
- The content includes, but is not limited to:
 - all items in Level 1 and 2 training
 - clinical application and techniques for intended procedures
 - treatment parameters and dosimetry for intended procedures
 - patient safety
 - management of complications
 - competency in operating the laser and its delivery systems
 - competency in use of safety equipment (e.g. protective eyewear, emergency stop switch, standby switch, plume evacuator, accessory instrumentation, fire extinguisher, wet drapes, etc.)

Assistant Training

Training programs for assistants should consist of a laser course that is in accordance with applicable standards, the facility's policies and procedures and

federal and local regulations. Programs should include hands-on practical application and a written test.

College of Physicians and Surgeons of Ontario (CPSO) suggest that entry qualifications for RNs working in a cutaneous laser unit should be: *‘Current certification of registration from the College of Nurses of Ontario, Minimum of two (2) years nursing experience, Current certification in Basic Cardiopulmonary Life Support (BCLS) Experience in cutaneous laser surgery is preferred but not mandatory BScN is preferred but not mandatory’*

DELEGATION AND RESPONSIBILITIES OF THE MEMBER

The Member is responsible and accountable for all clinical functions for all patients assigned to their care. The Member must always consider the patient's risk factors. Their presenting clinical status should be assessed prior to laser use. The Member should be knowledgeable about expected outcomes, resulting from administering the specific laser treatment to the patient

It is recommended that only a Member should apply laser for cutting tissue. This task should **not** be delegated. Only a Member, should apply laser for destroying tissue however, delegation to a Registered Nurse (RN or Nurse Practitioner (NP) may be acceptable. Members may delegate the use of a therapeutic (cold) laser to someone who is suitably trained /educated.

This is consistent with other regulatory bodies in Canada. (The College of Podiatric Surgeons of British Columbia: Practice Standards and Guidelines, CPSO, CPSBC (British Columbia))

All assistants (foot care assistants, registered nurses (RN)), need to possess the necessary skills and knowledge to use lasers for patient treatment in any office. *(It is a RN responsibility to ensure they have knowledge of their scope of practice and the requirements of the facility and College of Nurses of Ontario).*

The Member is responsible for ensuring the safety of the patient and all personnel in the laser-controlled area during laser set-up and duration of use.

When using a laser to cut or destroy tissue the Member should:

- remain in the laser room always during laser usage
- ensure the environmental and procedural control measures are in place (e.g. protective eyewear, plume evacuators)
- ensure clear communication with the laser operator (assistant)
- handle the laser delivery device and be the only one operating the laser footswitch or hand-held device
- select the appropriate laser parameters for the procedure,
- activate, fires and/or deploys the laser
- report any unusual events and safety concerns to the LSO

The assistant should act on the Members orders only after the patient has been assessed and evaluated by the Member. The assistant should only implement the selected laser treatment when the Member is physically available to the practice setting. Members orders should include: type of selected laser, the fluence of the laser beam, laser beam (spot size), wavelength, pulse width, description, location, and size of the area to be treated, and utilization of any topical anesthetic agent such as ice.

Written policies and procedures within the office setting shall guide the Member for each specific laser type/treatment administered. The written policies and procedures should include equipment and operator safety, patient education, patient assessment, emergency procedures, and monitoring guidelines.

The assistant administration of laser treatment shall be a component of a written process for continuous quality monitoring of expected patient outcomes.

The Member should have an educational and credentialing mechanism, which includes a process for educating and verifying the assistant's education; training and clinical competency to perform specifically identified selective laser treatments.

The assistant is also required to have knowledge of laser equipment and techniques, necessary skills to perform patient assessment, knowledge of monitoring and evaluating the patient during the treatment, able to provide

patient education specific to the selected laser treatment, and the ability to maintain both patient and operator safety while utilizing the laser equipment.

LASER SAFETY OFFICER (LSO)

In Ontario, the general duty clause 25(2) (h) of the Occupational Health and Safety Act (OHSA), requires employers to take every precaution reasonable in the circumstances for the protection of a worker. This includes the protection of workers from the hazards associated with lasers.

When enforcing the general duty clause under OHSA, the Ontario Ministry of Labour's Radiation Protection Service considers various standards relating to lasers. The CSA Standard Z386-14 "*Safe Use of Lasers in Health Care*" specifies that facilities using lasers shall have a laser safety officer (LSO) and a laser safety committee (LSC) to perform risk assessments, and to ensure that laser safety policies and procedures are developed, implemented, and maintained. The American National Standards Institute (ANSI) Standards Z136.1 "*Safe Use of Lasers*" and Z136.3 "*Safe Use of Lasers in Health Care*" also have requirements for LSOs and LSCs. The Canadian Centre of Occupational Health and Safety (CCOHS) has the OSH Answers document on Lasers - Health Care Facilities and has additional information on laser safety programs, and LSOs .

Besides creating a safe environment for patients and employees, there are other reasons why Members should place an emphasis on proper laser safety. First, is laser safety compliance with the Ontario Ministry of Labour. The Ontario Ministry of Labour now requires that if you have a Class 3B or Class 4 laser on your premises, all users and operators require laser safety training, and that a Laser Safety Officer (LSO) be appointed. Failure to comply with the Ministry of Labour, under the Occupational Health & Safety Act is considered a punishable offense. *Occupational Health and Safety Act Part IX, Sec 66 – Offenses and Penalties.*

The Member or any member of the clinical team may be designated as the LSO. The ideal person for enforcement as the LSO is the Quality Advisor/ Clinical

Director. The daily responsibility of implementation and for monitoring the laser safety program may be best delegated to an Associate LSO.

An LSO does **not** assume clinical responsibility for monitoring treatment protocols or for advising Members on the correct clinical use of laser equipment. There is a distinct difference between hazards related to laser safety and those related to patient treatment.

The LSO must develop a laser safety program that meets the general requirements of the ANSI Z136 series of laser safety standards and specific precautions relating to the use of each laser system. Mandating compliance among staff, visitors, and patients. Delegating responsibility for implementation and monitoring compliance to the Associate LSO. Final enforcement within the framework of provincial and national regulations and international standards.

Duties of a Laser Safety Officer

- Confirm classification of laser.
- Read manufacturers' instructions for installation and maintenance of the laser equipment.
- Make sure that laser equipment is properly installed.
- Train workers in safe use of lasers.
- Limit access to laser areas.
- Maintain laser equipment properly.
- Post appropriate warning signs.
- Recommend appropriate personal protective equipment such as eye wear and protective clothing

LSO training and resources are available at the following locations:

<https://canadianlasersafety.com/courses/medical-laser-safety-officer-training/>

<https://canadianlasersafety.com/courses/aesthetic-laser-safety-officer/>

<https://www.lia.org/store/course/LSOONLINE>

LASER SAFETY PROGRAM

Any Laser Safety Program must be designed per existing national and professional standards.

The program must be comprehensive and must include beam and non-beam hazard prevention and control, audit and recording provisions, education and training of operational and support staff, and emergency fire procedures.

That hazard controls must include administrative, engineering or technical, and procedural components.

Successful prevention of exposure to laser hazards and injury to patients or personnel is best achieved with general measures being complemented with a mindset of “*safety first*” among all personnel, which is communicated to patients and visitors.

General measures, such as controlled access to laser treatment areas, use of specific signs and eyewear must end with each Member performing a procedure adopting the role of a “field LSO”, and stringently observes the precautions for that specific wavelength and laser.

The ANSI Standard Z136.1 recommends a laser safety program for workplaces using class 3B or class 4 lasers. Following are the essential components of a laser safety program:

Administrative

- A written Laser Safety Policy.
- Posting of warning signs.
- Designation of the authority and responsibility for the evaluation and control of laser hazards to a Laser Safety Officer.
- Management of incidents (near accidents) and accidents including reporting, investigation, analysis, and remedial action.

- Training and education of personnel involved in the use and maintenance of lasers.
- Formation of Laser Safety Committee.
- Establishment of a Quality Assurance Program including regular inspection of the laser equipment.
- Presence of another person (buddy system) during maintenance work to provide first aid and to call for assistance in case of an injury or accident.
- Replacement and periodic eye examinations (consult ANSI Standard Z136.3).

Engineering Controls

- Local exhaust ventilation.
- Fail safe methods (e.g., automatic shutters to protect the user's eyes from reflected laser beam).
- Lock and key to prevent unauthorized activation of laser.
- Elimination of reflective surfaces from the room.
- Window covers (if necessary) to absorb scattered laser beam.
- Built-in access panel interlocks and automatic shutting to protect maintenance personnel.
- Safety latches or interlocks to prevent unauthorized access to controlled laser area.

Personal Protection

- Appropriate eye protection.
- Adequate respirators.
- Protective clothing and gloves.
- Personal protection program including training in the maintenance and use of personal protective equipment.

HAZARD EVALUATION

Hazard evaluation is a critical component of any laser safety program, as it influences the application of control measures. The following aspects of a laser's application influence the total hazard evaluation:

- The laser's capability of injuring personnel (i.e. laser classification).
- The environment in which the laser is used.

The first step in a hazard evaluation is to determine the laser classification. The LSO can normally rely on manufacturer information and need not perform any measurements. The "class number" can be read from the laser classification warning sign (i.e. 3B or 4). The LSO can then comply with all requirements of that laser class, including training

Then the LSO must consider the probability that unprotected personnel will be exposed to hazardous laser radiation (including operators, clients, service personnel, staff, and visitors). If exposure to the direct or specularly reflected beam is possible, the LSO must specify a laser controlled area and take appropriate actions to reduce the risk of overexposure.

