

**COLLEGE OF CHIROPODISTS OF ONTARIO**  
**Draft Minutes**  
**Meeting of the Council of the College of Chiropractors of Ontario**  
**180 Dundas Street West**  
**19th Floor Boardroom**  
**Toronto, Ontario**  
**Friday, February 28, 2020**  
**9:00 a.m. - 4:00 p.m.**

**Present**

*Professional Members*

Ed Chung  
Matthew Doyle  
Peter Ferguson  
Martin Hayles  
Sasha Kozera  
Sonia Maragoni  
Cesar Mendez  
Peter Stavropoulos  
Eliot To  
Millicent Vorkapich-Hill

*Public Members*

Jim Daley  
Andrew Gassmann  
Allan Katz  
Aladdin Mohaghegh  
Agnes Potts  
Winnie Linker

Staff: Felecia Smith, Registrar and CAO

Legal Counsel: Alan Bromstein

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

**Part 1**

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

Approval of the Agenda

**MOTON**

**Moved by: Agnes Potts**

**Seconded by: Matt Doyle**

**That Council approve the agenda for the February 28, 2020 meeting as amended.**

**CARRIED UNANIMOUSLY**

2. Declaration of Conflict of Interest - No one came forward with a conflict of interest.  
Taping Policy – No one is to tape or record the meeting other than Ray McDonald.  
Welcoming of Guests and Observers from the Associations and Ministry.

3. **Approval of Minutes of the October 25, 2019 Meeting**

**MOTION**

**Moved by: Jim Daley**

**Seconded by: Sasha Kozera**

**THAT Council approve the minutes of October 25, 2019 meeting, as presented  
CARRIED UNANIMOUSLY**

### **Part 3**

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

5.1 Donna Coyne's Term Ending January 31, 2020 – Filling Positions on Committees

Mr. Daley and Mr. Mohaghegh were nominated for the vacancy on the Executive Committee.

**MOTION**

**Moved by: Martin Hayles**

**Seconded by: Sasha Kozera**

**THAT Council appoint the Registrar, legal counsel and recording secretary for the election of public member to Executive Committee**

**CARRIED UNANIMOUSLY**

Mr. Daley was elected to Executive.

**MOTION**

**Moved by: Allan Katz**

**Seconded by: Sasha Kozera**

**THAT Council approved destroying the ballots of the election for a public member on the Executive Committee**

**CARRIED UNANIMOUSLY**

### **Part 2**

#### **1. Discussion**

4.1 Proposed Amendments to Drug Regulation – Updates

Mr. Mendez advised that the College is currently in a holding pattern. The Ministry is required to post any amendments or new regulation on their site for comment before it can go anywhere. It then goes to Cabinet for approval and to the Lieutenant Governor in Council for signature. Other Colleges that are also promoting an expansion of their drug regulation have not been posted. The Executive sent a letter to Minister Elliott to keep the focus on the regulation. The College will keep a close eye on this and stay in close contact with other Colleges going through the same type of amendments.

#### iMIS - Database

There was a lot of positive feedback from the profession complimenting the College on how wonderful the system is. There were only 7 people who had not registered which is comparatively low to what normally happens at this time. A QA section is coming. We are also looking at online elections.

#### 4.3 Practice Resource Liaison - Update

Eleven applications were received. The President, Vice-president and registrar reviewed the range of applications. Next steps are being determined.

#### 4.4 Graston Technique

This was an inquiry from an insurance company about whether members are able to use this technique and is it within scope. The technique includes using a bar that you roll over tissues and the issue that came up is where the bar is applied. Mr Bromstein indicated that the scope of practice of chiropody is the assessment of the foot, the treatment and prevention of diseases, disorders and dysfunctions of the foot by therapeutic, orthotic and palliative means. Within the big scope of practice circle there is a smaller circle which provides for the authorized acts which are related to tissue or bone [podiatrists], administer by injection, prescribing drugs, administration by inhalation etc. If this technique is within the big scope that is fine. Generally speaking, if there is literature supporting the use of a technique to treat a condition of the foot and you have the competence to do it and you do it in accordance with the standards of practice or scientific information – we do not need a standard of practice for every treatment. Therefore, as long as it is within the scope of practice, it is a treatment of the foot and it is something that is recognized scientifically as an appropriate treatment for a patient and the member is competent to perform the technique, members would be able to perform it.

It was recommended that information should be put into the next bulletin indicating to members that they should not undertake these kinds of treatments unless they are clearly directing a treatment for an issue within the foot. There has to be a line between the procedure and the scope and the counterbalance to that is if there is ever a problem, a member is able to defend what they have done and the safety and the accepted use of whatever the member is using in these treatments. This will be necessary if a matter should come before the College.

