

FOOTPRINT

COLLEGE OF CHIROPODISTS OF ONTARIO

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PRESIDENT'S MESSAGE

The Important Role of Chiropodists within the Full-Scope Podiatry Model (FSPM)

As President, I've received many questions from registrants about the FSPM, what it will look like and what it will mean for current Registrants. As always, I appreciate the curiosity and the need for Registrants to have some certainty around the future of our respective profession. While the College Council unanimously voted to support the FSPM because they firmly believed the adoption of it in the province will best protect the public, I can say with confidence that the FSPM will be a considerable advantage to both chiropodists and podiatrists alike.



Put plainly, there is no downside to any current Registrant in moving to the FSPM and there is an important role for the skillset of current day chiropodists in that model. I have set out below a series of commonly asked questions that I have received about the Podiatry Model and my answers to those questions. I believe my answers more fully explain how the FSPM is a workable resolution for all current and future Registrants, including chiropodists.

What is the FSPM?

The College Council has adopted a model that is modelled on the existing podiatry models in Canada with the following:

1. A name change of Chiropodist to "Podiatrist";
2. A name change of the College to "College of Podiatrists of Ontario";
3. Scope expansion opportunities for all Registrants to acquire any or all of the expanded authorized acts and ancillary acts that will be available within the FSPM
4. A minimum of one new podiatry program in the province educating students to the expanded scope of practice of podiatrists to the FSPM; and
5. A removal of the legislative cap restricting the registration of DPMs in the province.

As a chiropodist, will I have to upgrade my education or skills when the FSPM is adopted in the province?

No. Any current chiropodist registered with the College can continue in their practice exactly as they are today. There will be no requirement to upgrade skills, unless the Registrant chooses to do so. In fact, our comparator jurisdictions have numbers of podiatrists (I include both current chiropodists and podiatrists in using that term) that are much higher than ours on a population basis and, in truth, the College sees no public protection in reducing the number of Registrants in any respect. To the contrary, the expectation and desire is for the number of registrants to increase overall building on

the current Registrants of the College. The College's number of Registrants is currently under 850 and, as our comparator jurisdictions indicate, Ontario needs more than 3000 Registrants to properly serve the population. While no Registrant will be obligated to upgrade their skills, it is anticipated that many members will avail themselves of the opportunities to expand their scope of practice. This will be done through the offering of approved didactic and clinical bridging programs. I like to refer to them as "*fuller scope*" podiatrists, whether they are currently registered as chiropodists or podiatrists. That is, being trained to offer something more through legislation and acquired competencies than what one can do present day.

Will surgery become the focus for treatment of patients within the FSPM?

No. Surgery should always be a last resort employed only when all conservative measures have been considered and undertaken and have proven to provide less than satisfactory results. This is presently the case and will continue to be the case under the FSPM. The full and fuller scope podiatrists will, by virtue of their expanded scopes, be better equipped to apply early non-surgical interventions to hopefully avoid the need for emergent surgery. However, as Registrants well know, when we are dealing with high-risk patient populations, all too often, we do not have the luxury of time. This makes quick access to a healthcare provider who can offer the full gamut of diagnostic modalities, (imaging, lab testing, medical specialist consults) and interventional treatment options, which may include surgery, vital to attempting to avoid a worsening of the presentation and further morbidity. Ontario lacks this piece of the healthcare team. Full-scope podiatrists have in many other jurisdictions, including Canada, proven themselves to be an integral factor in lowering the rates of lower extremity amputations. These full and fuller scope podiatrists will be better integrated with allied health professionals to work alongside medical specialists, surgeons, nurses, physiotherapists, and others, as part of the team working toward accomplishing this goal.

Did the College draft a Surgical Standard in preparation for the FSPM?

No. The Surgical Standard drafted by the Standards & Guidelines Committee and approved by Council reflects the current scope of practice for chiropodists and podiatrists. While the College recognizes that not all Registrants currently engage in surgical procedures, the fact remains that the scope of practice for both chiropodists and podiatrists includes surgical procedures. To be clear, having a standard that clearly identifies for Registrants and other stakeholders the surgical procedures within scope also gives direction in respect of the College's expectations of any Registrant performing surgical procedures, and is not an invitation to perform more surgeries. By analogy, I would say that having a Criminal Code is an important document for any society as a means to convey what amounts to a criminal act but in no way is the creation of that document intended to invite people to engage in more criminal acts. What the Surgical Standard does is effectively communicate the skills, knowledge, and judgement that a registrant must have if they are performing any of the surgical procedures within the current scope of practice as listed in the standard. If the FSPM is adopted in the province, a new revised Surgical Standard will be required to adequately address the expanded scope of practice as it relates to surgical procedures allowed within the FSPM.

Why Does the College Reference the Footcare Issues of First Nations Communities and Not Other Communities?

Although the College views the FSPM as the best means to better protect the public and to offer a more modern, efficient, and effective delivery of foot care to the benefit of all Ontarians, the College is particularly mindful of the startling rates of lower limb amputations in First Nations Communities that well exceed the provincial average. When considering the College's obligations to promote equitable access to footcare and, in addition, the College's obligations to the Truth and Reconciliation's Calls to Action, it is clear that advocating for the adoption of the FSPM to best lower the rates of lower limb amputations among First Nations communities is necessary. In my view, the College is obligated to act on the available data that demonstrates a glaring public protection issue. The support and encouragement the College has received from First Nations representative groups to date for the vision and direction adopted by the College affirms that we are appropriately fulfilling our mandate.

Why doesn't the College simply pursue title change, communicating a diagnosis, ordering x-rays and lab testing for Ontario-trained Chiropodists alone?

