Ontario Podiatric Medical Association

ANNUAL REPORT

For Financial Year Ending December 31, 2013

OPMA DIRECTORS

EXECUTIVE DIRECTORS

Bruce Ramsden, DPM
President

Sheldon Freelan, DPM
Vice President

Kel Sherkin, DPM
Vice President

James Hill, DPM
Past President

Martin Brain, DPM
Secretary

Peter Higenell, DPM
Treasurer

BOARD OF DIRECTORS

Martin Brain, DPM
Robert Chelin, DPM
Sheldon Freelan, DPM
Peter Higenell, DPM
James Hill, DPM
Millicent Vorkapitch-Hill, DPM
Andrew Klayman, DPM
Neil Naftolin, DPM
Karl Nizami, DPM
Kel Sherkin, DPM

PAST PRESIDENTS

Bruce Ramsden, DPM
2010-Present

James Hill, DPM
2008 -2010

Martin Brain, DPM
2006 – 2008

Kel Sherkin, DPM
2004 - 2006

Millicent Vorkapich-Hill, DPM
2002 - 2004

Peter Stavropoulos, DPM
1999 - 2002

Bruce Ramsden, DPM
1997 – 1999

Hartley Miltchin, DPM
1995 – 1997

Robert Chelin, DPM
1993 – 1995

Neil Koven, DPM
1991 - 1993

Anthony Zamojc, DPM
1989 - 1991

Neil Naftolin, DPM
1987 – 1989

Lloyd Nesbitt, DPM
1985 - 1987

David Greenberg, DPM
1983 - 1985

Robert Goldberg, DPM
1981 – 1983

Sheldon Freelan, DPM
1979 - 1981

Tom Stevens, DPM
1977 – 1979

Robert Davidson, DPM
1975 – 1977

Chris Hastings, DPM
1973 - 1975

Thad Zarras, DPM
1971 - 1973

John Foote, DPM
1969 – 1971

Robert Brain, DPM
1967 – 1969

Edgar Ryan, DPM
1965 - 1967

AGENDA

90th Annual General Meeting
Ontario Podiatric Medical Association
Double Tree Hotel
September 12th, 2014

I. Call Meeting to Order

II. Environmental Scan

III. Business Arising from Minutes of the 2013 AGM:

- Open for discussion

IV. Approval of Minutes

V. President's Report — Bruce Ramsden, DPM

VI. Insurance Reimbursement for Podiatry Services — Dan Berty, OPMA Consultant

VII. Committee Reports:

Treasurer	Peter Higenell, DPM
Convention	Hartley Miltchin, DPM
Mediation	Robert L Goldberg, DPM
Foot Health Awareness Month	Kel Sherkin, DPM
Special Olympics	Kel Sherkin, DPM
Nursing Homes	Karl Nizami, DPM
Publication	David Roth, DPM
HARP	John Lanthier, DPM and Robert Goldberg, DPM

VIII. National & International Report FIP — Robert Chelin, DPM

IX. New Business:

- X-Rays
- Election New President; Board of Directors; Executive; Committee Chairs

X. Adjournment

PRESIDENT'S REPORT

The past year has been one of intensive activity ---- and we hope one of substantial progress, or at least laying the foundation for substantial progress ----- in the best interests of OPMA members and for the future of podiatry in Ontario.

HPRAC REVIEW

The so-called "chiropody and podiatry review" by the Health Professions Regulatory Advisory Council finally got underway after several delays on January 1, 2014. Last year I told you that by this AGM we would likely know what HPRAC would recommend. Regrettably, HPRAC has extended the timelines of this review and under those revised timelines HPRAC won't be reporting to the Minister until the end of July, 2015. This means the chiropody and podiatry review will be one of the longest, if not the longest, reviews ever undertaken by HPRAC. It also means that conversion to a podiatry model probably won't be completed until 2020, give or take a year or so.

The OPMA made a submission to HPRAC in the first public consultation of the review. It can be viewed on the OPMA website (www.opma.ca).

We will also be making another submission to HPRAC during the stakeholder consultation on the chiropody and podiatry review that is currently scheduled to begin in November.