Council is directing the Executive Committee to respond to the insurance company's question and there has been discussion about notifying the membership of the importance of being cautious about what they are doing to ensure it is a recognized treatment and relates to the foot.

#### 4.5 Correspondence from the OPMA

The College received correspondence that the College has responded to. The President had no record of receiving the letter on September 25, 2019. It is found at Tab 5. The issues have all been resolved. The matter was also discussed at the meeting with the Associations. H&K was made aware of the deficiencies.

#### 4.6 COVID 19 and PPE

The College has attempted to contact the emergency operations centre of the Ministry of Health and other colleges. We sent an e-mail to the appropriate e-mail contact at the EOC and the President explained the concerns. Mr. Stavropoulos also sent an e-mail as a practitioner who is running out of PPE. The response to both was exactly the same. They asked if we had tried other suppliers or borrowed PPE from other people or if we are tracking orders. Legal counsel advised that if you do not have the required PPE, you cannot practise save and except for services that do not require PPE. The College will stay on

top of this. Our member has to have masks and hand sanitizer in the waiting area and provide them to someone who requires them if they enter the clinic.

### Part 3

#### 5. For Decision

##### 5.2 Standards and Guidelines Committee– [ please also see committee reports below]

- Orthotics Standard of Practise\*
- Gap Analysis\*
- Record Keeping Standard [deferred]
- Advertising Guideline [deferred]

##### 5.3 Budget 2020

###### **MOTION**

**Moved by: Martin Hayles**

**Seconded by: Jim Daley**

**Council approve the budget for the year ending December 31, 2020, as amended, in Appendix 8.**

**CARRIED**

A comment was made about how helpful the notes to the budget are and to continue their use.

##### 5.5 Competency Profile – date for new competency profile to be effective

The profile has already been approved. We worked with the Michener to have a 'go live' date.

Recommendation

**THAT Council directs the new competencies approved by Council on the 25<sup>th</sup> of October, 2019, be the subject of examinations, written and OSCE, of the College commencing with examinations held after January 1<sup>st</sup> 2021; AND THAT the College post information on its website as well as formally notifying the Michener of that fact to insure applicants are aware of this change.**

**CARRIED UNANIMOUSLY**

##### 5.4 Government Relations - Update on Advocacy Initiatives & Provider

Council had made a decision a while back to change its government relations company in terms of getting additional assistance in promoting the legislative and regulatory changes to one act, one title and everything that relates to that in the new scope of practice. It determined it would hire Hill and Knowlton to assist because Melissa Lantsman was with them. Ms. Lantsman came and presented and Council was very impressed with what she said she would be able to do for the College. Ms. Lantsman left Hill and Knowlton and joined Enterprise Canada. The Executive committee directed the Registrar to give notice to Hill and Knowlton and Enterprise Canada to send in submissions to be the College's government relations firm. The Hill and Knowlton contract ends the end of February 2020. Each company have provided a submission with regard to being your government relations firm which will be discussed in camera. Council will be asked in public whether they want to select one of them and if so, which one.

There have been a couple of more meetings since the last Council meeting that were facilitated and different members have attended those. Mr. Mendez and Mr. Gassman went into a couple and Mr. Stavropoulos, Mr. Gassmann and Mr. Hayles went to another at the beginning to middle of January.

## Part 5

### 7. Working Group/Other Committee Reports

#### 7.1 Standards and Guidelines [Peter Ferguson] CONTINUED BELOW

##### *Orthotics Standard Sub-Group [Anna Georgiou]*

When the Executive Committee received the original amendments, it was felt that the document did not address what was required. At the time, it was felt that we would have a meeting composed of the Chair of ICRC, Discipline, a member of Executive and Anna (who had worked on the particular guideline when she was the Chair) and Peter Ferguson. Acknowledgement was given to Debra Mckenna for her work on the standard and using wording that adheres to our zero- tolerance policy. Dispensing of orthotics must be done by the member – it cannot be delegated to anyone else. If a member is prescribing orthotics the member is providing and dispensing the orthotics. You can no longer give someone a prescription to go and get orthotics somewhere else. Members are duty bound to keep records – they cannot say they cannot access them. The amended standard is directional. It represents what has always been believed to be the standard of practice, the recognized and taught standard. At a discipline hearing, the standard has to be proven by an expert.

The group dealt with the question of what is considered repeat orthotics – is it within 12 months or 24 months if there has not been any significant change in the pathology or the morphology of the foot or both? When is it appropriate to do both casting and the assessment? All control and decision making are brought back to the member.