Lastly, the LSO must determine whether the laser could initiate a fire in an appropriate combustible material. Laser beams represent a potential fire hazard if flammable or combustible materials are exposed to irradiances exceeding 10 W/cm² or beam powers exceeding 0.5 W. Since hair removal lasers are pulsed lasers, they usually provide beam energy information in Joules (J) per laser pulse, along with the length of time of the pulse. To use this information to determine whether a laser could pose a fire hazard, simply convert the Joules per second of one pulse into watts (W) using the conversion 1 J/s = 1 W. Then compare this number to 10 W/cm². Example: if a laser delivers 2J in 100ms to a 1cm² area, it is equivalent to 2/0.1 J/s per cm² or 20 W/cm². As this could initiate a fire in an appropriate combustible material, the LSO must apply certain fire control measures.

LASER TREATMENT CONTROLLED AREAS, WARNING SIGNS, & ENGINEERING CONTROLS

To ensure that individuals are not exposed to direct, reflected or scattered laser radiation without appropriate protection, it is necessary to: create a "laser treatment controlled area" within the facility install adequate engineering

controls; and post appropriate warning signs. A laser treatment controlled area is simply an area that is appropriately enclosed so that laser radiation which is above the maximum permissible exposure (MPE) does not inadvertently escape the treatment area to injure unsuspecting persons.

A Class 3B Laser Controlled Area:

A Class 3B Laser controlled area must:

- be under the direct control of authorized laser personnel trained in laser safety and laser operation
- be located so that access to the area by spectators is limited and requires approval by the LSO
- have only diffusely reflecting materials in or near the beam path (i.e. reflective items such as mirrors or jewellery must be removed or covered)
- provide personnel and patients with appropriate eye protection
- have high background illumination
- have all accessible windows, doorways, etc. covered
- laser warning signs are placed at all entrances to the laser room and removed when the laser procedure is completed
- doors to the laser room remain closed while laser is in use
- reflective surfaces that could interfere with the beam path are minimized (e.g. jewelry, mirrors, highly polished glass)
- have room walls that are rough in texture, dark and non-reflecting;
- have limited amounts of flammable compounds or substances
- provide adequate ventilation, respirators, fire fighting equipment, etc. to control all laser hazards
- have audible and visible activation warning systems to indicate that the laser is in operation or being tested
- have a master switch to control patient exposure
- require secure storage (e.g. access by computer code) or disabling (e.g. removal of a key) of the laser when not in use to prevent unauthorized operation. Laser keys must be kept in a secured location and;
- have an appropriate laser warning sign posted at the entry way to the laser controlled area (see example below)

Class 4 Laser Controlled Area

A Class 4 laser controlled area must:

- meet all the requirements of a Class 3B laser controlled area and;
- have a clearly marked "Stop" button for deactivating the laser or reducing output levels in the event of an emergency
- have area/entry safety controls designed to allow both rapid egress and admittance to the laser controlled area under emergency conditions
- Use a door, blocking barrier, screen, or curtains to attenuate laser radiation in the entryway
- have an appropriate laser warning sign posted at the entry way to the laser controlled area (see example below)

Laser Warning Signs

Sign dimensions, letter size and color, etc. must be in accordance with American National Standard Specification for Accident Prevention Signs, ANSI Z535 series.

For Class 3B or 4 lasers, the following is required: The signal word "DANGER". Instructions or protective action*.

1) For Class 3B lasers, use "LASER RADIATION - AVOID DIRECT EXPOSURE TO BEAM".

2) For Class 4 lasers, use "INVISIBLE LASER RADIATION - AVOID EYE OR SKIN EXPOSURE TO DIRECT OR SCATTERED RADIATION" A symbol unique to lasers (use either the ANSI Z535 design or IEC 60825-1 design): The type of laser OR emitted wavelength, pulse duration (if appropriate) and maximum output. The laser classification number

* Other additional wording that can be used when appropriate: "Laser Protective Eyewear Required", "Invisible Laser Radiation", "Knock Before Entering", "Restricted Area", and "Do Not Enter When Light is On".

Appendix H has examples of laser safety signage.

Free downloads of signage are available at

<https://www.lasertraining.org/DangerSigns.html>

Beam Hazards

Protective Equipment

It is extremely important that all authorized personnel entering the laser treatment controlled area be provided with protective eyewear. Fire safety equipment and appropriate ventilation must also be available to protect the operator and patient from other potential laser hazards. Protective equipment must be serviced and maintained as recommended by the manufacturer to ensure safeguards remain functional.

Eyewear

Eye hazards when using lasers

The eye is the most vulnerable to injury from laser beam. The potential for injury depends on the power and wave length of the laser beam (light). Intense bright visible light makes us blink as a reflex reaction. This closing of the eye provides some degree of protection. However, visible laser light can be so intense that it can do damage faster than a blink of an eye. The invisible, infrared laser beam such as carbon dioxide (CO₂) laser beam does not produce a bright light that would cause the blinking reflex or the pupil to constrict and, therefore, chances of injury are greater compared to visible light beam of equal intensity.

The location of the damage depends on the optical nature of the laser beam. Lasers in the visible light and near infrared range focus on retina. Therefore, the injuries produced are retinal burns. The infrared radiation is absorbed in the cornea and may cause corneal damage and loss of vision.

Eye protection

Eyewear is the single most important piece of protective equipment needed by persons within the laser treatment controlled area. Studies have shown that 70 %

of laser eye accidents resulted simply because available protective eyewear was not worn, or inappropriate/damaged eyewear was worn.

Every piece of laser equipment has built-in engineering controls such as protective housing, fail-safe interlocks, master switches, beam stops and attenuators (e.g., light absorbers) to prevent accidental exposure. However, eye protection is needed while using Class 3B or Class 4 type lasers to prevent harmful exposure from reflected and scattered laser beams.

Protective eyewear for both the operator and the patient needs to be able to stop laser radiation coming from all directions from striking the eye

The ability of eyewear to filter the laser beam is expressed in terms of optical density. Optical density, type of laser, and visibility required are all important factors in the selection of protective eyewear. Protective eyewear may not provide the same degree of protection for infrared as for visible light and ultraviolet laser beams. Goggles with side shields are preferred because they provide protection against back reflection and side entrance of stray laser beams.

Selection of Protective Eyewear

Consult appropriate standards such as CSA Standard Z94.3.1-09 or American National Standards Institute (ANSI) Standard Z87.1 for guidance on selecting protective eye wear for your specific application.

Plastic versus glass lenses: Protective eyeglasses typically are available with plastic lenses. Plastic lenses are light weight and can be molded into comfortable shapes. However, care is needed because they can be affected by heat, and/or UV radiation which can darken the lens or decrease its ability to absorb laser energy.

Alignment eyewear: This type of eye wear is used for low power visible laser beams. Alignment eyewear should not be worn during the operation of high power or invisible laser beams. Instead, safety eyewear that provides adequate protection should be worn.

Eyewear will NOT provide protection for lasers that emit radiation of a different wavelength from that which the eyewear is designed for. Simple safety goggles or glasses must NEVER be used for laser eye protection. Protective eyewear must be labelled with the same wavelength that is emitted by the laser (i.e. 755 nm, 810 nm, 1064 nm, etc. The second important factor to look for in a pair of laser protective eyewear is the optical density (OD) number recommended by the

manufacturer. For MOST lasers used by Members, the OD number for the eyewear is usually 5 or greater.

Eyewear Do's and Don'ts

- Do choose eyewear recommended by the manufacturer that is suitable for the wavelength that you are using and the required OD. If the equipment is an intense pulsed light (IPL) system, use protective eyewear appropriate for multi-wavelength emissions.
- Do choose eyewear that fits snugly around the face, thus protecting against laser radiation from all directions.
- Do put protective eyewear on BEFORE the laser is operated.
- Do provide protective eyewear for everyone in the room, including the patient.
- Do provide an extra pair of protective eyewear located just outside the entry door for use in circumstances where a person may need to enter the room urgently or in an emergency.
- Do follow the manufacturer's recommendations on shelf life, storage conditions and appropriate cleaning methods.
- Do inspect protective eyewear regularly.
- Do keep laser eyewear in an opaque case when it is not in use, as the coating can be degraded by exposure to daylight over time
- Don't use eyewear that is cracked or loose, as light can pass through tiny gaps.
- Don't wear eyewear which is not designed for laser safety.
- Don't look into the primary beam or its specular reflection even when wearing goggles.
- Don't use abrasive or harsh chemicals to clean eyewear or anything other than that is recommended by the manufacturer.

Remember! Nothing can be done to repair or reverse a laser retinal injury!

Wearing laser protective eyewear is much less of a discomfort than experiencing eye damage!

Skin hazards and Protective Clothing

The potential for skin damage depends on the type of laser, power of the laser beam, and the duration of exposure. The type of damage may range from localized reddening to charring and deep incision.

Protective clothing gown, cap, mask, gloves, and safety eyewear may be required for working near a laser. Consult manufacturer's operating procedures and check with the laser safety officer to determine the specific needs for personal protective equipment and clothing.

