PRESIDENT'S MESSAGE

Advancing the profession
of Podiatry in Ontario

COMMITTEE REPORTS

Highlights of 2015

FINANCIAL ACCOUNTABILITY

FOR FINANCIAL YEAR ENDING
DECEMBER 31, 2015

ANNUAL REPORT

ONTARIO PODIATRIC MEDICAL ASSOCIATION

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Kel Sherkin, DPM
President

Sheldon Freelan, DPM
Vice President

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1993-1995

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1991-1993

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1975-1977

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2006-2008

Anthony Zamojc, DPM
1989-1991

Chris Hastings, DPM
1973-1975

Kel Sherkin, DPM
2004-2006

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1987-1989

Thad Zarras, DPM
1971-1973

Millicent Vorkapich-Hill, DPM
2002-2004

Lloyd Nesbitt, DPM
1985-1987

John Foote, DPM
1969-1971

Peter Stavropoulos, DPM
1999-2002

David Greenberg, DPM
1983-1985

Robert Brain, DPM
1967-1969

Bruce Ramsden, DPM
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Robert Greenberg, DPM
1981-1983

Edgar Ryan, DPM
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Hartley Miltchin, DPM
1995-1997

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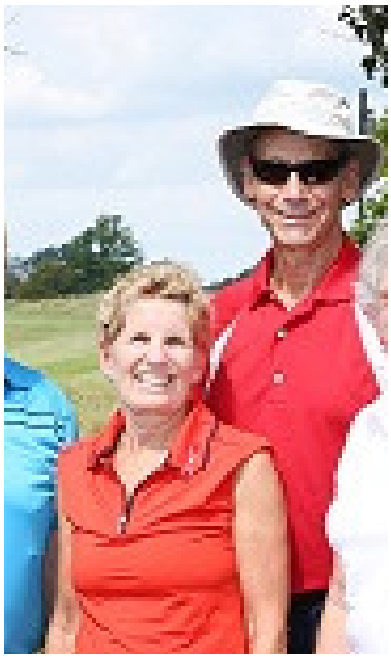
1979-1981

PRESIDENT'S REPORT



OPMA Presdient Kel Sherkin with Premier Kathleen Wynne

This is the first Report that I have been honoured to make to the membership as President of the OPMA. Before doing so, I want to thank the previous President, Dr. Ramsden and his Executive and Board of Directors for the work they did and for their contribution to the profession.

As we have done every year for the past decade, the OPMA successfully lobbied the government during the pre-budget consultation process to leave our OHIP coverage in place. We know that the current OHIP funding model for podiatry will inevitably change and the OPMA will have to continue to fight very hard to maintain public funding of podiatry services..

One of the ripple effects of the HPRAC exercise will be to trigger a review of our OHIP coverage by the government and, as physiotherapy and other professions have already done, the OPMA has to be ready with a compelling case for continued public funding and for an alternate funding model that makes sense for the government, our patients and our profession.

The OPMA prepared a submission to the College Working Group on Clinic Regulation. [The College of Chiropodists was a member of the Working Group and contributed financially to it.} The Working Group's report has been submitted to the government and I have written to the Registrar of the College of Chiropodists urging her to post the report on the College website. Although the exercise raised a number of issues that the Working Group feels need to be addressed, we are confident that there will be no regulatory structure established to regulate healthcare clinics for at least the foreseeable future. It is important to note, however, that the College's submission to HPRAC recommended that the proposed College of Podiatrists have the authority to regulate podiatry clinics as well as individual podiatrists. The OPMA agrees with the College in this regard.

The OPMA also made a submission to the Task Force on the handling of sexual abuse complaints against health care practitioners. The Task Force report has been submitted to the government and is available from the Ministry. The report makes a long list of recommendations, some of which will be implemented through legislation that will be tabled in the Legislature in December, 2016.

The remaining recommendations are characterized by the Ministry as being contentious and/or raising complex issues that require further study with the assistance of outside expertise. Legislation relating to those recommendations may well not be tabled until after the 2018 election. In the meantime, the College's proposed regulation to authorize podiatrists to treat their spouses will be shelved by the Ministry.