In answering this question, I would first cite the health human resource shortage in the province and the clear province-wide initiative to create opportunities for healthcare professionals from out-of-province and out-of-country to practice in Ontario. In short, the current healthcare landscape does not support the pursuit of limited changes for chiropodists alone. History has taught us that the restrictions that were historically placed on the profession do not allow healthcare needs in the province to be met nor do those restrictions address the health human resource shortage. It is clear that we must move away from such restrictions in order to best serve the foot care needs of Ontarians. With the "As of Right" legislation and recent amendments to allow for an "Emergency Class Registration" it is self-evidence that the College must support an approach that purposefully maximizes opportunities for all Registrants, including foreign-trained Registrants, to also pursue scope expansion if they choose to. The College is on record as pursuing the FSPM, which it believes to be equitable and all-inclusive in that it would provide scope of practice expansion opportunities for all current Registrants, in addition to Ontario-trained chiropodists, who choose to pursue scope expansion.

If HPRAC failed, why is the College pursuing the same goals and objectives?

While the College's efforts through HPRAC almost a decade ago did not give rise to the FSPM, it is not the case that the desired goals and objectives were ill-conceived or misdirected. It is worthwhile remembering that all the regulated health Colleges supported our efforts because they too saw the benefit to the public in the FSPM being proposed. Many lessons were learned through that effort and the need for the FSPM has shown itself now to be even greater than it ever has been and, including, at the time of HPRAC. The challenges facing healthcare today in Ontario including an aging population with high rates of diabetes and PAD, a post-COVID need to reduce in-hospital treatments and ER visits, make the time ripe for the adoption of the FSPM. The College has experienced significant growth and development since the initial HPRAC proposal and is better able to demonstrate how it can effectively manage the higher risks involved in scope expansion.

Who will determine what didactic and clinical upgrading will be required to demonstrate to the College that a given registrant now has the competencies to perform a certain expanded scope authorized act?

The College will defer to (an) academic institution(s) to develop an academic program to meet the didactic and clinical training required to attain the competencies within the expanded anatomic (including the ankle) and diagnostic/treatment scope of practice. This task rightly falls to academic experts and consultants within recognized academic institutions who will determine, in consultation with the College, the learning outcomes necessary to produce graduates with the essential competencies to practice to the FSPM. This will be consistent with existing education in other jurisdictions needed to attain competency for these same authorized acts within the expanded scope of practice.

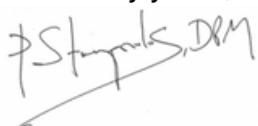
The College appears to only be pursuing the US DPM model of podiatry training. Why not consider other international podiatry training models?

As far back as 2010, when the College began its initial review of other Canadian provinces where foot care specialists are regulated to better understand opportunities for improvement in Ontario, it became readily apparent that podiatrists in BC and Alberta were able to offer the broadest range of treatment options through an expansive legislated scope of practice, far beyond that of Ontario. It was decided by Council at that time that if the College supported the pursuit of an expanded scope, it was necessary to pursue what best serves the public in Ontario as evidenced elsewhere in Canada. This FSPM is what the College has supported and continues to support unwaveringly because it has been proven to work in Canada in other Canadian jurisdictions. It is also the model that has been emulated throughout the UK, Australia, and New Zealand because it represents the evolution in foot care.

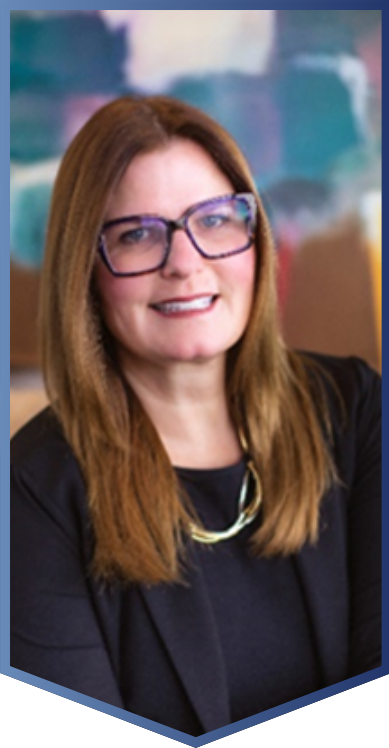
It is my sincere hope that I have answered some lingering questions that registrants have about the FSPM. More to the point, I have provided clarity and gone some way to assure all Registrants that with the adoption of the FSPM, the FSPM is in the best interests of not only Ontarians but also all current Registrants. I want to assure any current Registrant who does not want to change their practice nor engage in further education or training, that they will not be required to do so. Finally, I wanted to specifically provide assurances to our current chiropody members, who have raised their concerns with me, that they may maintain their current practices within the FSPM if they choose to.

If you have further questions, please feel free to reach out directly to me by email at president@cocoo.on.ca. I would be happy to hear from you.

Fraternally yours,



Peter Stavropoulos, DPM | President



A WORD FROM THE REGISTRAR AND CEO

Protecting the public is a great responsibility and its one that the College and Council take seriously. But in focusing as we must on the various ways in which we meet our legislative obligation to protect the public, it's also important to recognize that every day the College's Registrants are helping to protect the health of the public. It is only by recognizing the critical work of our Registrants that we can truly understand the necessary evolution of foot care to better protect the public and do our part to ensure there are sufficient healthcare professionals available to adequately address the current and future needs of Ontarians.