Non-Beam Hazards

Fire Safety

Sources of Fire Hazards from Lasers

A fire can be started when the laser beam or reflection of the beam strikes a combustible material such as rubber, plastic, human tissues, paper products, skin treated with acetone and alcohol-based preparations, human hair, and intestinal gases. Fire hazards are of concern in oxygen-rich atmospheres when oxygen or when nitrous oxide is being used.

Preventative Measures for the Fire Hazard

- Train personnel to develop awareness about fire hazards and response procedures in case of laser fires.
- Make sure that hot tip of the laser does not touch combustible items.
- Maintain precise control of laser beam.
- Eliminate surfaces which can reflect laser beam.
- During surgery, the laser beam should be in the stand-by position always except when the hand-piece is in the hand of the surgeon.

- Make sure that skin preparation solutions are fully vaporised before covering the area with surgical drapes.
- Follow standard procedures in the event of fire or explosion

Dealing with combustible material requires that a laser operator anticipate accidental and/or unintentional laser exposures to materials and items located within the area in which they are working. Patient towels may be kept damp to reduce flammability. It may be necessary to have flammable or combustible materials near the laser emission area. For fires occurring near or on a patient/client, a container or bucket of water nearby may be preferred to a portable fire extinguisher. Either of these could be kept in the treatment room, while having access to a fire extinguisher near the room(s) housing the laser(s). If required barriers, curtains, and screens in the laser treatment controlled area should be made of flame retardant materials.

Electrical hazards

Many lasers use high voltage and high current electrical power. The danger of electrical shock or electrocution arises when an untrained or unauthorized person tries to perform maintenance work without following the proper safety procedures. The American National Standards Institute (ANSI) Standard Z136.3 outlines electrical safety procedures applicable to laser equipment. Electrical safety requirements include the following:

- Use proper grounding for metal parts of the laser equipment.
- Label laser equipment with electrical rating, frequency, and watts.
- Prevent explosions in high pressure arc lamps and filament lamps.
- Avoid contact with electrical components, including capacitors which can contain an electrical charge even after the power is turned off.
- Ensure that combustible components of electrical circuit are short circuit tested.
- Make sure that there is no electromagnetic interference between the laser equipment and other electrical equipment.

LASER PLUMES

To avoid the inhalation of airborne contaminants generated by high powered lasers, appropriate air evacuation systems must be used. The system required is determined by the laser beam power (i.e. irradiance, in W/cm^2):

For a laser emitting less than $1 kW/cm^2$, there is the potential for slight odours. Adequate building ventilation may be satisfactory.

For $1 - 10,000 kW/cm^2$ powered lasers, air contaminants and laser smoke are associated with noxious odours. Required precautions may include local exhaust ventilation, respiratory protection, personal protective equipment, preventative maintenance, and training/education.

Airborne contaminants may include gaseous toxic compounds, bio-aerosols, dead and live cellular material, and viruses which need to be captured as near as practical to the point of production (e.g. within 2-5 cm of treatment area) and either completely trapped or vented out of the area in an environmentally sound manner. Filters and absorbers used in portable smoke evacuators require replacing on a regular basis. Always use safe work procedures when replacing filters and absorbers as they may be a biohazard.

Also, adequate and effective means to prevent the spread of infection shall be taken utilizing standard precautions for cleaning and disinfection of equipment.

What is a Laser Plume?

Lasers are used for surgery to vaporize, coagulate, and cut tissue. The vapours, smoke, and particulate debris produced during these surgical procedures are called laser plumes.

Content of a Plume

Laser plume may contain carcinogens, mutagens, irritants, and fine dusts. Plumes may also contain bioaerosols, viruses, blood fragments, and bacteria depending on the type of the procedure. They also contain carbon monoxide, polyaromatic hydrocarbons, and various toxic gases and vapours. Plumes may contain chemicals such as formaldehyde, hydrogen cyanide, acrolein, and benzene (*Appendix C*).

Health Hazards Associated with Laser Plumes

Members, staff, and patients can be at risk from exposure to laser plumes.

Health symptoms resulting from laser plume exposure include eye, nose, and throat irritation. At present, there is no further evidence of other short-term or potential long-term (chronic) health effects from long-term exposure to laser plume. Researchers state that more studies are required. However, carcinogens, mutagens and irritants have been found in laser plumes. The human papilloma virus (HPV) DNA and the human immunodeficiency virus (HIV) has also been found in the plume (*Appendix C*).

Controlling Laser Plumes

Contaminants generated by lasers can be controlled by:

- Ventilation
- Safe work practices
- Personal protective equipment

Ventilation

General room ventilation (dilution ventilation) is **not** sufficient to remove air contaminants.

Plume scavenging system (PSS) is the term used for a portable, mobile, or fixed device that captures and neutralizes plume. Plume scavenging systems are also known as smoke evacuators, laser plume evacuators, plume scavengers, and local exhaust ventilators.

PSSs generally consist of a filter system with activated carbon for trapping gases, an ultra-low particulate (ULPA) filter for particulates, and an intake that can be placed close to the source of the plume. When the exhaust system used by a PSS is a permanent part of the building, it shall not be combined with other utility systems within the building. The suitable airflow speed of the PSS for controlling

the airborne fumes will depend on the rate of plume generation and the exact system used.

The air suction ability of filters is significantly reduced when the filter has reached its capacity. Each PSS should have the capability to detect (e.g., pressure drop or a filter change indicator) if a filter is getting overload, or have a preventative maintenance plan based on filter service life and a change-out plan.

(Adapted from: CSA Standard Z305.13-13 "Plume scavenging in surgical, diagnostic, therapeutic, and aesthetic settings".)

The CSA Standard Z305.13-13 "Plume scavenging in surgical, diagnostic, therapeutic, and aesthetic settings" also requires that: *The facility have procedures and policies that are created and kept up-to-date that address the various hazards that may be present. Procedures should also address purchasing, installation, testing, use, servicing, and maintenance.*

INFECTION CONTROL

No clear universal standards are currently available for the cleaning and disinfection of laser devices. Members should consult the equipment manufacturer for any protocols that may be specified.

That noted the following should be thought of a minimum standard

Laser Body Disinfection

Prior to use, the exterior of the laser should be cleaned using a liquid disinfectant such as BIREX™, CaviCide®, or a 0.5% sodium hypochlorite solution. Do not spray the disinfectant directly on the chassis as liquids could damage the LCD displays and other sensitive switches. Apply with a gauze sponge or wipe. Allow the

surface to remain moist for 5 minutes (10 minutes for BIREX). Multiple applications may be needed to achieve the indicated contact time. Allow to air dry. Do not use abrasive materials to clean the system. Place an adhesive barrier material over the LCD screen prior to treating the next patient.

Fiber Cable and Hand-Piece Stem

Proper care and cleansing/sterilization of specific hand pieces should be integrated into treatment protocols. The exterior surface of the fiber cable and hand piece stem should be cleaned using a liquid disinfectant such as BIREX™, CaviCide®, or a 0.5% sodium hypochlorite solution. Do not spray the disinfectant directly on the cable or stem. Apply with a gauze sponge or wipe. DO NOT IMMERSE the hand piece stem as cleaning solution residuals could contaminate the optics in the stem and prevent laser transmission. Allow the surface to remain moist for 5 minutes (10 minutes for BIREX). Multiple applications may be needed to achieve the indicated contact time. Allow to air dry. Do not use abrasive materials to clean the system.

Other

Needles and other “*sharps*” are disposed of in appropriate containers. Linen soiled with blood rarely occurs in this type of care but must be treated as contaminated. Medical waste, disposal of syringes must be treated as biomedical waste and disposed of accordingly. Routine practices are described in detail in the COCOO guidelines: *Infection Control*. The CSA Standard Z305.13-13: “Plume scavenging in surgical, diagnostic, therapeutic, and aesthetic settings” also requires that all disposable PSS equipment including filters, capture devices, and hoses be considered biohazardous and that these items should be handled per the manufacturer’s instructions or the facility’s policy.

LASER MAINTENANCE AND SERVICE

Must be performed by qualified personnel as determined by the LSO.

Qualified service personnel may include the manufacturer’s service technicians, third party service agents, or biomedical engineers. Such service personnel shall have documented laser safety training, and documented service training commensurate with the level of work they are performing on the laser. The

Member should also accept National Council of Laser Excellence (NCLE) National Council of Laser Certification (NCLC) Laser Certification of a repair technician as evidence of meeting this training requirement

Periodic Maintenance, including calibration checks, should be performed at six month intervals and/or per the original manufacturers schedule. The LSO shall maintain written service reports.

Many lasers are computer based and 'smart' so that they will perform several of these steps including: start-up calibration, safety checks and other parameters upon start-up, and can notify the user of equipment problems.

DOCUMENTATION & RECORDS

Members need to keep records and have them available on site, including:

- Laser operators authorized on the laser(s) found on-site
- Laser operator(s) qualifications, education, test results and safety training
- Standard operating procedures (SOP)
- Safety checklist:
 - Setup of laser controlled area with signs, window barriers, etc.
 - Confirmation of eyewear type and availability
 - Patient protection, including removal or covering of reflective surfaces (e.g. jewelry)
 - Safety equipment such as smoke evacuator, fire safety equipment, etc.
- Protective eyewear information
- Safety inspections
- Medical exam results
- Accident reports
- A record for each client showing the client's name, address, dates of treatment, type of treatment, etc.