I understand there hasn't been a single complaint to the College alleging sexual abuse of a patient by a podiatrist. Nonetheless, the way certain other Colleges have handled sexual abuse complaints and the media attention they've received mean that enhanced regulation is to be expected. It's regrettable; but that's the way it is!

We made submissions to Health Quality Ontario on the reformation of the Healing Arts Radiation Protection Act. I understand that HQO's recommendations were made to the Minister this spring and should be released soon.

The OPMA has pushed the College to develop and have the Ministry approve a new drug list and has assisted the College in doing so. We need a modernized drug list and one that implements the federal New Classes of Practitioners Regulation (NCPR) in Ontario to authorize podiatrists to prescribe and administer controlled substances. Regrettably, the Ministry refused a drug list that refers to "classes" of drugs rather than individual drugs, which makes it difficult to keep the drug list current.

As members have been informed, the Minister of Health and Long-Term Care (Dr. Hoskins) has decided not to release the HPRAC report for the time being. The Minister has asked the Ministry to conduct a further review of some of HPRAC's recommendations and their implications. While this is definitely a disappointment in the short term (because we have waited for the review since the College requested it in 2006), from what we have been able to gather, it may be a positive development for the longer term. I have been able to communicate directly with the Minister's office on the HPRAC report and will continue to do so.

"The OPMA will continue to fight very hard to maintain public funding of podiatry services."

Obviously, the OPMA wants to get this done as soon as possible--and preferably before the Legislature is dissolved for the election in June, 2018.

When it is finally released, implementation of the HPRAC report is going to take a tremendous amount of work. In fact, I dare say that the OPMA and the podiatry profession will have to take a leadership role if the work that has to be done is to actually get done. I will be asking OPMA members to give abundantly of their individual time and expertise and to put their shoulders to the wheel in order to get this done.

I've heard some of my colleagues say that the OPMA doesn't do very much or hasn't done very much for them. Many use that as an excuse or rationalization for not joining the OPMA, or not to renew their memberships with the OPMA. I couldn't disagree more and for them I offer this history lesson:

In the early 1980s, the Government of Ontario decided that it was going to adopt the UK chiropody model. The decision was made that podiatry was to cease to exist.

Podiatrists would be allowed to continue to practise, but only as chiropodists and within the limited chiropody scope. For the next decade, the government actively supported and promoted the chiropody profession and the Board of Regents denigrated and did pretty much everything it could do to put an end to podiatry. Adoption of the chiropody model and the end of podiatry were supposed to be entrenched in legislation, but while the legislation was being drafted, the OPMA managed to convince the government to continue the podiatry profession as a class of members of the chiropody profession with authorized acts and other authorities granted to podiatrists in addition to those available to chiropodists. The price, of course, was the podiatric cap. I won't claim that the OPMA drove the referral to HPRAC and the College's proposal to convert to a podiatry model in Ontario, but the OPMA played a role larger than any other organization. We are now well on the way to correcting a historic public policy mistake by adopting a podiatry model.

When the OSC attempted several times to convince the government to amend the Chiropody Act to allow them to call themselves podiatrists, the OPMA was there to stop it.

When the government delisted chiropractic and partially delisted physiotherapy and optometry, the OPMA convinced the Government of Ontario to leave OHIP coverage for podiatrists as is. Not only that, the OPMA convinced the government to amend the regulations under the Health Insurance Act in order to allow podiatrists to co-bill. Podiatry is the only healthcare profession in Ontario allowed to co-bill. I acknowledge that co- billing has created some unforeseen issues, but the OPMA is working on that too.

So I say to those who claim the OPMA doesn't do much: I agree that it's taken longer than any of us like, but without the OPMA there would be no podiatrists left in Ontario. We would not be about to adopt a North American-style podiatry model. We would not have OHIP coverage and we would not be able to co-bill. The fact that the podiatry profession has survived against the Government of Ontario, the Board of Regents, the two chiropody professional associations, sometimes the College of Chiropodists and against all the odds is remarkable and is due only to the OPMA's efforts.