With the increasing rates of diabetes among an aging population, access to well-trained and professionally regulated footcare specialists is more important to the health and well-being of Ontarians than ever. We know that, despite disturbing rates of costly and life-altering lower limb amputations in the province, our Registrants do important work in treating patients to avoid lower limb amputations and to help patients remain mobile. Avoiding surgical removal of a foot or feet whenever possible is a best practice in foot care that the College recognizes and strives to support. Our Registrants also help to alleviate painful foot conditions experienced by all ages of patients that make a dramatic difference to the quality of life of those patients. The fact is that pain-free, healthy feet allow people to maintain active lifestyles that, in turn, improve overall health and reduce the costs on our healthcare system. To all of our Registrants – thank you for the important work you are doing and know that your Regulator appreciates the importance of that work. Also know that, as the Regulator, we view the contributions of all Registrants to be meaningful and significant.

Added to that is our knowledge that the province, currently experiencing a health human resource shortage, needs more chiropodists and podiatrists, among other healthcare professionals. When we review other comparable jurisdictions including the US, UK, Australia and NZ, we find that Ontario falls well below the ratio of chiropodists/podiatrists to the population found in these jurisdictions. For example, if we apply the ratio found in Australia, our numbers of chiropodists and podiatrists relative to Ontario's population would be 3200. Contrast that number with the current number of College Registrants which is below 850.

With Ontario numbers of chiropodists and podiatrists being less than one-third of the ratio of other comparator jurisdictions, and with Ontario-based data clearly demonstrating the connection between access to the care provided by chiropodists and podiatrists and reduced rates of lower limb amputations, it begs the question: Why doesn't Ontario have more chiropodists and podiatrists?

As those Registrants who have heard me speak at the Town Halls or the various conferences I have spoken at will know, there isn't a secret to the low numbers of chiropodists or podiatrists in Ontario, compared to other jurisdictions. It's actually very simple. When a legislative restriction was placed on the registering of podiatrists in Ontario in 1993, the evolution of the entirety of the footcare profession in Ontario was stymied. Ontario became destined to dysfunction in the natural evolution of foot care while other comparator jurisdictions have not experienced the same dysfunction. Many of our chiropody Registrants may not appreciate that the legislative restriction on registering podiatrists has impacted the evolution of chiropody and the rate of growth of footcare health professionals in the province.

The rationale for the legislative restriction on registering podiatrists, as I've gleaned from a thorough reading of the August 12, 1991 Hansard transcript, shows that the case was made to the government of the day that eliminating podiatrists made sense in order for chiropody to flourish in hospital-based health team environments. In fact, the UK model of chiropody was offered as the basis for the move to only registering chiropodists. Chiropodists would work entirely under the direction of a physician in the hospital and therefore would not need prescribing privileges or any diagnostic tools nor would they need to communicate a diagnosis. The care provided by chiropodists was intended to be overseen by a medical doctor in a healthcare institution and accordingly, the education and training were developed around that model of delivery. Further, more involved diagnostic and therapeutic interventions would be handled by medical specialists, and of course, in worst-case scenarios, unavoidable lower limb amputations would be carried out by orthopaedic surgeons, also in hospital.

Flash forward to the present day, post-COVID, and we understand that a hospital-based approach is expensive, not sustainable and not preferable. It's also not feasible for those Ontarians living far away from a hospital or in areas where hospitals are understaffed. It's likely the rationale supporting the move towards the podiatry model that all of the comparator jurisdictions have made, including the UK. Most problematically, patients in Ontario who attend hospitals for foot care, whether by multiple visits to the ER or by admission, are almost always at high risk of lower limb amputations that may well have been avoided with early out-of-hospital access to preventative foot care. Sadly, as the Ontario-based data shows, First Nations communities are experiencing the most devastating impact with 3 times the rates of lower limb amputations at an average age of 54 years old. To put it plainly, restricting the registration of an entire footcare profession has not helped to advance or evolve the delivery of foot care in the province and has created barriers for both chiropody and podiatry. It's fundamental that Registrants understand the history and the unintended consequences to footcare in order to move forward progressively.

Finally, there's some very good news because we know the path forward, a path that is not hospital-centric and one that would see an increase in footcare specialists in the province, including those with chiropody and podiatry education. The College Council understands that the best means of protecting the public in respect of foot care is by way of adopting the podiatry model - a podiatry model of foot care delivery that already exists within Canada. It's for this reason that Council unanimously voted in favour of a strategic plan that includes the podiatry model. It's also the reason the boards of the member associations have supported this initiative. In addition, it's also the reason that the Chiefs of Ontario and the First Nations Health Managers' Association support the podiatry model.

The Podiatry Model:

You may reasonably ask: What is the podiatry model and how will it better serve and protect Ontarians? In summary, the model is one that is already working well in Alberta and B.C. Premised on the Alberta model where Registrants have their own regulatory College, the podiatry model in Ontario would mean the following:

- College name change to College of Podiatrists of Ontario
- Name change of Chiropodists to Podiatrists
- The introduction of podiatric surgeons
- Anatomic and practice scope expansion for Registrants
- A podiatry program in the province that provides the education and training to support the expanded scope of practice
- The removal of the legislative restriction on registering podiatrists (DPMs)

The move to the podiatry model, if adopted in the province, would provide opportunities for all current Registrants including those chiropodists wishing to maintain their current scope of practice. Additionally, bridging opportunities would exist for those Registrants wanting to expand their scope of practice. All aspects of the podiatry model would lead to a net increase of footcare specialists in the province who will collectively reduce the rate of lower limb amputations in the province and keep Ontarians out of our hospitals. Not only will it better address the needs of those high-risk patients that I have identified, but it will also serve to reduce wait times for those requiring appropriate diagnostic, therapeutic and/or surgical interventions for serious foot and ankle concerns by a competently trained foot and ankle specialist. This is the path forward. Maintaining the *status quo* does not better serve the foot care needs of Ontarians.