All records must be typed or legibly written in ink and kept on site.

Samples of several documents including:

Laser Accident And Malfunction Report Form, Laser Utilization Record/Log, Laser Safety Checklist are available in *Appendix A, D & E*.

MEDICAL SURVEILLANCE & SAFETY INSPECTIONS

The only examination required for all personnel participating in laser work is an eye examination following suspected laser injury (usually within 48 hours of an incident). Periodic medical examinations are not required, nor are examinations at the termination of the person's responsibilities with the laser. At present, no chronic health problems have been linked to working with lasers.

However, a pre-assignment medical examination is recommended. The purpose of the pre-assignment examination is to establish a baseline against which damage (primarily ocular) can be measured in the event of an accidental injury. If the ocular history shows no problems and visual acuity is found to be 20/20 (6/6 in each eye for far and near) with corrections (whether worn or not), and Amsler Grid Test and Color Vision responses are normal, no further examination is required. Any deviations from acceptable performance will require an identification of the underlying pathology, as determined by the medical or optometric examiner. Incidental personnel need only have an eye examination for visual acuity. For further information on medical surveillance, see ANSI Z136.1-2007.

Periodic safety inspections of the laser treatment controlled area must also be performed by the LSO and Deficiencies must be documented and corrected immediately.

BIBLIOGRAPHY

- Medical Lasers: Quality Control, Safety Standards, and Regulations Joint Report Task Group No. 6, AAPM General Medical Physics Committee and American College of Medical Physics October 2001.
- Independent Health Facilities Clinical Practice Parameters and Facility Standards Laser Treatment of Benign Vascular Lesions 3rd Edition, March 2009, The College of Physicians, and Surgeons of Ontario.
- ANSI Z136.1, "Safe Use of Lasers." American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 (2000).

COLLEGE OF CHIROPODISTS OF ONTARIO TECHNICAL COMMITTEE

Laser Guidelines Report,

Approved by Council – February 24, 2017

- ANSI Z136.3, “Safe Use of Lasers in Health Care Facilities.” American National Standards Institute, Inc., 1430 Broadway, New York, NY 10018 (1996). Andersen, Karen. Safe use of lasers in the operating room: what perioperative nurses should know. AORN Journal Jan. 2004.
- AORN Recommended Practices Committee. Recommended practices for laser safety in practice setting. AORN Jan 1, 2004 .
- Canadian Centre for Occupational Health and Safety (CCOHS). Lasers- health Care Facilities. www.ccohs.ca/oshanswers/phys_agents/lasers.html.
- Canadian Center for Occupational Health and Safety. Laser Plumes – Health Care Facilities.
- Canadian Standards Association (CSA) Standard- CAN/CSA-Z386-01: Laser Safety in Health Care Facilities.
- College of Podiatric Surgeons of British Columbia Practice Standards and Guidelines. Laser instrument and safety rules (2015).
- Accreditation standards Patient Safety Laser Safety – NHMSFP, College of Physicians and Surgeons of British Columbia (April 2015) .
- Laser Hair Removal Safety Guidelines for Facility Owners and Operators. Prepared by the Joint Documents Working Group of The Federal Territorial Radiation Protection Committee (First Edition, October 2011) .
- Laser safety: Risks, hazards, and control measures. Laser Ther. 2011; 20(2): 95–106. Penny J. Smalley, RN, CMLSO.
- Laser Safety Guides and Reference Materials, Laser Institute of America, 12424 Research Parkway, Suite 125, Orlando, FL, 32826.
- Laser Safety Training Programs and Videos, Rockwell Laser Industries, P.O. Box 43010, 7754 Camargo Road, Cincinnati, OH 45443.
- Lasers in Veterinary Practice: Safe Use Guidelines. College of Veterinarians of British Columbia, 2011.
- University of Mississippi Medical Center UMMC Laser Safety Manual 2014.

COLLEGE OF CHIROPODISTS OF ONTARIO TECHNICAL COMMITTEE
Laser Guidelines Report,
Approved by Council – February 24, 2017



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 6.1

REGISTRAR'S REPORT

September 22, 2023 Council Meeting

Overview:

The College's operations have continued to support 3 key themes in modern professional regulation: transparency, accountability and good governance. I have made it a priority in my leadership to apply these key themes with a focus on the following principles: public protection, best practices in professional regulation, increased profile of the College and Right Touch Regulation. These principles can be found in my 2023 operational goals:

- 1) Implementation of the Strategic Plan
- 2) CPMF Alignment for 2022 (Reported in March 2023):
- 3) Continued Collaboration with other RHPA Colleges and Registrars
- 4) Continued Collaboration and Engagement with Member Organizations
- 5) Engagement with the Profession and Member Outreach
- 6) Improvements to Operations of Statutory Committees
- 7) Modernization of Regulation at the College
- 8) Expanded Professional Development for Staff

1) Implementation of the Strategic Plan

I have worked with the Strategic Planning Chair and Committee to develop and implement Key Performance Indicators (KPIs) and to implement metrics to allow the College to measure its success in achieving the objectives of the Strategic Plan. Under the direction of the Strategic Planning Committee, I have drafted a Dashboard reporting tool that will be regularly updated and presented at Council to reflect the College's measured advances in meeting the KPIs that were previously approved by Council. The Dashboard will be posted on the College website thereby ensuring transparency and accountability to the College's stakeholders.

Based on the work and recommendation of the Strategic Planning Committee, Council adopted both College Sustainability and the adoption of the Podiatry Model as the College's main goals to be achieved in the 3-5 years following the introduction of the Strategic Plan in 2022. I have worked with the Executive Committee, Council and staff to operationalize both goals. In particular, we have placed the College in an excellent financial position, aligning the need for registrants to plan for increases to their annual renewal fees with the need for the College to accurately budget over multi-year planning with predictable increases. This comes as the result of bylaw amendments that allow the College to increase the fee

annually in keeping with the Consumer Price Index to offset the impact of inflation. I have further arranged for the College's bank to reduce banking fees associated with our account and we have moved towards greater automation of payment methods. For any registrants who use Scotiabank, you will be able to pay your annual fees through online banking by selecting the College as the payee. If this payment option is popular, the College will look to expand the service to other financial institutions.

In 2022 I asked the Executive Committee to consider reducing the size of the committees to reflect optimal size for decision-making balanced against the need for diversity. Smaller committees are more nimble, more efficient, easier to schedule, more effective and less costly to the College. The Executive Committee moved to smaller committees in its selection process at the October 2022 business meeting and the effects are notable.

In addition, I have focused on greater education and training for Council and committee members to ensure the College's work is based on the knowledge and understanding of best practices in professional regulation. The introduction of twice-yearly business meetings for statutory committees has continued throughout 2023 with the inaugural Business Meeting of the Quality Assurance Committee scheduled on September 21, 2023, and the Business Meeting for ICRC as well as Council orientation, also to be held on September 21, 2023.

2) CPMF Alignment for 2022 (Reported in March 2023):

The College completed the [2022 CPMF](#) ahead of the March 31, 2023 deadline with a number of key improvements. For the first time, the College Council was evaluated at the January 2023 Council meeting by an external consultant and the results of the evaluation were reported in the CPMF. A copy of the [Council Evaluation](#) is posted on the College website.

The College is well positioned to continue to implement improvements at the College that align with the MOH's requirements set out in the CPMF.

I have volunteered to serve as one of the RHPA registrars to work with the Ministry of Health in reviewing the 2022 CPMF submissions from the RHPA regulators and provide feedback for the 2023 CPMF.

3) Continued Collaboration with other RHPA Colleges and Registrars:

I have made it a priority in my leadership to maintain current relationships with RHPA Colleges and to foster others both through the Health Professions Regulators of Ontario (HPRO) and through my professional contacts in regulation. I regularly attend the bi-weekly meetings of HPRO and have participated in smaller working groups to review the CPMF and in respect of communications with the Ministry of Health. In addition, I have met with other RHPA regulators to explore shared resources including shared leasing arrangements. Excellent relationships with other regulators are vitally important, particularly to a smaller regulator as such relationships allow for information, knowledge and resource sharing. This results in cost savings, efficiencies and alignment with best practices.

4) Continued Collaboration and Engagement with Member Organizations:

The College joined the Ontario Hospital Association in 2022, as have other RHPA regulators, in recognition of the College's registrants' place within healthcare delivery in the province.

The College also joined 2 key regulatory organizations – the Canadian Network of Agencies For Regulation (CNAR) and the Council on Licensure, Enforcement and Regulation (CLEAR) to ensure currency in regulation and to capitalize on resources and opportunities to interact with other regulators. I, along with staff, attend the annual conferences hosted by CNAR and CLEAR, increasing the profile of the College and keeping abreast of modern approaches to professional regulation.

The College has recently joined the Citizen Advisory Group (CAG), originally launched by the College of Physiotherapists in 2015 to support public participation and consultation in their regulatory work. The CAG is comprised of patients and caregivers whose experiences, perspectives, and feedback inform decision-making about regulatory work in the health care sector.

5) Engagement with the Profession and Member Outreach:

I have maintained professional relationships and regular communication with both Member Associations' leadership as well as with the membership through twice yearly Townhall meetings. The first such Townhall meeting was held in December 2022 and was well attended with participants invited to attend either in-person or virtually. A second Townhall meeting was held in May 2023 and was also well attended. A further Townhall meeting is planned for a date in December 2023. The Townhalls are an opportunity for me to directly address registrants of the College, share important updates and provide registrants with the opportunity to ask questions of me. Given the success of the Townhalls, we will continue to plan for two such events annually.