##### **Recommendation**

**That Council approve, in principle, the standard of practice for prescription custom foot orthoses set out in Appendix 7 and direct that the standard be circulated to members and other stakeholders for comments for at least 60 days**

**CARRIED**

**1 Abstention**

##### *Standards, Advisories, Guidelines – What is the difference?*

Mr Bromstein explained the following:

1. A standard represents what a right-thinking member would do in these circumstances and they are not legally enforceable. With zero tolerance, you are in trouble if you are not doing this appropriately. With wording such as shall, must, should, there is not a lot of wiggle room.
2. An advisory might be something like ‘we want to advise the membership that the world is running short of surgical masks and if you need surgical masks you should do x or we think there will be a supply in the next two months, would everyone share their supplies to the extent possible because of the shortage.’ Advising the membership of something that is important to them generally is an advisory.
3. A guideline is somewhat perplexing. There is not much difference between a guideline and a standard. The preference is to do a standard where this is what you expect of your members. Minimization of guidelines is preferred. It might be used by the College to interpret a regulation. For example, we might have a guideline on advertising to help guide members to do the right thing and to explain what the expectation is when you advertise. It could be used

when it is not about clinical practice but rather relates to other behaviour of members in their practice. You would use a guideline in that circumstance to explain what your expectations are.

#### **Recommendation**

**THAT where the College is directing members on what its requirements are in relation to a member's clinical practice the document should be titled a standard of practice and where the College needs to advise members of information an advisory should be issued. Guidelines would not be used except in exceptional circumstances as directed by Council.**

#### **MOTION**

**Moved by: Martin Hayles**

**Seconded by Peter Stavropoulos**

**THAT the motion be amended as follows:**

**THAT where the College is directing members on what its requirements are in relation to a member's clinical practice the document should be titled a standard of practice and where the College needs to advise members of information an advisory should be issued. Guidelines would not be used going forward unless directed by Council.**

**CARRIED UNANIMOUSLY**

#### *Gap Analysis [Elliott To]*

The standards, advisories, position statements, code of ethics were reviewed for every college. Commonalities were then found and compared to what was missing in our College. There are 5 big categories. What was missing from our College is information relating to the following:

1. If a person was a member of more than one college;
2. Use of alternative or complementary medicine;
3. Manipulation;
4. Treating family members;
5. Social media;
6. Buying, selling and relocating a practice (guideline or advisory - probably the latter) and assistance with selling your practice and here is what you need to remember;
7. Working with other professionals; and
8. Clinical education and supervision.

Each time you provide the membership with help in an area, it does need a Council review. If the matter is not urgent it could come to Council but would not need to be circulated and then come back. If an advisory came out of a committee and was reviewed by the Executive Committee they could direct the Registrar to send it out.

The Committee will move forward with what has already been completed and look at the gaps in terms of other colleges. They will create new advisories rather than guidelines. Council has already outlined what they believe was urgent and the Committee is working on it. If the Committee decides something should be changed then they will report to the Executive Committee between meetings of Council. In terms of changing the name of the committee, S&G can either make a recommendation or the Executive Committee could make a recommendation to change the name of the committee. It requires a by-law change.

The question was raised whether the ad hoc group that was created for the orthotics standard should continue in relation to orthotics manufacturing and orthopedic footwear or whether it should go back to S&G. It was agreed that legal counsel should always review the draft standard

before it goes out for comment. S&G will look after the orthopedic footwear and manufacturing of orthotics. A suggestion was made that we keep our standards page as it is but have a separate button where a member could download all of them. A note will be sent to the Registrar about this.

## Part 4

### 4. Statutory Committee Reports

(Available from committees that have met since the last meeting of Council)

#### 6.1 ICRC – Martin Hayles

Mr. Hayles indicated that he created data that is more graphic. At page 95, tab 10, there is a lead table that indicates where the College sits in benchmarking our number of complaints per thousand registrants. The numbers are based on the fact that 85% of our membership is in private practice. Of the 180,000 people registered with the College of Nurses, most nurses are employees. Most people will go to their employer first about a problem before coming to the College. We have a risk profile for our profession. Over half of the complaints came from patients or relatives. Insurance companies lodged a fair number and then there are complaints from employers where there is mandatory reporting. Poor business practices counted for over a third of the complaints followed by general standards of practice. Barely 2% of the complaints came from advertising.

The top five complaints related to: 1. Providing incentives and free footwear; 2. Sterility and cleanliness; 3. Complications from treatment or whether adequate consent was obtained; 4. Member was rude or unprofessional; and 5. Falsified billings. In terms of outcomes, the largest number was no further action required, advice given and then 6 referrals to discipline. Some were withdrawn but this can only occur with the Registrar's consent.