Let me assure our chiropody Registrants that the adoption of the podiatry model is not an attempt to lessen the important contributions of chiropodists, nor is it intended to reduce the numbers of chiropodists (who would undergo a name change to “podiatrists” under the podiatry model proposed by the College). The College understands that, for some, that is what they would seek to pursue – and that is fine. But this step alone does not make a compelling public protection argument. The citizens of the province will benefit from access to higher-level footcare services envisioned by future Ontario-trained podiatrists. As I have said repeatedly and repeat now for good measure: neither the College nor the Council envisions any reduction in the numbers of our chiropody Registrants. We need more footcare specialists in Ontario, not less. And, we need more Registrants doing exactly the kind of foot care current Registrants are doing, in addition to Registrants who want to expand their scope to communicate a diagnosis, order lab tests and x-rays and more under the podiatry model.

The College and Council have done our homework. We understand the value our Registrants bring to health care in Ontario, the need to evolve foot care in the province and the opportunity to move past the stymied history towards a better model.

Sincerely,



Nicole Zwiers, Registrar/CEO
College of Chiropodists of Ontario

MANDATORY AND SELF-REPORTING REQUIREMENTS



Registrants are reminded of their obligation to self-report certain information to the College outside of the annual renewal period and to file a mandatory report in certain circumstances. Please review your self-reporting and mandatory reporting obligations, and if you have questions, contact the College's Practice Advisor at practice@cocoo.on.ca.

Self-Reporting Requirements

Registrants are reminded of their obligation to self-report certain information to the College. This is an ongoing obligation, not just annually on the renewal form.

A Registrant must self-report to COCOO if they:

- have been found guilty of any offence in any jurisdiction (except speeding or parking tickets);
- have been charged with any offence in any jurisdiction;
- have a finding of professional negligence and/or malpractice;
- have a finding of professional misconduct, incompetence or incapacity or any similar finding, in relation to the practice of chiropody or any other profession in any jurisdiction; and/or
- are the subject of a current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity, or any similar investigation or proceeding in relation to the practice of chiropody/podiatry or any other profession in any jurisdiction. (Note: Information about College proceedings do not need to be reported.)

Failing to self-report is a serious matter and can result in referral to the Discipline Committee.

Mandatory Reporting

Employers, facility operators and chiropodists and podiatrists have certain legal obligations to report information to the College under the *Regulated Health Professions Act, 1991*.

The following information must be reported about a Registrant's practice:

- Sexual abuse
- Terminations, or the Registrant's resignation in lieu of termination
- Revocations, suspensions or restrictions on a registrant's privilege



[Learn more about
Self-Reporting](#)



[Learn more about
Mandatory Reporting](#)

PRACTICE ADVISORY SERVICES UPDATE

The Practice Advisor's (PA) role is to assist Registrants with challenges in their clinical practice who require guidance, particularly with respect to the COCOO standards, guidelines, and policies. Additionally, the PA responds to queries from stakeholders, including, but not limited to, members of the public or their caregivers, other regulated healthcare professionals, other regulated health colleges, clinic managers and third-party health insurance providers.

1. Registrant Conflict of Interest (COI) – College Reporting Requirements

Due to the number of recent enquiries from registrants who have a personal or corporate business relationship with an orthotic provider/lab, I thought it would be helpful to provide general guidance to assist Registrants in complying with the College's reporting requirements as set out in the **Conflict of Interest Policy**. You can also refer to the article entitled, **Orthotic Provider/Laboratory Conflict of Interest (COI)** from the **March 2023 Footprint**, which spoke to this issue as well.

When considering a potential COI in respect of an orthotic provider or lab, it is important to understand that a COI includes, but is not limited to, serving as a consultant, being an employee, ownership (part or full), shareholder space sharing arrangement, or a contracted position with the orthotic provider or lab. Notably, the reporting requirement is in place even if the Registrant is not using the lab as a supplier for orthotics being recommended or prescribed to patients. Accordingly, registrants in such circumstances are obligated to inform the College of the business relationship in writing* and, in addition, they must report annually including the details of the business relationship with the orthotic provider/lab at the time of registration renewal. The orthotic provider/lab must also be included by the Registrant as a practice site on the College's Public Register.

*Note: It is insufficient for the Registrant to log in to the College website and add the lab as a practice location. Failure to notify the College as outlined above could result in a referral to ICRC.

2. Registrant COI – Informed Consent Obligation to Prospective Patients

This is a reminder that all Registrants who have a business relationship with an orthotic provider/laboratory who recommend an orthotic supplied by that provider/lab, have a duty to inform a patient about the COI before taking any steps to supply the orthotic. The College's **Conflict of Interest Policy** outlines the information that the Registrant must explain to the patient about the provider/lab as part of the consent to treatment. The relevant section is:

2. A member shall be deemed to be practising the profession while the member is in a conflict of interest where a member, or a related person or related corporation, directly or indirectly,
 - (d) makes a recommendation or a referral to a supplier of any service, device, or product in which the member or a related person or related corporation has a financial interest unless the member at the same time,
 - i. fully discloses the financial interest;
 - ii. provides the patient with the name of at least one other supplier in the same geographical area if one exists;
 - iii. informs the patient that he or she has the option of using an alternative supplier; and
 - iv. assures the patient that choosing an alternative supplier will not affect the quality of health care services provided by the member;

The COI declaration must be documented and included in the medical file every time orthotics are recommended to a patient. It is strongly recommended that this notice be in writing and signed by the patient. This notice is intended to assist Registrants in adhering to proper protocols on this important issue. Disciplinary measures have resulted where Registrants have failed to disclose such COIs to patients.