I attended and spoke at the OSC conference in April 2023 and spoke at the AGM of the OPMA.

6) Improvements to Operations of Statutory Committees:

When I first came to the College in 2021 as the Registrar, I introduced significant improvements to Council and Committee member orientation and ongoing education to optimize the ability of Council and Committee members to contribute to important College work. I introduced bi-annual business meetings for statutory committees where typically an all-day meeting includes guest speakers and educational instruction. The business meetings have been very well received by participants. In addition, I have expanded the orientation provided both to new Council members and ongoing orientation for existing Council members with a continued focus on good governance. I have also included an orientation for committee chairs to ensure the smooth functioning of committees under the chair's leadership. Our education has more recently expanded to orientation and training of practice assessors and supervisors. Finally, all Council meetings include an education component for the benefit of Council members.

7) Modernization of Regulation at the College:

Transparency, accountability and good governance have been recurring themes in modernized regulation as noted above. A focus of my leadership has included increased transparency in College operations and decision-making. Examples include the posting of Executive Committee and Council meetings agendas, related documents and minutes on the College website. All Council and business meetings include a participant survey that helps to provide us with feedback as to how we can improve. The surveys from Council meetings are also posted publicly on the College's website as part of the materials. Continued governance improvements include the inaugural third-party assessment of Council in January 2023, posted on the College's website and to be revisited on a 3-year cycle with suggested improvements to Council's functioning. A further example of governance improvements includes the implementation of competencies for elected Council members to ensure registrants indicating an interest in being elected to Council understand the nature of the position and have developed some competencies expected of Council members.

8) Expanded Professional Development for Staff:

Finally, a fundamental need within any professional regulator is the need for competent staff who maintain continuing education in best practices within professional regulation. None of my vision for improving College operations would be possible without staff with expertise in regulation. I have therefore made it a priority to personally attend the two primary annual conferences along with staff as an important aspect of professional development and team building. Staff are also engaged in HPRO working groups aligned with their particular area of oversight at the College. I meet weekly in-person with staff in one-on-one meetings and at an all-staff meeting weekly. This helps to foster a collaborative approach to the College's operations with increased efficiency and effectiveness. Finally, my attendance as well as that of staff at conferences and other regulatory functions helps to increase the profile of the College as a regulator of healthcare professionals who are critical contributors to the healthcare network serving Ontarians. A higher profile can only better assist the College in reaching stakeholders and in achieving its mandate of public protection.

**COLLEGE OF CHIROPODISTS OF ONTARIO***Regulating Chiropodists and Podiatrists in Ontario*

Policy: Registration Examination Process, Procedures and Appeals**Date Created:****Date(s) Amended:****Review Dates:****Approved By:**

EXAMINATION PROCESS & PROCEDURES**Conduct**

It is assumed that applicants taking the College of Chiropodists Registration examination are doing so for legitimate purposes (to become licensed as a Chiropodist in Ontario) and will make their best effort when attempting the examination.

Applicants may be removed from the examination and held under supervision until the end when all applicants are permitted to leave, or have other action taken, including possible legal prosecution, for any of the following reasons:

- giving or receiving help during an examination;
- attempting to take the examination for someone else;
- using notes, books, personal calculators, digital devices of any kind including smart or digital watches, non-digital watches/timepieces, any unauthorized notations or other aid;
- failure to follow instructions from examination personnel;
- possession or use of photographic, recording or transmission devices;
- writing on any material other than what is provided by the College for that purpose (i.e. examination booklet);
- removal of examination materials or notations of any kind from the examination areas;
- refusal to comply with time allotments or examination administration procedures;
- disruption of the examination for other applicants;
- reproduction or disclosure of examination content in any manner (including unauthorized notations, engaging in discussion of examination content with anyone other than examination personnel during or after an examination, whether verbally, in writing, or by other means);
- behaving in an unprofessional or discourteous manner, when interacting with examination personnel; and/or
- any other breach of conduct.

In any such case, an Incident Report will be filed by examination personnel and the applicant will be informed of this action. The applicant may provide an independent explanation in writing to the College, no later than 7 calendar days following the close of the examination.

Note: Conduct of this nature may impact an applicant's ability to be registered at the College. If, after consideration of evidence of improper conduct, an applicant is found by the College to have committed a breach of the above or any stated examination instructions or procedural guidelines, the College may:

- cancel the applicant's examination score;
- bar the applicant from one or more future examination sessions; and/or
- take such other action as deemed appropriate, including possible legal prosecution.

An applicant may be held responsible for all damages and cost-recovery in the event that the examination or any component of it is compromised by their actions.

Conduct During the Examination

Applicants **MUST NOT** converse or communicate with one another in any manner whatsoever, or speak or read out loud while the examination is underway. Violation of this rule may result in the cancellation of an applicant's examination score in the session.

Applicants may converse with examination personnel if required, in a discrete and confidential manner. If an applicant wishes to use the washroom or when an applicant is ready to hand in their examination materials, they must raise their hand to indicate this to examination personnel.

Applicants should behave in a professional and courteous manner when interacting with examination personnel.

Conduct Following the Examination

At the end of the examination, applicants must leave the examination premises immediately after handing in their examination booklet, answer sheet, and any other examination materials.

Withdrawals

Withdrawal Before the Start of an Examination

If an applicant withdraws before the start of an examination, it will not count as an attempt at the exam. Once an applicant has begun an examination sitting, it will count as an attempt, even if the applicant must leave the examination early – unless the applicant is granted a “no standing” status (see below).

Applicants are strongly encouraged not to attempt the examination(s) and to make an appropriate withdrawal if, prior to the exam, they are ill or have extraordinary circumstances, including bereavement, that may affect their performance on the examination.

Withdrawal During the Course of an Examination

If an applicant is experiencing health or other difficulties during the course of the examination(s), they must immediately bring the problem forward to examination personnel. Examination personnel will prepare an Incident Report outlining the circumstances surrounding the applicant's withdrawal during the

examination. The applicant's examination will not be graded. The examination fee will not be refunded. Once an applicant has begun the examination it counts as an attempt, unless the candidate is granted a "no standing" status (see below).

"No Standing" Status

If an applicant must leave the examination(s) early due to sudden illness or another sudden emergency situation and are unable to complete the examination, following completion of an Incident Report by the applicant and/or examination personnel, they may be granted a "no standing" status. The decision for "no standing" status will be based on an applicant's written appeal (see Examination Appeals), and this must be accompanied by valid documentation acceptable to the Registrar. In such circumstances, the sitting may be waived and not counted as an attempt. The examination fee will not be refunded.

Applicant requests for a "no standing" status on the basis of medical conditions or compassionate grounds (such as bereavement) will only be considered if received by the Registrar according to the timelines specified in the Examination Appeals section of this policy.

Incidents & Incident Reports

Incidents concerning any aspect of the written or OSCE examination (e.g., process, examination facilities, examination administration) should be made verbally to examination personnel for immediate attention and correction, if possible.

Applicants must document such incidents in writing, by completing and submitting an Incident Report **before leaving the examination**, outlining the reason(s) for filing the report. Incident Reports cannot be completed once the applicant has left the examination.

Examination Centre Conditions/Environment

Although the College attempts to ensure the comfort of all applicants and examination personnel, applicants are advised to dress for fluctuating temperatures in examination rooms.

Note: There is no smoking on examination premises. Examination premises are also scent-free environments.

Candidate Materials

The examination is closed-book (no aids are permitted).

No watches or timepieces are permitted. Examination personnel will make regular announcements regarding time remaining throughout the examination.

If an applicant must take any medication during the examination time, this must be disclosed and arranged with examination personnel before the examination begins. Any packaging, inserts or related written material must be left at home or handed in to examination personnel.

Do NOT bring or wear valuables such as jewellery to the exam site. Examination personnel have the authority to inspect and request that applicants remove these items. The College will NOT be responsible for possible loss or damage to these items. Coats, large bags and other belongings must be stored in the location designated by examination personnel.

During the examination period, applicants will NOT be permitted to have anything on their desk.

Surfaces of desks and all applicant materials and belongings are subject to inspection by examination personnel, at any time.

Applicants are NOT permitted to bring the following into the examination: (these items are strictly prohibited):

- books, notes, envelopes, or reference materials of any kind;
- calculators, rulers, pencil cases;
- data organizers or other digital or electronic storage devices;
- communication devices of any kind (including cell phones, pagers, tablets, etc.)
- computers of any kind, including hand-held devices;
- photographic, recording or transmission devices of any kind; and/or
- paper items of any kind, whether blank, printed or written upon, including similar items such as wrappers on food or beverages.

Note: Examination personnel have the authority to inspect any materials brought into the examination and/or to request that applicants remove outerwear, roll up their sleeves and empty all pockets to permit inspection for any prohibited items.

Any materials that may compromise the administration or security of the examination will be confiscated and the applicant in possession of such materials may not be permitted to begin the examination, or to continue if it has already begun. Confiscated items will be sent to the College for inspection, together with an Incident Report (to be completed by examination personnel), and will be kept until any inspection or investigation is completed.