I urge all of our members to go on the HPRAC portal frequently in order to keep track of what's going on:

http://cocoohprac.wildapricot.org/Sys/Login?ReturnUrl=%2fpage-1532142

The College has gone to a lot of trouble to be transparent and to keep us informed of developments. That initiative shouldn't go unnoticed and shouldn't be wasted.

I want to thank Peter Stavropoulos for his work on behalf of the College on the HPRAC review and to the many OPMA members who have provided advice and assistance to the OPMA and to the College in putting our best feet forward for the Review. This is truly a once-in-a-lifetime opportunity and we have to do everything we can to get it right.

We will be getting a more detailed update on how things are going with the Review at our AGM.

OHIP COVERAGE

Despite the Ontario government's fiscal challenges, OHIP coverage for podiatrists' services remains unchanged. Over the years, the OPMA has been successful in maintaining OHIP coverage for podiatrists while chiropractic, physiotherapy and optometry have been partially or completely delisted.

Nonetheless, we have to be prepared for a structural change in public funding for our services, as happened last year with physiotherapy. Especially if the podiatry profession is allowed to grow again in Ontario due to removal of the podiatric cap, the current fee-for-service structure is unsustainable. The Ministry will be prompted to start thinking about this should HPRAC indeed recommend conversion to a full-scope podiatry model. We have to be prepared!

HARP REVIEW

The Ontario government launched a review of the anachronistic *Healing Arts Radiation Protection Act* in late 2012, but not much in the way of tangible progress has been made. The OPMA is a member of an ad hoc coalition of associations and colleges struck to provide unified and considered input into the Ministry's review (thank you Robert Goldberg and John Lanthier and all the podiatrists who provided support and assistance in the background). It isn't possible at this time to predict where the Review will end up, or when. For podiatrists, the larger determinant of what happens for us in the context of HARP and ionizing radiation will be the HPRAC Review. Nonetheless, it's a good idea to keep a foot in both camps.

I think it regrettable that the College has decided not to participate in the ad hoc coalition.

DRUG REGULATION

Podiatrists were recognized as prescribing practitioners under the (federal) *Controlled Drugs and Substances Act* in 2012 by the New Classes of Practitioners Regulation. We have also been authorized to administer substances by inhalation due to revisions to the *Chiropody Act* made in 2010. The OPMA continues to urge the College to update the College's drug list regulation to implement this enabling legislation and also to 1) update the current drug list to add new drugs and substances that we need to prescribe or use in our practices; and 2) use classes or categories of drugs, rather than naming specific drugs in order to make the regulation as flexible and adaptable as possible.

PROPOSED COLLEGE FEE INCREASE

Our College has proposed an increase in the registration fee starting in 2015. We already pay one of the highest registration fees of all the RHPA-regulated professions. We have been told that the fee increase is necessary to cover the costs being incurred due to the unprecedented number of complaints received by the College, plus the cost of the College's participation in the HPRAC Review. If the increased fees result in a more effective complaints and disciplinary process, the OPMA is supportive. The HPRAC Review is a once-in-a-lifetime opportunity to get footcare right in Ontario.

As such, the OPMA believes the College simply must do whatever has to be done in order to ensure the Review is successful. Nonetheless, while the OPMA supports the fee increase, we would like to see more financial transparency at the College and more attention to achieving operational efficiencies.

OPMA WEBSITE

The OPMA launched a completely revamped website earlier this year that provides more information to the public about podiatrists and podiatry and more information to our members about topics of relevance to the profession and what the OPMA is doing. (www.opma.ca)

PRIVATE INSURANCE & OHIP CAMPAIGN

In response to member concerns that claims for podiatrists' services are being denied because of OHIP coverage, the OPMA launched an ambitious campaign to educate extended health benefits insurers as to the true situation with respect to OHIP coverage and the benefits of reimbursing for podiatrists' services from day one. Explanatory information and what our members should do whenever their claims are denied because of OHIP coverage are on the OPMA website (www.opma.ca/foropmamember). We urge all of our members to get involved in this vitally important campaign.

In closing, I'd like to thank my Executive and members of our Association who have given up precious clinical and personal time to fulfill requests from our College, the CPMA and from various government organizations. Without this unified support the OPMA would have no substance, direction or a future. These are more difficult times and require all oars to be pulling together. Many thanks for your support.