3. Overutilization of Biomechanical Examinations – Inappropriate Application

It has come to the attention of the College that some registrants are routinely performing biomechanical examinations and gait analyses, and billing patients for these services, as part of all new patient evaluations, and most relevantly, in the absence of a medical justification for such assessments. It is the College's position that this is a misapplication of these examinations and may be viewed as an attempt to bill for services that are not medically necessary. This would amount to an example of "Overutilization" and is inconsistent with the requirements of the **Professional Misconduct Regulation**. Biomechanical examinations and gait analyses, in their entirety, must only be performed when required as part of determining the appropriate prescription for the orthotic provider/laboratory responsible for fabricating a custom orthotic. Further, the examination and gait analyses should not be performed, nor should the patient be billed for a biomechanical examination and gait analysis, until the medical need for treatment with a custom orthotic has been properly established **and** the patient has consented to prescription orthotics through the Registrant. Following such a practice protocol will also ensure that Registrants are not in breach of the **Prescription Custom Foot Orthoses Standard** by being asked to provide biomechanical examinations they performed for any patient electing to pursue orthotics through a non-registrant healthcare professional after being assessed by a Registrant of our College.

The relevant section of the Regulation states:

The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

14. Providing treatment to a patient where the member knows or ought to know that the provision of the treatment is ineffective, unnecessary, or deleterious to the patient or is inappropriate to meet the needs of the patient.

The practice advisory services can be reached at: practice@cocoo.on.ca

Local (416) 542-1333 or Toll-free 1 (877) 232-7653 Ext. 230



REGISTRATION EXAM UPDATE

Several registration policies were approved by Council at their January meeting, aimed at making information related to entering the profession or returning to practice more accessible.

Three of these policies are centered around the Registration Examination. A new Registration Examination Process, Procedures and Appeals Policy, brings together information from two previous documents that outlined the Registration Examination process for applicants. This reduces the number of places applicants will need to look to obtain relevant information. A Registration Examination Failures Policy more clearly describes the number of attempts that an applicant has to successfully complete the Registration Examination and information on the procedure if an applicant fails the supplemental examination. The Registration Examination Accommodation policy more clearly defines how an applicant may submit a request for accommodation, and the process through which the request for accommodation is evaluated.

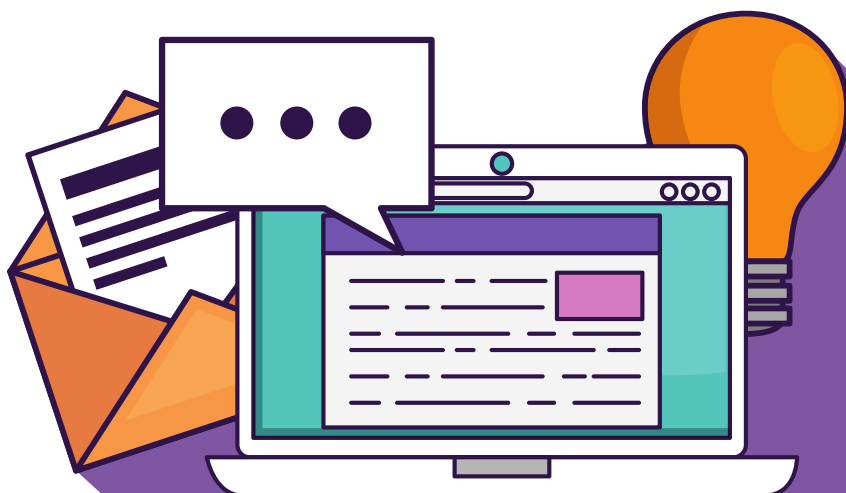
Council also approved the Returning to Practice policy, which outlines the requirements for current or former Registrants who have taken a leave from practice for a period of two years or more and wish to resume practice or become registered with the College once again.

PRACTICE ASSESSMENT PROGRAM

Throughout 2023, the Quality Assurance Committee worked towards updating the checklist tools that are used in the practice assessment process. With input from Assessors, the Quality Assurance Committee sought to update language in the assessment tools where necessary and avoid duplication.

The Committee also developed a surgical suite assessment tool to be used in the practice assessment program for Registrants who are conducting surgical procedures in their practice. The Quality Assurance Committee sought to develop the tool with the goal of providing additional and quality feedback to Registrants who perform these procedures in their practice.

Council reviewed both the revisions to the **Practice Assessment Tool** and the new **Surgical Suite Assessment Tool**, approving their implementation in 2024.



CONTINUING EDUCATION PROGRAM



With the **Continuing Education (CE) Program** starting a new cycle on January 1, 2024, a reminder that the CE Program has moved from a two-year to an annual cycle, along with updated requirements.

All Registrants are required to complete a minimum of twenty-five (25) CE hours annually. Hours are to be documented by each Registrant on a CE Log with a description of the CE activity, the course provider, and a brief evaluation of the CE activity's value to the Registrant's practice. Registrants are required to retain the CE Log as well as proof of completion of the activities referred to in the Log. CE activities must relate directly to the practice of Chiropractic or Podiatry.

Category A requirements are defined as lecture-style programs provided by a recognized educational institution or other regulated health professional group or association. A minimum of ten (10) credit hours must be completed in this Category per cycle. Recognized providers of Category A include:

- Accredited universities and hospitals,
- The Michener Institute,
- The American Podiatric Medical Association's approved providers,
- The Ontario Society of Chiropractors,
- The Ontario Podiatric Medical Association,
- The Canadian Federation of Podiatric Medicine,
- The Ontario Hospital Association, and
- The Canadian Podiatric Medical Association, and its provincial member associations, (BC, AB, ON and PQ)

Category B requirements include lectures, workshops, supplier/provider programs and self-directed independent learning activities such as journal reviews, recorded materials, mentorships, presentations, and professional readings. A maximum of fifteen (15) credit hours may be claimed per cycle.