Emergency Procedures

If the need arises for building evacuation due to fire or other emergency during an examination, the examination personnel, in cooperation with emergency personnel, have full authority to direct and supervise applicants and examination personnel in the emergency evacuation of a building.

The guidelines and procedures established by the College are based on two underlying principles:

1. personal safety, and
2. security of examination content and materials.

Note: At all times during an emergency evacuation, applicants must NOT converse or otherwise communicate with one another. Applicants continue to be subject to all rules of the examination.

Other Extraordinary Circumstances

If at any time before an upcoming examination administration, there should arise any circumstances including such factors as weather, transportation, strikes, public health issues, or other reasons which may affect the scheduling arrangements and admission procedures for examinations, advisory information will be promptly posted on the College's website (www.cocoo.on.ca). Applicants are advised to check the website before attending an examination, to look for any special notices which may affect their arrangements.

Applicants will be required to comply with any health, safety, and security screening procedures, as posted in the examination centre or outlined verbally by examination personnel.

The College reserves the right to cancel or reschedule any examination administration, if circumstances require that a scheduled examination cannot be administered.

EXAMINATION APPEALS

Applicants who are unsuccessful on the College of Chiropractors of Ontario written exam and/or the OSCE (clinical) exam have the right to appeal their results based on the following, to confirm that the reported score was accurate:

1. Re-scoring of the examination;
2. Matters relating to administrative or procedural irregularities (e.g., flickering lights, unreasonably cold or hot, etc.);
3. Personal sickness/illness¹; and/or
4. Personal or family emergency².

Written appeals must be received by e-mail to info@cocoo.on.ca **no later than thirty days (30) after the date appearing on the results letter or e-mail**. A fee of seventy five dollars (\$75.00) will be charged for each appeal, payable upon request of the appeal. The fee will be reimbursed in full should the appeal be successful.

An appeal based on re-scoring of the examination may result in a change to the applicant's overall score; however, applicants are informed that there are multiple levels of quality assurance that go into scoring the examinations, and the odds of error are very low.

An examination result may only be appealed based on administration or procedural irregularities. The fact that irregularities occur is not in itself grounds for a successful appeal. There must be evidence that the irregularity resulted in unfairness that adversely and materially affected the performance of the candidate. While an appeal can be submitted in the absence of an Incident Report (completed on the day of the examination), it is expected that any administrative or procedural irregularities would have been reported by the applicant on the day of the examination.

The following are not subject to appeal:

1. Examination content;
2. Examination methodology;
3. Performance standards;
4. Assessment criteria; and/or
5. Scoring criteria of the College Examinations.

¹ In this instance, an Incident Report must be completed and submitted on the day of the examination, and an original note from a physician must be obtained and provided to the College within 3 days of the date of the examination.

² In this instance, an Incident Report must be completed and submitted on the day of the examination, and the Registrar must be provided with proof of personal or family emergency must be provided, to their satisfaction.

All appeals must be submitted in writing and contain all grounds and reasons for the appeal.

Appeals will not be accepted from third parties on behalf of any applicant.

Documentation such as character references or testimonials, training program, grades, faculty recommendations or the opinions of other 'experts' should not be included as they will not be taken into consideration.

The appeal process is not intended to allow a challenge or review of the content of the exam. Neither is it intended as a means for the applicant to obtain feedback regarding the applicant's specific performance on the examination. Applicants will not be permitted to review exams, either written or OSCE.

The Registrar will hear all appeals received within 30 days following the date appearing on the results letter or e-mail to the applicant. A written ruling will be provided to all applicants.

In the event an exam component is re-scored resulting in a passing score being awarded, the applicant's file will be amended to reflect a successful examination.

Applicants whose appeal is granted as a result of administrative or procedural irregularities that existed during an exam sitting or OSCE session which, in the opinion of the Registrar, attributed to the candidate being unsuccessful, may have the unsuccessful attempt removed from their file and will be allowed another attempt on the written exam or OSCE, as the case may be, at no cost.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

Policy: Registration Examination Failures

Date Created:

Review Dates:

Approved By: [to be approved by the Registration Committee at its next meeting]

Purpose of the Policy:

The College of Chiropodists of Ontario (“College”) issues certificates of registration to those who meet the qualifications set out in its Registration Regulation, made under the *Chiropody Act, 1991*.

The Registration Regulation states that, among other things, an applicant must successfully complete the College’s set of approved examinations. These examinations are: the written examination, the OSCE (clinical) examination and the jurisprudence examination.

The written examination and the OSCE examination test an applicant’s clinical competence. It is in the public interest that an applicant demonstrate the knowledge, skill and judgement to practice chiropody by receiving a passing grade for these examinations. Where an applicant attempts an examination multiple times, there is a reasonable concern that the applicant does not have the knowledge, skill and judgment to practice chiropody but has instead learned how to pass the examination. The written examination draws from a limited bank of questions and the OSCE examination contains a limited number of stations and scenarios that can test clinical competence.

Accordingly, to allow an applicant to attempt the examinations multiple times, after having failed each time, without additional training puts the public at risk. Therefore, where an applicant fails an examination twice, the Registration Committee shall determine whether additional training or experience is required of the applicant before allowing the applicant to take the examination again. It is in the public interest to ensure applicants who attempt the examination have sufficient training such that they can demonstrate the knowledge, skill and judgement to practice chiropody.

Authority for the Policy:

Section 6 of the Examinations Regulation, made under the *Chiroprody Act, 1991*, provides:

6. (1) Where an applicant fails the examinations conducted by the College and is eligible to try the supplemental examinations, the College shall notify the applicant of his or her eligibility and shall notify every eligible applicant of the time and place fixed for the supplemental examinations. O. Reg. 679/93, s. 6 (1).

(2) Where an applicant fails the supplemental examinations conducted by the College, he or she is not entitled to try further supplemental examinations but is eligible to try the examinations the following year. O. Reg. 679/93, s. 6 (2).

(3) Despite subsection (2), the Registration Committee may require an applicant who has failed the supplemental examinations to submit proof of remediation and upgrading in accordance with policy guidelines issued by the Committee before the applicant may be readmitted to the examination process. O. Reg. 679/93, s. 6 (3).

Accordingly, the Registration Committee has the authority under subsection 6(3) of the Examinations Regulation to require applicants who failed the examinations twice to complete additional remediation and upgrading before attempting the examination again.

Furthermore, on April 17, 2023, Council of the College approved regulatory amendments for submission to the Ministry of Health, which amendments required that an applicant who failed any registration examination three times must obtain additional education, upgrading and/or remediation, as appropriate to the examination failure, before proceeding with further examination attempts. This Registration Examination Failures Policy fills this regulatory gap prior to the coming into force of such amendments.

Procedure following Failure of Supplemental Examinations:

An applicant who has failed the supplemental examinations and who would like to attempt the examination again must meet the requirements set out by a panel of the Registration Committee.

The Registration Committee can require any one or combination of the following:

- (a) graduation from an approved educational program;
- (b) completion of remedial training; and/or
- (c) completion of upgrading.

An applicant must submit proof, in the form and timeframe required, that the applicant has met the requirements that were ordered by a panel of the Registration Committee.

References:

[O. Reg. 830/93: Registration Regulation](#)

[O. Reg. 679/93: Examinations Regulation](#)

Related Policies: None

Review of Policy: This policy will be reviewed every two years.

ITEM 6.6

COLLEGE OF CHIROPODISTS OF ONTARIO
BALANCE SHEET
JULY 2023

	<u>Jul 31, 23</u>
ASSETS	
Current Assets	
Chequing/Savings	
1100 · BNS Current Account	40,279.04
1105 · BNS Investment Account	2,066,960.58
Total Chequing/Savings	<u>2,107,239.62</u>
Accounts Receivable	
1201 · Accounts Receivable	216,333.38
Total Accounts Receivable	<u>216,333.38</u>
Other Current Assets	
1300 · Prepaid expenses	36,490.74
Total Other Current Assets	<u>36,490.74</u>
Total Current Assets	<u>2,360,063.74</u>
Fixed Assets	
1500 · Computer equipment	18,650.66
1501 · Accum Dep'n - Computer equip	(16,912.59)
1520 · Office and furniture	23,340.07
1521 · Accum Dep'n - Office furniture	(14,056.46)
Total Fixed Assets	<u>11,021.68</u>
TOTAL ASSETS	<u><u>2,371,085.42</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	124,746.06
Total Accounts Payable	<u>124,746.06</u>
Credit Cards	
2100 · Scotiabank Visa	(1,387.97)
Total Credit Cards	<u>(1,387.97)</u>
Other Current Liabilities	
2501 · HOOPP Pension Plan	(0.07)
2150 · Accrued liabilities	4,629.99
2300 · Deferred revenue	653,555.00
2500 · Payroll Liabilities	8,249.50
Total Other Current Liabilities	<u>666,434.42</u>
Total Current Liabilities	<u>789,792.51</u>
Total Liabilities	<u>789,792.51</u>
Equity	
2950 · General Reserve Fund	500,000.00
2850 · Abuse Therapy Fund	7,609.30
3500 · Unappropriated Equity	845,995.43
Net Income	227,688.18
Total Equity	<u>1,581,292.91</u>
TOTAL LIABILITIES & EQUITY	<u><u>2,371,085.42</u></u>