Bruce Ramsden, DPM
President

INSURANCE REIMBURSEMENT

"The OPMA's relationship with Canadian private health insurance companies is a complicated one. While the OPMA has always worked with insurers in a collaborative way, a number of issues have continued to simmer and at times boil over for OPMA members. In mid-2013, the OPMA undertook to more deeply understand the insurance business to try to eliminate these hot spots and be more proactive with insurers."

Through early 2014, open and frank dialogue between members of the OPMA Executive and other advisors lead to agreement on several key strategic underpinnings of our relationship with Canadian insurance companies. These underpinnings provide leverage opportunities for improving claims reimbursement challenges faced by podiatrists and their patients.

KEY STRATEGIC UNDERPINNINGS IN THE RELATIONSHIP BETWEEN INSURERS AND PODIATRISTS

a) THE BUSINESS OF GROUP BENEFITS HEALTH INSURANCE:

Group benefits insurers provide group life, disability, health and dental insurance services to podiatric patients who are in turn considered plan members of insurance companies. However, within health and dental insurance sub segment, insurers actually underwrite (or insure) the risk in only about 25% of the insurance contracts with employers. This translates to meaning that roughly 85% of claims are "self-insured" where the actual funding for claims and the associated insurance risk is assumed directly by employers. Insurers are paid fees by employers to cover their claim processing, administration and call centre service costs.

Because of this "self-insured" approach, health and dental benefits present a challenging business model because the fees insurers collect for these services at best cover their operating costs. In effect, even with modest underwriting profits made on remaining the 15% of the claims, the health and dental claims business is a lost leader, or at best break even to most insurers.

The reason insurers support this business model is two-fold:

1) They can make sizeable profits through underwriting gains on long term disability and term life business segments of group insurance.

2) The brand exposure insurers obtain from tens of thousands to millions of health and dental claim transactions helps reinforce that they are a trusted entity to provide Canadians with lifetime private protection (life insurance) and wealth management products that are highly profitable. This brand exposure has high intrinsic value to insurers which grows with each health and dental claim processed – especially when not declined.

b) FRAUD AND ABUSE OF HEALTH CARE PLANS ARE UNDER GREATER AND GREATER SCRUTINY:

Internal and external audits of insurance claims by employers who self-insure health and dental claims have become a very significant and costly undertaking to insurers. Audits are fuelled by service offerings by benefit consulting houses like Mercers, AON, and others who approach employers' human resource and finance areas with a view to reducing claims costs and tightening claims controls.

Often fraud and abuse is found during an audit. Abuse is usually characterized as employee fraud or poor claims controls by employers. Rarely is it disputed by the insurer. Instead, the insurer's group benefits business unit usually repays the fraud losses from its bottom line to its employer. For large insurers, this translates to $1-2M annually off the business unit's bottom line. This amount continues to grow.

In recent years, both orthotic & custom shoe benefit abuse and fraud has been a frequent audit target. There have been numerous high profile cases of abuse and fraudulent behaviour. The insurance industry as a whole has reeled from this and significantly tightened controls around claims acceptance and reimbursement. Unfortunately, despite being widely viewed as trustworthy thanks to the OPMA's work with insurers, podiatrists and their patient's have fallen victim to these new controls.

c) INSURANCE COMPANIES ARE VERY RELUCTANT TO "ROCK THE BOAT" WITH THEIR EMPLOYER CUSTOMERS:

Employers are the real customers of group benefit insurers. Consequently insurers are reluctant to ask for a change to their customer's insurance plans unless they factually demonstrate that employer will materially benefit from the change. They must show the changes will be easy to implement, result in a significant reduction in claim costs and improve employee loyalty & job satisfaction.

Benefit change is even more difficult to do when a union is involved as health benefits are usually tied to collective bargaining processes. On the other hand, unions can be strong advocates to change. Through leverage of these three underpinnings the OPMA has been working with insurers on two significant insurance related challenges.

CHALLENGE #1: ORTHOTICS AND CUSTOM MADE SHOE FRAUD PARTNERING

As noted, formal and informal discussions with large and small insurance companies have shown that podiatrists and the OPMA in particular, have a strong and favourable relationship with the health insurance industry.