We have not just survived. Podiatry and the podiatry association were once isolated in Ontario. Many other health care professions and associations, most notably the OMA, were outright hostile. Today we are on friendly terms with most healthcare associations, including most notably the OMA. We are a prominent member of the Coalition of Regulated Health Professional Associations of Ontario and the WSIB's Healthcare Professional Forum. We make submissions to governments on a wide range of topics affecting our profession and Ontario's healthcare delivery system. We talk directly to the Premier, senior Cabinet ministers and their staffs. The OPMA is known and respected and we win many more than we lose.

Release of the HPRAC report will launch interesting and exciting times and several years of hard work. The OPMA needs all hands on deck. We need all DPMs to join the OPMA and to work together with the OPMA, with the College of Chiropodists and with the government to launch a new dawn for the podiatry profession in Ontario - one that no one could possibly have predicted 25 years ago.

Dr. Kel Sherkin, DPM
President

"The OPMA agrees with the regulatory Colleges' submission to HPRAC recommending the authority to regulate podiatry clinics as well as individual podiatrists."

CONVENTION REPORT

There were approximately 89 practitioners in attendance, consisting of 50% Podiatrists and the other half comprised of Chiropodists.

There were also 44 assistants and 22 exhibitors in attendance. The number of exhibitors and assistants were down from the previous year. 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 Podiatric staff for fielding the many calls from exhibitors and registrants.

According to the feedback, the exhibitors were completely 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.

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

"The OPMA conference continues to improve annually."

Overall, I believe the 2015 conference was brought back to the standard we have all become accustomed to and I would consider it a major success. The OPMA received a sizeable cheque and I plan to increase that in coming years.

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

Respectfully submitted;

Dr. Hartley Miltchin DPM

FOOT HEALTH AWARENESS MONTH REPORT

This year, at the strong recommendation of OPMA members, our Foot Health Month investment was in a digital media campaign to be sure we could employ analytics and metrics to determine impact. I would like to report to the membership that the campaign's digital metrics showed that we consistently exceeded the industry average in Open Rates and CTR's for the six ads applied as banners, leaderboards, range of new digital placements including in permission-based e-blasts. CTRs are Click-Through-Rates.

Reporting Period: May 1 – 31, 2016

We placed the campaign through Zoomer Media and its many digital properties. The Leaderboard, Big Box and Skyscraper banner ad units delivered 201,000 impressions. An additional 1,377 sponsored content impressions were given as a bonus.

We had 938,739 email opt-ins via them and Zoomer E-Newsletters that served to boost the Foot Health campaign which resulted in clicks from the banners and advertorials. Open rates were above average: 28% to 30%. Industry standard is currently 20%.

Zoomer Content Ads examples – "WHAT IS A PLANTAR WART?" and "WHAT ARE CORNS AND CALLUSES?"

Zoomer Big Box and Skyscraper Banner Ads

The OPMA E-blast did very well with an open rate of over 25%, and a click through rate of over 3%. The end result was 1,241 opt-ins clicking on the hyperlinks within the e-blast messaging. Again, all above industry average.

OPMA E-blast Screenshot

We were everywhere through this network all to our targeted demographics.

The campaign did drive traffic to the OPMA website, did result in clicks to the website home page on the "Find A Podiatrist" section, and did result in increased traffic in terms of calls to the OPMA office.

Dr. Kel Sherkin, DPM
Committee Chairman

PUBLICATION REPORT

This past year there were actually no new orders from the OPMA members for the two brochures. We continue to have an adequate supply of both brochures previously printed, with the assistance of Langer Biomechanics.

The OPMA brochures continue to be an excellent source of information about Podiatry, for prospective and existing patients, as well as for physicians and other health care professionals.

Respectfully submitted,

David W.F. Roth, D.P.M.