At their meeting on January 26, 2024, Council approved the integration of the College's Equity, Diversity, and Inclusion (EDI) requirements for the previous two-year continuing education cycle into the current one-year cycle, with an adjustment to the number of required credit hours. Registrants must complete two (2) credit hours of continuing education relating to EDI per cycle. Council also approved of a new Self-Assessment Tool, now available on the **College's website**.

ICRC AND DISCIPLINE UPDATES

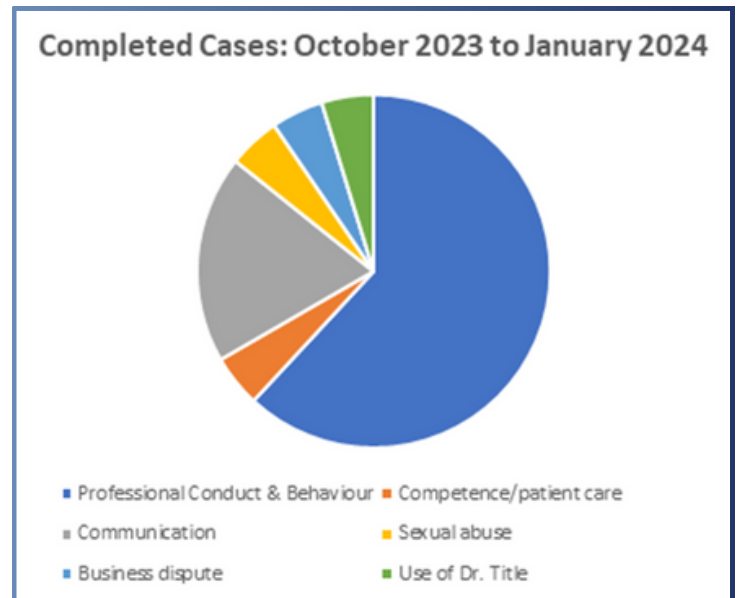
COMPLAINTS AND REPORTS

Between October 2023 and January 2024, the College received 11 complaints and opened five Registrar investigations, which is much higher than last year in terms of complaints, but lower for Registrar investigations.

In the same period in 2022-2023, the College received four complaints and opened 10 Registrar investigations.

Between October 2023 and January 2024, ICRC panels disposed of 13 matters as follows:

- 7 cases – no further action was taken
- 3 – referrals to the Discipline Committee
- 1 – caution
- 1 – SCERP & caution
- 1 case – withdrawn



There are currently 18 matters that will be considered by panels of the ICRC.

In January 2024, the College launched two videos that outline the complaints process. The videos are intended to help patients navigate the College's complaints process, informing them about how the College can help if they have a concern or question about the care they have received from a chiropodist or podiatrist. **Visit the [College website](#) to view the videos.**



DISCIPLINE COMMITTEE



There are currently 10 cases that have been referred to the Discipline Committee.

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 October 2023 and January 2024, the Discipline Committee disposed of two matters.

Referrals are posted on the College's website.

SUMMARIZED DISCIPLINE COMMITTEE DECISIONS

The College publishes the results of hearings held by its Discipline Committee. Full-text versions of these decisions can also be found under the registrant's profile on the [Public Register](#). Discipline Committee decisions are also searchable on [CanLII](#), a publicly available database containing legal decisions.

COCOO v. Betty McTague

The Registrant admitted that she engaged in professional misconduct in that she failed to meet or contravened a standard of practice; failed to keep records as required by the regulations; contravened the *Chiroprody Act*, the *RHPA* or the regulations under those acts; contravened a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital, nursing home or other facility or agency that provides health services to the public; engaged in conduct or performed an act, in the course of practising the profession that, having regard to all the circumstances, would reasonably be regarded by members as dishonourable or unprofessional.

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

- Written reprimand
- Revocation of her certificate of registration

The Registrant was ordered to pay \$17,298.79 in costs to the College.

COCOO v. Élie Bélanger

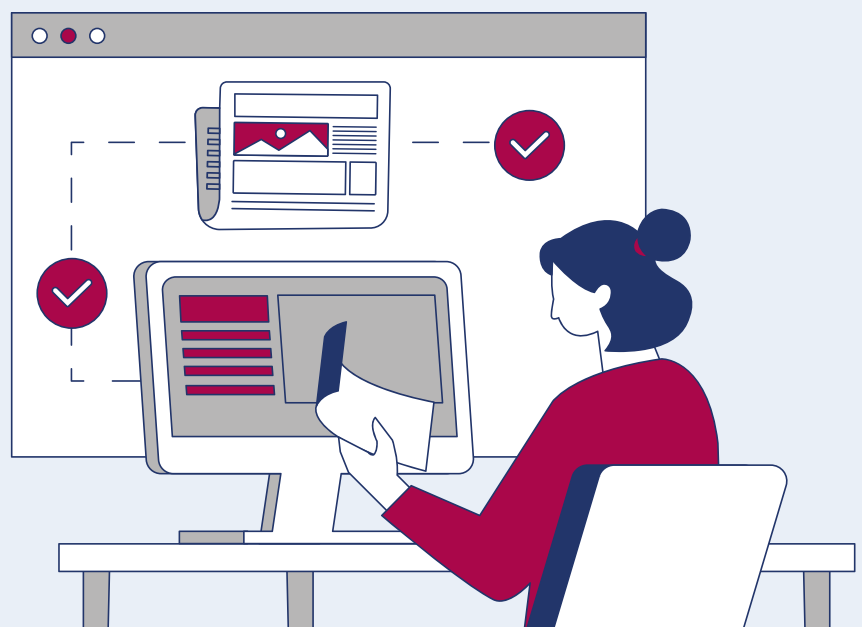
The Registrant admitted that he engaged in professional misconduct in that he: was found guilty of professional misconduct by the governing body of a health profession in another jurisdiction, that would be professional misconduct in Ontario; contravened a term, condition or limitation on his certificate of registration; failed to meet or contravened a standard of practice; provided treatment to a patient when he knew, or ought to have known, it was ineffective, unnecessary or deleterious; signed or issued a document that contained a false or misleading statement; contravened the *Chiropody Act*, the *RHPA* or the regulations under those acts; engaged in conduct or performed an act, in the course of practising the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