This has been cultivated by years of networking and relationship building. It is important for this to continue. Podiatrists are widely seen by insurers as trusted and professional top tier experts in the field of footcare. Strong and negative perceptions of orthotic fraud and especially custom shoes are not generally linked to podiatrists.

Unfortunately this is not often reflected in claims controls. All claims for orthotics and custom shoes are treated the same by insurers regardless of the professional designation of the provider. Adjudication controls range from simple to highly intrusive. Examples include; annual & lifetime financial limits, special deductibles, Rx reviews and asking for full review of lab invoices (including costs) for orthotics.

The OPMA has initiated work with insurers to find more appropriate controls where possible –especially for podiatrists. This will be a longer term initiative involving a balance of education, helping insurers assess & quantify real risks, assisting in fostering communication to employers and continuing to nurture our positive relationship with insurers.

CHALLENGE #2: INSURANCE PLANS FORCING PATIENTS TO WAIT UNTIL OHIP BENEFITS ARE EXHAUSTED BEFORE CLAIMING

A small percentage of insurance plans that have policy terms stipulating that podiatric patients must wait until all their OHIP podiatric benefits are exhausted annually before they are able to claim on their private insurance.

This plan design was implemented in the mid 90's to offset provincial downloading of health care expenses to private insurance. Investigation clearly shows that all insurers are aware they can legally reimburse balances after OHIP covers its component of our fees. We have also learned that all insurers have abandoned this approach when implementing new health care plans. This means a patient who has this "OHIP Max" provision belongs to an older style health care plan.

Insurers agree that the "OHIP Max" provision provides little to no benefit expense reduction to the employer's insurance plan. Discussions with benefit consultants used by employers also have revealed that they agree any savings in claims are at best immaterial. Yet, many employers continue to use this older "OHIP Max" insurance plan approach even when transitioning the insurance plan from one insurer to another. This is especially true for employers whose employees belong to unions.

The OPMA examined many approaches to combat this unfair plan provision. Unfortunately, the practice is legal. Put simply, insurance law and court precedence says the courts cannot impose changes to insurance plans. While laws can be enacted to reform insurance issues, this is an uphill battle requiring wide scale public outcry and political backing. Our "OHIP Max" problem would never achieve this.

After careful review and consideration on approaches, we launched a campaign (No OHIP max) in mid-July to OPMA members (info on OPMA website). The campaign promotes education to our effected patients through OPMA membership. It asks patients to complain, in an informed manner, to their employers. We worked with insurers and benefit consultants to ensure they weren't blindsided. As a result, insurers appreciated being informed. While they won't state it publicly, they are onside. It is early in our campaign but feedback from insurers, patients, and OPMA members suggests we are making some traction on the issue.

CONCLUSION

All in all it's been an active year. The balance of 2014 will focus on ensuring our "OHIP Max" campaign is successful, non-disclosure of orthotics lab costs, and ensuring podiatrists have an influential seat at insurer tables as pedorthists organize for regulation. By leveraging our understanding of the insurance business we will continue in a partnering approach with insurers. As a result 2014-2015 promises to be one of targeted proactive partnering between the OPMA and insurers.

Dan Berty
OPMA Consultant &
President,
3D Analytics & Consulting

"Insurers agree that the OHIP Max provision provides little or no benefit expense reduction to employers' insurance plans."

TREASURER'S REPORT

At the time of this report we have 51 regular members, three first-year members, and three associate members.

Our current account balance stands at $72,277.64 as of August 28th, 2014.

We have three open term deposits with the Bank of Montreal.

Balances of these accounts are: $31,021.78
$26,261.48
$26,296.73

Our financial status at this time seems to be very stable, with our income meeting our expenses, and a good Reserve Fund for emergencies or extra expenditures.

Respectfully submitted,
Peter Higenell, DPM
Treasurer

CONVENTION REPORT

I was asked to take over the responsibility of planning the last OPMA conference, after a much-needed hiatus. With passion, commitment and a great deal of work, I was able to plan and execute the four-day conference in September 2013.

There were approximately 110 practitioners in attendance, consisting of 50 % podiatrists and the other half comprised of chiropodists.

There were also 80 assistants and 45 exhibitors. As usual, the venue was perfectly suited for our needs and the staff was wonderful and welcomed our return. I'd also like to thank my clinic staff for fielding the many calls from exhibitors and registrants.