In terms of timing of dealing with complaints, there are a number of moving parts one always has to be aware of. For example, there may be a lack of response from the members, the investigation continues because an ICRC panel decides that they want additional information, legal counsel seeking indulgences and requiring a PVA to determine if a matter is viable to pursue for a referral.

#### 6.2 Discipline – Cesar Mendez

Nothing has happened relating to Discipline matters. Eight referrals are in process but no dates have been scheduled.

#### 6.3 Quality Assurance - Anna Georgiou

A report was found at Tab 11 by the Chair. Sonia Maragoni reported on behalf of the Committee. The number of assessments increased from 1% to 2% or 17 members who were randomly selected for this process. The reviews have been completed. The assessments relate to recordkeeping, infection control, and some needed follow up assessments. The Registrar commented that if a member is randomly selected who has been in past assessments, another name is pulled. It was suggested that the QA committee could go back and decide upon some strategically determined criteria so it is still be random and meet the regulation. For instance, if a member is over a certain age are they reviewed more often? Perhaps the committee can do a type of gap analysis in

comparing with other Colleges. There was also mention of exploring a type of 'test' by registrants before they are able to register each year.

#### 6.4 Registration – Agnes Potts

There is a meeting scheduled for the middle to end of March. The committee only meets if there is an application referred to it by the Registrar.

## 5. **Other Statutory Committee Reports**

### 7.1 Standards and Guidelines\* [Peter Ferguson]

#### 1. Orthotics Standard Sub-Group [Anna Georgiou]

##### *Record Keeping*

The greatest gap in our standard is electronic documents. The draft is finished – it has been passed to S&G committee for comment. It still requires legal input.

##### *Advertising*

There are 3 contentious points that need a response from legal. Social media is now in the guideline/advisory. It is important to monitor one's online presence. For e.g. a member could document the steps taken to reach out and to rectify it.

### 7.2 Registration Examination – [Stephanie Shlemkevich]

The committee meets monthly and is responsible for the administration of the exams. The committee tried different ways of meeting and the most effective is in person.

### 7.3 Audit Committee – Jim Daley

The audit is scheduled for April 2 and 3. In early May, the draft audit report will be ready and the Committee will meet with the auditor in camera. It will provide an opportunity to ask questions. The Committee will bring their report back to the June Council meeting.

### 7.4 Strategic Planning Committee [Andrew Gassmann]

The committee has not met yet. There is a by-law in place that deals with the ability of Council to appoint an acting Registrar, if necessary, if the Registrar is incapacitated. The Executive Committee would need to appoint an acting Registrar until the Registrar returns. The President indicated that the purpose of this committee is to look forward at developing 1-5-10 year plans to determine what the landscape for regulated health professions will be 10 years from now.

### 7.5 Registrar's Review and Compensation Committee [Winnie Linker]

The Committee could not meet until Donna Coyne's replacement had been put in place. Allan Katz was appointed to the committee.

## 8. **In Camera Session**

## 9. **Next Meeting**

### 9.1 Items for Agenda – Next Council Meeting

IPAC standard working group – Update - Sasha Kozera

Pedicurists standard of Footcare – Sonia Maragoni

### 9.2 Next Meeting Date – June 26, 2020



- We need to set up meetings for 2023, 2024,2025

**MOTION**

**Moved by: Jim Daley**

**Seconded by: Winnie Linker**

**THAT the public be excluded from the meeting pursuant to clause 7(2)(b) of the Health Professions Procedural Code as financial 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 meeting be open to the public.**