The College and the Registrant presented the Panel with a Joint Submission on Penalty requesting that the Panel make an order that included the following:

- Oral reprimand
- 7-month suspension
- Completion of the ProBe Ethics Course
- Completion of a laser safety course
- A requirement that the Registrant use laser under direct supervision for 18 months following his suspension.
- Employer notification

The Panel accepted the Joint Submission on Penalty, concluding that the proposed penalty was reasonable and in the public interest.

The Registrant was ordered to pay \$17,500 in costs to the College.





**Spirou v. College of Physiotherapists of Ontario,
2024 ONSC 964 (CanLII), canlii.ca/t/k2s6s**

In November 2018, the College of Physiotherapists of Ontario (the “College”) received a copy of a complaint that Green Shield Canada (“GSC”), an insurance company, submitted to the College of Physicians and Surgeons, regarding physicians at a clinic. The allegations were that four Registrants of the College, who were co-owners of a multidisciplinary Clinic, (the “Clinic”) were waiving the co-payment for patients and not indicating that they had waived a portion of the fees to GSC. The result was that GSC was paying 100% of the fees billed, rather than 80% of the fees billed. The College Registrar appointed an investigator. Of note, similar to the College of Chiropractors of Ontario, the College adopted a zero-tolerance policy on unethical business practices, including insurance billing practices, a number of years prior.

The matter was screened by the Inquiries, Complaints and Reports Committee (ICRC) with the determination that, because the billing issues breached the College’s standards or practice, an oral caution for all four Registrants was an appropriate remedy. The matter was not referred to the Discipline Committee.

The four Registrants applied for judicial review of the ICRC’s decision on the following grounds:

- (a) The College did not have statutory jurisdiction to regulate the business practices of the Clinic.
- (b) The Committee’s decisions regarding the Clinic’s business practices were unreasonable.
- (c) The decisions to caution the four Registrants were unreasonable.

The Court dismissed the application, upholding the decisions of the ICRC. In respect of the issue raised as to the College’s jurisdiction to regulate fees and billings of businesses operated by Registrants, rather than individual Registrants, the Court wrote:

It would be nonsensical for the College to have jurisdiction to regulate fees and billings of individual members, but no jurisdiction to regulate fees and billings over members that operate their practice through their own business. This would allow members to easily avoid oversight by the College by running their practice through a business. The Applicants do not deny that they were the operating minds of the Clinic and that they directed and were responsible for the Clinic’s practice of waiving co-payments. The Decisions were reasonable and consistent with past decisions made by the College: see for example, *Ontario (College of Physiotherapists of Ontario) v. Yardley*, 2023 ONCPO 61 (CanLII).

The Court concluded that the ICRC had jurisdiction to hold the four Registrants accountable for systemic billing issues in their Clinic.

The Court also concluded that the ICRC decisions regarding the Clinic’s business practices were reasonable. The Court wrote, “In this case, the Decisions were detailed, fulsome and responsive to the Applicant’s submissions. It is clear from the Decisions that the ICRC understood, was alert to, and addressed the central issues and arguments raised by the Applicants in their submissions. This is also discussed below when addressing the issue of whether the caution was reasonable.

Finally, the Court concluded that the ICRC's decisions to caution the four Registrants were reasonable. The Court considered the ICRC's rationale provided in its decisions and held that "its reasons were lengthy and reasonable and are entitled to deference. This is not a case where the court should intervene on judicial review".

The four Registrants were ordered to pay \$10,000 in costs to the College, inclusive of HST plus reasonable disbursements.

**Casella v. Ontario (College of Chiropractors of Ontario),
2024 ONSC 899 (CanLII)**

The Registrant was found by the Discipline Committee to have engaged in inappropriate business practices and determined that a 7-month suspension from practice was appropriate. The Committee permitted the Registrant 30 days before the commencement of his suspension to allow him to prepare for his 7-month absence from practice.

It came to the College's attention that, despite the suspension, the Registrant was continuing to attend at his practice to sterilize instruments, although he had locums in place, and continued to represent himself as the only chiropractor practicing at his clinic on the clinic's website, with no reference to his current suspension. Further information was obtained by the College indicating that the Registrant continued to draw the same salary from his practice as he did before his suspension. The alleged breach of the suspension order was brought before the Discipline Committee. Following the hearing, the Committee determined that the Registrant had engaged in several counts of professional misconduct as a result of his breach of the suspension order. The Committee decided that the Registrant would be suspended for nine months (with two remitted upon the completion of remedial activities) and awarded the College \$70,000 in costs. The Registrant had legal representation for both matters before the Discipline Committee.

The Registrant appealed the Discipline Committee's decision to the Ontario Divisional Court on the grounds that he was not in breach of his suspension and that the cost award of \$70,000 was excessive. The Registrant asked the Court to intervene and substitute its decision for the Committee's decision on both appeal issues. The Registrant also disputed that he had breached the terms of his suspension by visiting his practice during his suspension and sterilizing instruments or by drawing a salary from his practice as the terms of the suspension order did not expressly prevent him from doing either. The Registrant also maintained that his website was not edited to reflect his suspension through an oversight and did not amount to a breach. The College responded that the appeal should be dismissed on all grounds because the suspension was intended to act as a deterrent and therefore the intent was that the Registrant would not attend at his practice, including to sterilize instruments, nor would he draw a salary from his practice while suspended. Further, on appeal, the College responded that the fact the website was not amended in any respect to reflect that the Registrant was not practicing was also a violation of the suspension order.