According to the feedback, the exhibitors were extremely pleased by the interest and sales generated as well as the organization/hospitality extended to them. The practitioners and assistants were very pleased with the quality and content presented by the various lecturers and the lecture content.

The CPMA AGM and delegates were accommodated at our conference and were quite impressed with the level of hospitality and enjoyed the hospitality suite and meeting rooms that were made available to them.

We also had the distinct pleasure of hosting both the APMA President as well as the incoming President.

Utilizing the feedback forms completed by registrants, I hope to continue to improve the conference in future years.

Overall, I believe the 2013 conference was brought back to the familiar standard we have all become accustomed to and I would consider it a major success. The OPMA received a cheque for $40,000 and I plan to grow that.

I encourage you to register assistants by making it a mandatory requirement. The assistants are rewarded both with gaining pertinent podiatric knowledge as well as the camaraderie amongst their colleagues.

Respectfully submitted,
Hartley Miltchin, DPM

MEDIATION REPORT

"The Mediation Committee has been in existence for a number of years having evolved from the Complaints and Ethics Committee."

It is composed of three podiatrists and one lay member. It is very fortunate that our lay member has been steadfast in his dedication to this Committee over a long period of time. As you know, the purpose of this Committee is to open lines of communication between patients and practitioners so that patients feel that interactions with our profession are satisfactory. In a vast majority of cases, simple failures of communication are at the root of problems that arise. Often difficulties are of a financial nature. The Committee does not deal with matters of practice competence, which is the jurisdiction of the College of Chiropodists. By creating an open line of communication between disgruntled patients and providers, the Committee indirectly reduces the burden on the College of Chiropodists: reducing complaints to their ICRC and the obligation of our members to respond to the ICRC.

I am pleased to report that the Committee has been inactive since the general meeting last fall. We can only assume that two factors have lead to this development. Firstly, praise must go to our Executive Secretary, Helen Acosta. Obviously, she has been able to deal with minor misunderstandings without the Committee having to be involved. Secondly, one must assume that the caliber of communication and ethics of our members is such that we have been able to avoid misunderstandings and dis-satisfaction within our patient community.

"the purpose of this Committee is to open lines of communication between patients and practitioners"

I would like to take this opportunity to expand upon an issue reported in a previous report of 2012 by my predecessor, Neil Naftolin. The issue was that of supplying a prescription for an orthotic which would be taken to another provider for fabrication. Since most insurance companies now require a prescription from either a podiatrist or chiropodist, other parties who offer so-called "orthoses" who are not regulated foot professionals now require patients to get a prescription from us. "Everybody makes orthotics!" Orthotics can be had from a machine in Costco. You have heard all the claims and unfortunately part of this problem is of our own making. We have failed to educate the public. Everybody knows that glasses supplied by an optometrist or an optician are better and fitted than those you buy in the drug store. Most people know that if you need a denture or a crown you have to go to a dentist or a denturist. Currently most people, even some of the most intelligent members of the health professions, don't realize that a proper prescription orthotic does more than an "arch support"!

Many members of our profession refuse to supply a "prescription" for othoses, knowing that they are going to be fabricated by a non-professional. That is their prerogative and previous decisions by the Mediation Committee and the Association confirm this. If this is your office policy it is important that if a patient is making an appointment specifically to obtain a prescription, you should advise them that you do not intend to do so. I, however, would suggest that you consider allowing that patient to come to your office so that you can educate them as to why an orthotic made by a podiatrist would, in more likelihood, serve their purposes better. Optometrists are required by law to give their patients their prescriptions if their patients ask for them. But dispensing eyewear is a controlled act under the RHPA that only optometrists and opticians may lawfully perform. So, the prescription may be lawfully filled only by an authorized, qualified, practitioner. The same is true of hearing aids and dental prostheses. It's not true for the prescription, dispensing or manufacture of foot orthoses because none of these acts are controlled acts under the RHPA and can lawfully be performed by anyone, whether regulated or not, whether competent or not.

If you do not allow patients to visit your office so that you can educate them as to the value of the orthotics you produce, you have lost a great opportunity to advance the profession. When they make their appointments make sure they understand that if you can find no biomechanical pathology, your diagnosis will state that! Again, this is my own personal belief and not of the Mediation Committee as a whole.