**CARRIED UNANIMOUSLY**

**10. Adjournment**

<b>PROPOSED BUDGET FOR 2020</b>				
<b>COLLEGE OF CHIROPODISTS OF ONTARIO</b>				
<b>Year: January 1, 2020 to December 31, 2020</b>				
		<b>Proposed</b>	<b>Actual</b>	<b>Approved</b>
		<b>2020</b>	<b>2019</b>	<b>2019</b>
<b>REVENUE</b>				
Membership Fees		\$ 1,283,500	\$ 1,231,650	\$1,241,000
Application Fees		9,300	7,900	9,300
Examination Fees		74,750	60,650	74,750
Incorporation Fees		68,000	67,507	63,500
First time Registrant - Fee		35,700	27,950	35,700
Late fee penalty		6,000	8,300	8,600
		<b>1,477,250</b>	<b>1,403,957</b>	<b>1,432,850</b>
<b>Other Revenue</b>				
Interest		16,500	27,479	18,000
Miscellaneous (Inhalation Course)		6,508	1,950	15,300
Legal Recovery		100,000	6,059	66,500
<b>Total Revenue</b>		<b>1,600,258</b>	<b>1,439,445</b>	<b>1,532,650</b>
<b>EXPENSES</b>				
Committee expenses		164,025	114,177	168,450
Inhalation Course			-	-
Special projects		215,792	270,236	229,692
Salaries and benefits		483,272	386,516	427,401
Legal Fees		378,650	275,790	330,000
General Administration		204,082	232,340	254,197
<b>Total Expenses</b>		<b>1,445,821</b>	<b>1,279,059</b>	<b>1,409,740</b>
<b>Net Income (deficit) for the year</b>		<b>\$ 154,437</b>	<b>\$ 160,386</b>	<b>\$ 122,910</b>
<b>Deficit to be funded from prior years' surplus</b>		<b>-</b>	<b>-</b>	<b>-</b>
		<b>\$ 154,437</b>	<b>\$ 160,386</b>	<b>\$ 122,910</b>

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<b>SCHEDULE OF EXPENSES</b>				
		<b>Proposed 2020</b>	<b>Actual 2019</b>	<b>Approved 2019</b>
<b>Committee Expenses</b>				
Council	RHPA Code Section 4-10,	18,750	18,163	23,450
ICRC	RHPA Code Sections 25-35	70,200	69,089	64,000
Discipline/Fitness to Practice	RHPA Code Sections 36-72	22,025	1,150	21,400
Executive	RHPA Code Sect 12,36,37,58,61,62,75 b,79,	14,100	14,279	18,450
Registration	RHPA Code Sect 15-22	2,050	-	2,050
Patient Relations	RHPA Code Sect 84-85	4,500	-	4,500
Quality Assurance	RHPA Code Sect 79-83	10,500	8,740	9,700
Standing Drug Committee		500	500	600
Technical Committee		1,000	-	1,000
Strategic Planning Committee		3,150	1,446	3,750
Registrars Compensation Committee		3,050	-	-
Audit		1,200	75	750
Competency Working Group		-	560	6,200
Standards and Guidelines		13,000	175	12,600
<b>Total Committee Expenses</b>		<b>164,025</b>	<b>114,177</b>	<b>168,450</b>
<b>Special Projects</b>				
Government Relations		56,000	73,875	30,000
Inhalation Course		-	-	8,792
Registration Examination		101,000	101,534	95,000
Consulting -General		-	-	10,000
Database development		50,000	94,827	85,900
<b>Total Special Projects</b>		<b>207,000</b>	<b>270,236</b>	<b>229,692</b>
<b>Salaries and benefits</b>				
Salaries and Benefits		483,272	386,516	427,401
<b>Total Salaries and Benefits</b>		<b>483,272</b>	<b>386,516</b>	<b>427,401</b>
<b>Legal Fees</b>				
General administration		39,000	38,900	45,000
ICRC		150,000	187,384	90,000
Discipline		143,650	3,697	160,000
Council and other committees		46,000	45,809	35,000
<b>Total Legal Fees</b>		<b>378,650</b>	<b>275,790</b>	<b>330,000</b>

		<b>Proposed</b>	<b>Actual</b>	<b>Approved</b>
		<b>2020</b>	<b>2019</b>	<b>2019</b>
<b>General Administration</b>				
Accounting and Audit		10,597	10,597	10,450
Credit Card Charges		23,000	31,792	29,000
Bank Charges		1,500	1,500	1,500
Computer software		4,400	4,324	2,300
Insurance		15,000	14,089	13,700
Registrar Travel		-		
Federation Expenses		8,475	8,475	8,475
Resource Materials		410	408	1,325
Membership Fees [moved to salaries]		-	-	-
Rent		78,100	65,175	64,652
Photocopying, Printing		3,500	3,516	6,000
Postage and Courier		4,300	4,315	9,500
Telephone		10,000	9,828	12,595
General Expenses		4,500	4,547	3,200
Office Supplies		7,500	7,843	7,500
Computer, database & website mtce		15,000	18,164	21,500
Capital Assets		7,500	37,544	42,000
Equipment Rentals/Service Contracts		9,500	9,449	10,000
Professional Development		800	774	500
Contingency			-	10,000
<b>Total Other Expenses</b>		<b>204,082</b>	<b>232,340</b>	<b>254,197</b>
<b>Total Expenses</b>		<b>1,437,029</b>	<b>1,279,059</b>	<b>1,409,740</b>
<b>Surplus (Deficit)</b>		<b>\$ 163,229</b>	<b>\$ 160,386</b>	<b>\$ 122,910</b>

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