The Court dismissed the Registrant's appeal, finding that it must give deference to the Discipline Committee's decision unless there is a palpable and overriding error in its decision. The Court found that there was none. The Court explained that the suspension, with the 30-day delay in its

commencement, was clearly intended to exclude the Registrant from practicing Chiropractic during the period of his suspension and that included a prohibition on the Registrant continuing to draw a salary during his suspension. With respect to the Registrant's failure to amend his website to reflect his absence from his practice, the Court found that a website is often the primary source of information a member of the public will rely on to find out details about a chiropractor's practice. By continuing to hold himself out as the sole practitioner at his clinic on his website, the Registrant had breached the terms of the suspension order and, as the Discipline Committee found, that amounted to professional misconduct. The Court upheld the Discipline Committee's determination that one failing on the part of the Registrant could give rise to four findings, including that the Registrant had misrepresented his registration status; had issued a false document; engaged in disgraceful, dishonourable, or unprofessional conduct; and breached the suspension order.

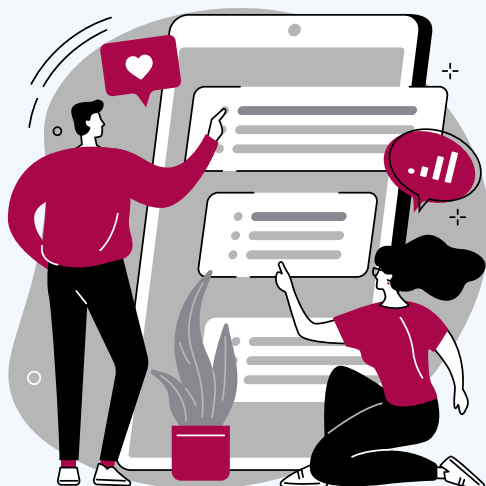
Although the Registrant argued that the suspension order did not explicitly prevent him from drawing a salary or attending at the clinic to sterilize instruments because the College had subsequently created a new policy clarifying such requirements, the Court concluded that it was not necessary for the College to have such a policy in place. The Court further noted that a suspension is intended to act as a deterrent. Moreover, the Court noted that neither the Registrant nor his legal counsel had contacted the College to make inquiries about the nature or extent of the suspension order to ensure compliance.

With regard to the cost award of \$70,000, the Court also deferred to the Discipline Committee's decision in the absence of a palpable and overriding error. The Court found that the Discipline Committee imposed the legal costs at a rate usually applied in the circumstances and that the Registrant did not provide his legal fees or "bill of costs" as evidence to demonstrate that the cost award was too high.

The decision can be found at:

[2024 ONSC 899 \(CanLII\)](#) | [Casella v. Ontario \(College of Chiropractors\)](#) | [CanLII](#)

CONSULTATION: WE NEED YOUR FEEDBACK!



The College is seeking feedback on a proposed change to **By-Law 1: General – Adding Registration Numbers to the Public Register**.

The feedback received will be reviewed and considered with the College of Chiropractors of Ontario's mandate to serve the public interest in mind.

We value your feedback and thank you for participating in our consultations to help improve our policies, standards and guidelines and guide registrants to provide high-quality foot care to Ontarians. Learn more and review the draft amendments online:

www.cocoo.on.ca/current-consultations

Please send your feedback to info@cocoo.on.ca by March 30, 2024!

FOR YOUR INFORMATION

SPRING TOWN HALL

The College of Chiropractors of Ontario is excited to host its next Town Hall on **Wednesday, May 15, 2024, at 6:00 PM!**

The session, hosted by Registrar/CEO Nicole Zwiers, offers an opportunity for you to stay updated on the College's recent activities, initiatives, and crucial regulatory changes impacting the profession. At this event, you're also encouraged to ask questions, share feedback, and provide suggestions to help the College support your work. Stay tuned for more information about how you can attend this event.



EDI SPOTLIGHT

The College recognizes that it has an important role to play as both an employer and a regulator in protecting the public and contributing to a better health system.

We are committed to promoting Equity, Diversity and Inclusivity (EDI) within our Council, staff and consultants, in our approach to professional regulation, including patients, Registrants and other stakeholders.

The College has and will continue to embrace education respecting Truth and Reconciliation as well as improving cultural competency to reduce systemic barriers to equitable healthcare.

The College is grateful to Anita Ashton (Deputy Registrar at the College of Physiotherapists of Ontario) for her powerful and insightful presentation about trauma-informed regulation at the recent Council Meeting. She presented her research and expertise in applying an EDI lens to professional regulation. She also shared her own experiences with the health system to highlight why it's crucial to utilize a trauma-informed approach in our regulatory processes, programs and communications.

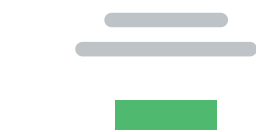
COMMUNICATION AND SOCIAL MEDIA



Follow us on Instagram!

The College is now on Instagram to better connect and engage with Registrants, learners, patients and healthcare stakeholders.

[@cocoo_ca](https://www.instagram.com/cocoo_ca)



[LOG IN TO THE REGISTRANT PORTAL](#)



Please ensure your email on file with the College is current and accurate, and that you regularly check your spam folder for emails from the College. Registrants may update their information anytime via the Registrant Portal.

The College is committed to increasing its presence on social media and engaging with members of the public, Registrants and healthcare stakeholders. Please follow us on LinkedIn, X and Instagram for important updates about changes to standards and guidelines, renewal deadlines, important decisions arising from Council meetings, and stay up to date on trending healthcare topics.