COLLEGE OF CHIROPODISTS OF ONTARIO
PROFIT AND LOSS
JULY 2023

	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	TOTAL
Ordinary Income/Expense								
Income								
3910 · Annual General Fee	131,435.00	131,435.00	131,435.00	133,375.00	135,315.00	131,435.00	131,435.00	925,865.00
3950 · Initial Fee (1st time)	0.00	250.00	300.00	0.00	0.00	0.00	13,880.00	14,430.00
3915 · Incorporation fee	2,850.00	3,575.00	2,150.00	0.00	0.00	0.00	1,200.00	9,775.00
3920 · Application Fee	300.00	750.00	800.00	1,600.00	3,400.00	0.00	0.00	6,850.00
3940 · Examination Fee	0.00	0.00	0.00	0.00	105,150.00	0.00	750.00	105,900.00
3970 · Other revenue - group								
3993 · Credit Card Fee	3,955.00	9,065.00	140.00	315.00	1,610.00	0.00	350.00	15,435.00
3975 · Interest Income	4,908.13	5,073.81	5,719.81	5,166.28	6,088.83	5,672.40	6,144.82	38,774.08
3980 · Legal Recovery	35,000.00	0.00	60,000.00	0.00	70,000.00	0.00	0.00	165,000.00
3986 · Inhalation Course	1,400.00	3,150.00	0.00	0.00	0.00	0.00	0.00	4,550.00
3990 · Late Fees	300.00	400.00	200.00	200.00	200.00	0.00	0.00	1,300.00
3995 · Other Income	0.00	1,250.00	0.00	100.00	150.00	0.00	150.00	1,650.00
3970 · Other revenue - group - Other	0.00	0.00	0.00	2,140.00	0.00	0.00	0.00	2,140.00
Total 3970 · Other revenue - group	45,563.13	18,938.81	66,059.81	7,921.28	78,048.83	5,672.40	6,644.82	228,849.08
Total Income	180,148.13	154,948.81	200,744.81	142,896.28	321,913.83	137,107.40	153,909.82	1,291,669.08
Gross Profit	180,148.13	154,948.81	200,744.81	142,896.28	321,913.83	137,107.40	153,909.82	1,291,669.08
Expense								
4001 · Council								
400101 · Per diem	4,181.25	1,373.16	0.00	718.75	3,562.50	150.00	0.00	9,985.66
400102 · Travel & Lodgings	1,928.64	53.00	0.00	126.00	2,843.29	0.00	0.00	4,950.93
400117 · Catering & meeting rooms	1,979.62	765.57	355.50	193.94	4,088.90	0.00	0.00	7,383.53
Total 4001 · Council	8,089.51	2,191.73	355.50	1,038.69	10,494.69	150.00	0.00	22,320.12
4002 · ICRC (complaints)								
400201 · Per diem	3,525.00	1,797.50	675.00	225.00	1,950.00	1,150.00	225.00	9,547.50
400202 · Travel & Lodgings	2,094.89	335.00	0.00	0.00	940.00	0.00	0.00	3,369.89
400204 · Inspector/Investigation	4,781.61	2,995.11	4,799.12	1,488.79	4,215.63	4,588.96	5,104.67	27,973.89
Total 4002 · ICRC (complaints)	10,401.50	5,127.61	5,474.12	1,713.79	7,105.63	5,738.96	5,329.67	40,891.28
4003 · Discipline								
400301 · Per diem	1,212.50	0.00	4,800.00	225.00	575.00	3,250.00	0.00	10,062.50
400302 · Travel & Lodgings	40.28	0.00	0.00	0.00	251.28	229.00	0.00	520.56
400303 · General	0.00	0.00	1,560.00	0.00	0.00	0.00	0.00	1,560.00
400312 · Assessors	350.00	350.00	1,400.00	350.00	(350.00)	(1,050.00)	350.00	1,400.00
400315 · Court Reporter	858.80	0.00	1,717.60	858.80	0.00	2,576.40	0.00	6,011.60
Total 4003 · Discipline	2,461.58	350.00	9,477.60	1,433.80	476.28	5,005.40	350.00	19,554.66
4004 · Drug								
400401 · Per Diem	250.00	575.00	75.00	0.00	0.00	1,150.00	0.00	2,050.00
Total 4004 · Drug	250.00	575.00	75.00	0.00	0.00	1,150.00	0.00	2,050.00
4005 · Executive								
400501 · Per Diem	1,791.66	804.16	1,672.56	1,279.16	1,741.66	804.16	729.16	8,822.52
400502 · Travel & Lodgings	0.00	0.00	0.00	125.00	737.25	0.00	473.49	1,335.74
Total 4005 · Executive	1,791.66	804.16	1,672.56	1,404.16	2,478.91	804.16	1,202.65	10,158.26
4006 · Registration								
400601 · Per Diem	0.00	412.50	0.00	175.00	0.00	75.00	0.00	662.50
400602 · Travel & Lodgings	0.00	10.36	292.19	0.00	0.00	0.00	0.00	302.55
Total 4006 · Registration	0.00	422.86	292.19	175.00	0.00	75.00	0.00	965.05
4007 · Patient Relations								
400701 · Per Diem	175.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00
Total 4007 · Patient Relations	175.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00
4008 · Quality Assurance								
400801 · Per Diem	312.50	3,475.00	812.50	0.00	962.50	521.00	0.00	6,083.50
400802 · Travel & Lodgings	25.00	720.62	0.00	0.00	0.00	21.00	0.00	766.62
400812 · Assessors	0.00	0.00	475.00	0.00	0.00	0.00	0.00	475.00
Total 4008 · Quality Assurance	337.50	4,195.62	1,287.50	0.00	962.50	542.00	0.00	7,325.12
4010 · Technical Committee								
401001 · Per diem	0.00	0.00	0.00	0.00	150.00	0.00	156.25	306.25
Total 4010 · Technical Committee	0.00	0.00	0.00	0.00	150.00	0.00	156.25	306.25
4013 · Standards & Guidelines								
401301 · Per Diem	500.00	575.00	0.00	87.50	637.50	0.00	712.50	2,512.50
Total 4013 · Standards & Guidelines	500.00	575.00	0.00	87.50	637.50	0.00	712.50	2,512.50
4014 · SPRP								
401401 · Per Diem	0.00	87.50	0.00	0.00	0.00	0.00	0.00	87.50
Total 4014 · SPRP	0.00	87.50	0.00	0.00	0.00	0.00	0.00	87.50
4017 · Registrar's Performance								
401701 · Per Diem	87.50	0.00	0.00	0.00	0.00	0.00	0.00	87.50
Total 4017 · Registrar's Performance	87.50	0.00	0.00	0.00	0.00	0.00	0.00	87.50
4310 · Salaries & Benefits	48,653.25	56,050.23	75,976.73	50,099.90	43,743.90	68,841.24	56,145.53	399,510.78
4615 · Consultants	0.00	1,500.00	0.00	0.00	0.00	0.00	0.00	1,500.00
4634 · Database development	3,603.95	2,180.15	1,824.20	4,061.60	3,298.85	2,078.45	6,654.95	23,702.15
4644 · Legal - ICRC	10,127.65	8,517.38	0.00	0.00	18,989.09	9,447.94	0.00	47,082.06
4645 · Legal - General and admin	12,310.79	15,844.86	14,291.52	15,975.95	336.18	5,216.57	18,560.14	82,536.01
4647 · Legal - Discipline	34,595.42	11,154.04	10,234.98	10,441.88	27,063.50	58,841.76	364.43	152,696.01
4648 · Legal - Council and other Comm	5,650.00	0.00	10,235.55	6,611.63	0.00	0.00	0.00	22,497.18
4653 · Registration Exam Development								
465302 · General	0.00	0.00	0.00	0.00	637.18	8,590.66	0.00	9,227.84
465301 · Travel & Lodgings	0.00	7,792.80	3,589.52	831.12	480.11	5,737.91	0.00	18,431.46
465300 · Per Diem	1,100.00	6,362.50	5,737.50	950.00	1,275.00	7,476.50	81.25	22,982.75
Total 4653 · Registration Exam Development	1,100.00	14,155.30	9,327.02	1,781.12	2,392.29	21,805.07	81.25	50,642.05
6999 · Uncategorized Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expense	140,135.31	123,731.44	140,524.47	94,825.02	118,129.32	179,696.55	89,557.37	886,599.48
Net Ordinary Income	40,012.82	31,217.37	60,220.34	48,071.26	203,784.51	(42,589.15)	64,352.45	405,069.60
Other Income/Expense								
Other Expense								
4301 · Registrar Travel	467.72	0.00	689.00	182.50	4,554.73	1,625.45	0.00	7,519.40
4200 · Accounting & Audit	1,130.00	2,938.00	4,846.20	1,469.00	2,670.00	3,219.00	1,469.00	17,741.20
4205 · Credit Card Charges	4,917.46	11,263.66	134.04	321.65	2,229.26	428.87	148.49	19,443.43
4210 · Bank Charges	405.95	429.66	272.04	177.70	192.71	206.27	186.35	1,870.68
4230 · Depreciation	0.00	0.00	702.72	0.00	0.00	702.72	0.00	1,405.44
4240 · General Insurance	1,563.84	1,563.84	1,563.84	1,563.84	1,637.85	1,637.85	1,637.91	11,168.97
4303 · Professional Development	2,350.41	0.00	0.00	0.00	2,815.67	5,220.01	0.00	10,386.09
4340 · Membership fees	0.00	0.00	1,372.95	359.41	0.00	0.00	0.00	1,732.36
4345 · Artwork & Certificates	0.00	0.00	0.00	50.79	0.00	0.00	0.00	50.79
4500 · Rent & Maintenance	7,952.73	7,952.73	7,952.73	6,314.87	7,952.73	7,952.73	15,905.46	61,983.98
4510 · Photocopying, Printing	0.00	27.10	9.09	54.42	0.00	97.30	22.07	209.98
4520 · Postage & Courier	18.25	0.00	0.00	0.00	246.48	0.00	0.00	264.73
4530 · Telephone & Communications	3,254.91	226.91	225.04	203.91	203.91	203.91	90.39	4,408.98
4540 · General Expense	1,645.60	0.00	1,015.77	312.08	1,557.70	11.84	282.23	4,825.22
4545 · Office Supplies	0.00	0.00	574.46	826.57	36.98	0.00	0.00	1,438.01
4560 · Computer software/mtce	309.75	2,286.70	324.34	1,258.77	7,504.22	1,877.71	149.99	13,711.48
4620 · Equip Rentals/Svc contracts	1,889.42	0.00	0.00	1,889.42	0.00	0.00	1,889.42	5,668.26
4635 · Web Site/Database Mtce	2,620.86	2,420.71	1,394.81	1,733.81	2,231.01	3,044.61	106.61	13,552.42
Total Other Expense	28,526.90	29,109.31	21,077.03	16,718.74	33,833.25	26,228.27	21,887.92	177,381.42
Net Other Income	(28,526.9							