Respectfully submitted,
Robert Goldberg, DPM
Chairman, Mediation Committee

Members of the Committee:
Bruce Ramsden, DPM
Cary Collis, DPM
Mr. Thomas Norris

FOOT HEALTH AWARENESS MONTH REPORT

"Each year the OPMA celebrates World Foot Health Awareness Month in May. This year's focus was on the skin and nail problems of the feet."

A PR firm was hired to help promote our programme to the lay public. The firm's main focus was to develop a media list that included TV, Radio and Print outlets in the Southern Ontario markets. In addition, PSAs (public service announcements) were sent out to both TV and Radio outlets across the province. As a result of this firm's efforts, we were able to get coverage on Ottawa's, Hamilton's and Toronto's morning shows. In addition we had interviews on AM740 and Kingston radio station. Kudos go out to our own Dr. Hartley Miltchin who was able to land interviews on both Sirius/XM Radio and 740AM.

The OPMA office was able to track the response to this media action. The result was a great increase in email and phone calls to the office when compared with the previous year's campaign.

If our goal was to increase the public's awareness of our profession of podiatry and the conditions we treat, based on the results compiled, it can be said that our goal was reached.

An appreciated thank-you is extended to the following members who donated their time by agreeing to be interviewed on either TV or Radio:

Dr Hartley Miltchin
Dr Kel Sherkin
Dr Tej Sahota
Dr Dave Greenberg

Respectfully submitted,
Kel Sherkin, DPM
Vice President

SPECIAL OLYMPICS REPORT

Special Olympics (http://www.specialolympics.org) is an international non-profit organization dedicated to empowering individuals with intellectual disabilities to become physically fit, productive and respected members of society through sports training and competition.

Special Olympics offers children and adults with intellectual disabilities year-round training and competition in **30 Olympic-type summer and winter sports**.

Within the Healthy Athletes initiative is the Fit Feet programme.

http://www.specialolympics.org/Special+Olympics+Public+Website/English/Initiatives/Healthy_Athletes/Fit_Feet/default.htm

Founded to evaluate problems of the feet, ankles, lower extremity biomechanics, as well as checking for proper shoe and sock gear. Fit Feet is one of the newest Healthy Athlete disciplines, developed through Special Olympics collaboration with the American Academy of Podiatric Sports Medicine (AAPSM) and the Federation of International Podiatrists (FIP). Although officially launched at the Special Olympics 2003 World Summer Games, Fit Feet was first introduced in 2002.

This past summer, Special Olympics held its summer games in the beautiful city of Vancouver at the University of British Columbia Campus. Over 1200 athletes from all ten provinces and the territories competed. The events they competed in were 5 & 10 pin bowling, bocce ball, swimming, basketball, baseball, gymnastics and track and field. The winners of these events qualified to attend the World Games of Special Olympics, which will be held in California in 2015.
The Canadian summer games were held over a four day period. During that time, the Fit Feet screenings were conducted in the evenings at the end of the day. Over the four day period, approximately 280 athletes were screened. For many, this was the first foot screening they ever had. From the athletes, themselves, to the coaches and parents, all were extremely gratefully for the professional evaluations given. Many foot conditions were identified. A “report card’ of both the findings and suggested treatment was given to each athlete. Many athletes were encouraged to seek professional follow-up care.

The screenings were provided by members of the BC Podiatry Association. I also helped out at the screenings. The following are the members who graciously donated their time and expertise:

Dr. Ray Bolen	Dr. Jenny Ling	Dr. Greg Lindsey
Dr. Max Ohnonoa	Dr. Amandeep Randhawa	Dr. Steven Stark
Dr. Alice Wong		

To the above podiatrists a heart-felt thank you is given in appreciation of your contribution to ensuring the success of the Fit Feet programme. A special thank you goes to Dr. A. Randhawa who helped organise the Fit Feet sessions.

If you are interested in volunteering at your next provincial Special Olympics Fit Feet event, please contact me at ksherkin@gmail.com.

Respectfully submitted,
Kel Sherkin, DPM
Vice President

NURSING HOMES REPORT

There were a number of enquiries from long-term care homes this year for podiatrists to provide services to residents. These were forwarded to interested podiatry members. Anecdotal evidence suggests a marked increase in the number of nurses, cosmetologists and aestheticians providing footcare in long-term care homes because of the lack of podiatrists and chiropodists. There were no legislative changes affecting podiatry in this sector.

Respectfully submitted,
Karl Nizami, DPM

PUBLICATIONS REPORT

Brochure sales for this past year to date totaled 2, 900. OPMA brochures are an excellent source of information for prospective and existing patients as well as for family physicians and members of other healthcare professions. Thanks again to Langer Biomechanics for sponsoring the last printing of the OPMA brochures.

Respectfully submitted,
David Roth, DPM

HARP REPORT

In late 2012, the Ministry of Health and Long-Term Care initiated a review of the outdated *Healing Arts Radiation Protection Act (circa 1984)*. The review continued with fits and starts and hasn't really gone anywhere. The Ministry's review is currently stalled awaiting direction from the new Minister (Dr. Hoskins).

Although the Ministry's review has been becalmed the Ontario Medical Association, the Ontario Association of Radiologists and the Canadian Organization of Medical Physicists convened a task force that is developing recommendations for the Ministry to consider.

Several Colleges (not including the College of Chiropodists) aim to formulate a College position on the reform of the HARP Act to submit to the Ministry.

A coalition of stakeholders has met six times. It consists mostly of healthcare associations whose members have one or more authorities under the existing HARP Act and some other organizations such as the Radiation Safety Institute and the Canadian Organization of Medical Physicists. John Lanthier and Robert Goldberg have attended these meetings to represent the OPMA.

Respectfully submitted,
John Lanthier, DPM and
Robert Goldberg, DPM

INTERNATIONAL & NATIONAL FIP REPORT

In October 2013 the FIP held its World Congress of Podiatry in Rome, Italy. This meeting happens only once every third year. Over 1000 attendees participated in this three day event which featured three lecture tracks each day as well as daily workshops. There were over 85 oral abstracts and 26 poster abstracts delivered. Presenters included world-renowned podiatrists, orthopedists, vascular surgeons and dermatologists. The exhibit hall was jammed with over 60 exhibitors demonstrating their products and services. All-in-all this was the most successful world congress in FIP history.

"2016 World Congress will take place in Montréal, Canada from May 26-28, 2016."

Plans are now underway for the 2016 World Congress that will take place in Montréal, Canada from May 26-28, 2016. I hope to see the support of the Canadian podiatrists at this meeting as we will be showcasing our country to the rest of the podiatry world. Please note that the educational capture of the 2013 world congress is available online by going to www.fip-ifp.org. These programs are free for those who attended the 2013 World Congress and for a nominal fee for those of you who did not attend.

On May 10, 2014 the FIP held its Annual General Meeting (AGM) in Reykajavek, Iceland. In attendance was Dr Joseph Stern, CPMA President as the delegate from Canada as well as representatives from the majority of other FIP member countries.

The highlight of the meeting was the election of the new FIP President, Carine Haemels from Belgium. Carine has practised podiatry for over 20 years and has a passion for working with people. Carine is the Western European director of the Special Olympics, "Fit Feet" program. Carine's mandate is to focus on increased communications and economic development.

FIP President - Carine Haemels

During this same meeting our very own Dr. Kel Sherkin received the FIP distinguished service award for his years of service as of the FIP Chairman of World Foot Health Awareness Month. Kel is stepping down from that position after seven years. Congratulations for a job well done.

Please note that this past May's foot health awareness program focused on "skin and nail disorders". I hope all of you took advantage of the poster and other materials that were available to you to help promote good foot and ankle care in your community during the month of May. We are currently looking at next year's subject matter and would appreciate any suggestions. We must also thank Valeant Pharmaceuticals of Canada for its educational grant which was used to assist us on this educational and informative event.

Respectfully submitted,
Robert Chelin, DPM

SAVE THE DATE

Montreal, Canada 2016

WORLD CONGRESS OF PODIATRY

MAY 26-28, 2016

www.fipworldcongress.org

International Federation of Podiatrists
Fédération Internationale des Podologues

CPMA
Canadian Podiatric Medical Association
L'association médicale podiatrique canadienne

CPMA PRESIDENT'S REPORT

The Canadian Podiatric Medical Association held its 2014 Annual General Meeting on May 3 in Banff, Alberta. This was the first meeting in Alberta in several years, so it was great to be back and to see so many familiar faces. It was a well-attended meeting with representation from all CPMA member associations.