COLLEGE OF CHIROPODISTS OF ONTARIO
 PROFIT AND LOSS : YEAR-TO-DATE
 JULY 2023

	Jan - Jul 23	Jan - Jul 22	% Change
Ordinary Income/Expense			
Income			
3910 · Annual General Fee	925,865.00	831,600.00	11.34%
3950 · Initial Fee (1st time)	14,430.00	900.00	1,503.33%
3915 · Incorporation fee	9,775.00	9,025.00	8.31%
3920 · Application Fee	6,850.00	8,400.00	(18.45%)
3940 · Examination Fee	105,900.00	95,600.00	10.77%
3970 · Other revenue - group			
3993 · Credit Card Fee	15,435.00	0.00	100.0%
3975 · Interest Income	38,774.08	8,894.71	335.92%
3980 · Legal Recovery	165,000.00	61,000.00	170.49%
3986 · Inhalation Course	4,550.00	5,050.00	(9.9%)
3990 · Late Fees	1,300.00	1,400.00	(7.14%)
3995 · Other Income	1,650.00	0.00	100.0%
3970 · Other revenue - group - Other	2,140.00	0.00	100.0%
Total 3970 · Other revenue - group	228,849.08	76,344.71	199.76%
Total Income	1,291,669.08	1,021,869.71	26.4%
Gross Profit	1,291,669.08	1,021,869.71	26.4%
Expense			
4001 · Council			
400101 · Per diem	9,985.66	5,675.00	75.96%
400102 · Travel & Lodgings	4,950.93	8,617.23	(42.55%)
400117 · Catering & meeting rooms	7,383.53	6,108.54	20.87%
Total 4001 · Council	22,320.12	20,400.77	9.41%
4002 · ICRC (complaints)			
400201 · Per diem	9,547.50	11,893.75	(19.73%)
400202 · Travel & Lodgings	3,369.89	6,910.40	(51.24%)
400204 · Inspector/Investigation	27,973.89	14,059.60	98.97%
Total 4002 · ICRC (complaints)	40,891.28	32,863.75	24.43%
4003 · Discipline			
400301 · Per diem	10,062.50	18,947.50	(46.89%)
400302 · Travel & Lodgings	520.56	541.48	(3.86%)
400303 · General	1,560.00	2,866.30	(45.57%)
400312 · Assessors	1,400.00	(4,550.00)	130.77%
400315 · Court Reporter	6,011.60	14,341.97	(58.08%)
Total 4003 · Discipline	19,554.66	32,147.25	(39.17%)
4004 · Drug			
400401 · Per Diem	2,050.00	900.00	127.78%
Total 4004 · Drug	2,050.00	900.00	127.78%
4005 · Executive			
400501 · Per Diem	8,822.52	11,156.54	(20.92%)
400502 · Travel & Lodgings	1,335.74	0.00	100.0%
Total 4005 · Executive	10,158.26	11,156.54	(8.95%)
4006 · Registration			
400601 · Per Diem	662.50	1,400.00	(52.68%)
400602 · Travel & Lodgings	302.55	703.90	(57.02%)
Total 4006 · Registration	965.05	2,103.90	(54.13%)
4007 · Patient Relations			
400701 · Per Diem	175.00	75.00	133.33%
Total 4007 · Patient Relations	175.00	75.00	133.33%
4008 · Quality Assurance			
400801 · Per Diem	6,083.50	17,687.50	(65.61%)
400802 · Travel & Lodgings	766.62	2,209.35	(65.3%)
400812 · Assessors	475.00	150.00	216.67%
Total 4008 · Quality Assurance	7,325.12	20,046.85	(63.46%)
4010 · Technical Committee			
401001 · Per diem	306.25	0.00	100.0%
Total 4010 · Technical Committee	306.25	0.00	100.0%
4013 · Standards & Guidelines			
401301 · Per Diem	2,512.50	750.00	235.0%
Total 4013 · Standards & Guidelines	2,512.50	750.00	235.0%
4014 · SPRP			
401401 · Per Diem	87.50	4,612.50	(98.1%)
401402 · Travel & Lodgings	0.00	1,597.44	(100.0%)
Total 4014 · SPRP	87.50	6,209.94	(98.59%)
4017 · Registrar's Performance			
401701 · Per Diem	87.50	0.00	100.0%
Total 4017 · Registrar's Performance	87.50	0.00	100.0%
4310 · Salaries & Benefits	399,510.78	336,758.79	18.63%
4615 · Consultants	1,500.00	0.00	100.0%
4634 · Database development	23,702.15	26,809.49	(11.59%)
4644 · Legal - ICRC	47,082.06	34,156.15	37.84%
4645 · Legal - General and admin	82,536.01	59,589.03	38.51%
4647 · Legal - Discipline	152,696.01	230,473.97	(33.75%)
4648 · Legal - Council and other Comm	22,497.18	19,764.97	13.82%
4653 · Registration Exam Development			
465303 · Consulting	0.00	25,142.42	(100.0%)
465302 · General	9,227.84	11,512.33	(19.84%)
465301 · Travel & Lodgings	18,431.46	10,471.43	76.02%
465300 · Per Diem	22,982.75	24,584.26	(6.51%)
Total 4653 · Registration Exam Development	50,642.05	71,710.44	(29.38%)
6999 · Uncategorized Expenses	0.00	0.00	0.0%
Total Expense	886,599.48	905,916.84	(2.13%)
Net Ordinary Income	405,069.60	115,952.87	249.34%
Other Income/Expense			
Other Expense			
4301 · Registrar Travel	7,519.40	1,029.79	630.19%
4200 · Accounting & Audit	17,741.20	12,659.00	40.15%
4205 · Credit Card Charges	19,443.43	29,030.93	(33.03%)
4210 · Bank Charges	1,870.68	1,421.11	31.64%
4230 · Depreciation	1,405.44	1,558.48	(9.82%)
4240 · General Insurance	11,168.97	10,618.27	5.19%
4303 · Professional Development	10,386.09	8,512.23	22.01%
4330 · Federation Expenses/Advertising	0.00	8,475.00	(100.0%)
4340 · Membership fees	1,732.36	2,763.09	(37.3%)
4345 · Artwork & Certificates	50.79	0.00	100.0%
4500 · Rent & Maintenance	61,983.98	47,806.91	29.66%
4510 · Photocopying, Printing	209.98	41.38	407.44%
4520 · Postage & Courier	264.73	22.87	1,057.54%
4530 · Telephone & Communications	4,408.98	5,160.36	(14.56%)
4540 · General Expense	4,825.22	1,989.74	142.51%
4545 · Office Supplies	1,438.01	489.58	193.72%
4560 · Computer software/mtce	13,711.48	9,091.84	50.81%
4620 · Equip Rentals/Svc contracts	5,668.26	5,668.26	0.0%
4635 · Web Site/Database Mtce	13,552.42	16,667.30	(18.69%)
Total Other Expense	177,381.42	163,006.14	8.82%
Net Other Income	(177,381.42)	(163,006.14)	(8.82%)
Net Income	227,688.18	(47,053.27)	583.89%

COLLEGE OF CHIROPODISTS OF ONTARIO
ACCOUNTS RECEIVABLE AGING SUMMARY
AS OF JULY 31, 2023

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL
Casella, Angelo	0.00	0.00	0.00	70,000.00	0.00	70,000.00
Chan, Eddie	0.00	0.00	0.00	0.00	50,000.00	50,000.00
Ginsberg, Paul	0.00	0.00	0.00	0.00	25,000.00	25,000.00
MacMull, Charles	0.00	0.00	0.00	0.00	60,000.00	60,000.00
Moses, Alan	0.00	0.00	0.00	0.00	10,000.00	10,000.00
Sliwa, Barbara	0.00	0.00	0.00	0.00	1,333.38	1,333.38
TOTAL	0.00	0.00	0.00	70,000.00	146,333.38	216,333.38