The CPMA continues to keep insurance issues a priority and we are seeing progress through our efforts. Examples include:

- elimination of the rigid provider access that Air Canada implemented a couple of years ago;
- the fact that more and more frequently, insurance companies are contacting us to confirm that a practitioner is a member of the CPMA; and
- the launch of a CPMA biomechanical exam form, which was the result of working closely with Great West Life. These are all examples of the work that goes on behind the scenes on behalf of our members.

We know that there are still more insurance issues that impact podiatrists, and we are continuing to work on them. One example is the RCMP. We have made some progress, but we continue to work with them on unresolved issues. If you come across insurance-related issues, let us know. The only way we can resolve them is if we are aware of them.

Building and maintaining good working relationships is an important aspect of the CPMA. We have also continued working with key organizations such as the Canadian Life Health Insurance Association' and the Canadian Health Care Anti-Fraud Association, the American Podiatric Medical Association, the American Society of Podiatric Surgeons and the American College of Foot and Ankle Orthopedic Medicine.

The CPMA continues to provide support and advice regarding the podiatric medical program at the University of Québec at Trois Riviéres and the importance of accreditation and establishing residency programs. Both are important for the podiatry profession in Canada.

Another important initiative that the CPMA has been working on for the past few months is the development of new bylaws as required by the federal government's new *Not for Profit Corporations Act*. The new bylaws are mandated by the federal government and must be completed and in effect by October 17, 2014.

As well, the CPMA has already started working on the 2016 FIP World Congress of Podiatry. This event happens only every three years and it is a major coup for the CPMA to be co-sponsoring the event with the FIP. I hope that you mark your calendar for May 26-28, 2016 and plan to attend this truly international conference in Montréal, Québec.

Joseph Stern, DPM
President
Canadian Podiatric Medical Association

OPMA 2013 – 2014 MEMBERSHIP

MEMBERS

Martin Brain, DPM	Marilyn Bradley, DCh	Mark Bradley, DCh
Robert Chelin, DPM	Edward Chung, DPM	Melissa Cloutier-Chatel, DPM
Cary Collis, DPM	Michael DiLonardo, DPM	Pierre DuPont, DPM
Joanna Faloon, DPM	Allen Frankel, DPM	Sheldon Freelan, DPM
Michelle Gill, DPM	Robert Goldberg, DPM	Arnold Goldman, DPM
Lee Goossens, DPM	David Greenberg, DPM	Stephen Haber, DPM
Chris Hastings, DPM	Peter Higenell, DPM	James Hill, DPM
Andrew Klayman, DPM	Mark Kleiman, DPM	Ronald Klein, DPM
John Lanthier, DPM	Paul Leszner, DPM	Jeffrey Liebman, DPM
Irving Luftig, DPM	Alan Lustig, DPM	Arnold Marcus, DPM
Hartley Miltchin, DPM	Sheldon Nadal, DPM	Neil Naftolin, DPM
Lloyd Nesbitt, DPM	Karl Nizami, DPM	Barry Noble, DPM
Stevan Orvitz, DPM	Bruce Ramsden, DPM	Danny Rosenthal, DPM
David Roth, DPM	Stuart Sackman, DPM	Tej Sahota, DPM
David Shaw, DPM	Kel Sherkin, DPM	Alan Silverstein, DPM
Mark Slome, DPM	Peter Stavropoulos, DPM	Robert Sterin, DPM
Stan Sweet, DPM	Millicent-Vorkapich Hill, DPM	Robert Warner, DPM
Shael Weinberg, DPM	Tony Zamojc, DPM	Morris Zoladek, DPM

LIFE MEMBERS

Robert Brain, DPM	Edgar Ryan, DPM	Thad Zarras, DPM

NOTES

NOTES

Ontario
Podiatric
Medical
Association

900 - 45 Sheppard Ave. East,
Toronto, ON M2N 5W9
Tel. (416) 927-9111
Toll Free: 1-866-424-OPMA (6762)
www.opma.ca