OPMA would like to thank Langer Biomechanics

Langer Biomechanics
An OHI Company

WEBSITE

This past year, the OPMA website www.opma.ca has been improved in many areas. Beyond providing a public web presence for our Association, our goal was to harness current technology and trends in order to produce an Association management tool.

This year the website software will be used by our Association administrator, Helen Acosta, to notify members of annual membership renewals. Dues will be paid securely online with either Visa or MasterCard. (Amex will likely be dropped due to unreasonable merchant charges).

We had a competitive process to select the payment processor. It came down to two options: Moneris and Chase Paymentech. We selected Moneris. Nancy Coldham of the CG Group was very helpful in these arrangements.

The Moneris base charge is 1.65%. This is the percent which is tossed around to lure new customers. Added to this charge are the Visa/MC interchange rates and then there are monthly fees and equipment rental, etc. The final and true percent discount largely depends on how significant the air mile or cash back card may be. In addition, accepting charge cards over the web introduces exposure risk in as much as the card is never swiped, or the chip validated. As expected the increased risks translates into increased transaction fees. Some concessions were made using the argument, a very high percent of the anticipated OPMA charges are from known (non stranger) local Ontario members; dues and seminar fees.

Recently the website's email service has been used to notify the membership of the Annual General Meeting. A handy link was inserted with the text for the convenience of the reader to register. In the past, Helen would devote time to preparing and sending letters and fielding the related telephone calls. Clearly, the website is a handy tool in this regard.

The website is also designed and secured as a news room for member discussions; the expression of thoughts and ideas one might prefer to be on a more private or confidential level. A login ID and password (and one's registration must be designated as a Podiatrist) to access.

Each time a new posting or comment is made the discussion group will be notified by email. Bottom line is the content remains on the website server and it is never transferred to the member's computer, and of course there is never a worry of viruses, etc. Conversely, email resides on the member's computer. The question is whether it's better to have one copy "out there" or one hundred copies?

Our website is designed, maintained and updated as necessary by the technical staff of the CG Group. New articles, postings and media files are first reviewed by Don Gracey to insure the absence of any inflammatory content.

We would like to encourage members to provide us with any images, articles or ads that they might want to display on the OPMA website. Also, if you have any items to purchase or sell we would be happy to include them in our "Classified Section" of the website.

Submitted,

Barry Noble
Robert Chelin

INSURANCE CONSULTANT'S REPORT

During the past year my focus has followed three streams of activity:

I) Insurers requiring patients to exhaust OHIP benefits for podiatrists before they can reimburse claims.

From a practical perspective, the limitation by largely blue collar based and union based insurance plans to cover podiatric services only after the OHIP benefits have been "maxed out" by the patient remains the biggest insurance related concern of Ontario podiatrists. Most insurers don't believe this antiquated plan design saves their customers (employers) claims expenses. Unfortunately though, they are not incentivized to rock the boat with their customers since services from chiropodists and podiatrists typically represent 1-3% of overall claims dollars and thus represent a very tiny piece of the broader customer relationship. Still worse, raising this issue is likely to cause some employers or benefit consultants to question orthotics and custom shoe claims expenses leading to questions on fraud and benefit abuse.

Practically speaking there are only two ways to change the OHIP max problem.

A. Eliminate OHIP coverage for patients in Ontario either outright or when they have private insurance coverage. To a degree, this overlaps with HPRAC outcomes. If OHIP coverage is eliminated outright, this likely has a negative income consequence for some practices, so this is approach less desirable. If eliminated when there is private insurance coverage, there is an argument that suggests the insurers will see this as downloading by the province causing some backlash, but given the relatively small claim dollars impacted, this should get little if any negative feedback from the insurers. The OPMA could help illustrate this if, strategically, this was a path wishing to be followed.

B. Through some kind of public campaign, promote the consequences and frequency of getting the wrong care when patients are forced to go to lesser qualified professionals as a result not having the first dollar insurance coverage.

This could be played up from two angles; not enough OHIP coverage as a consequence of insurers forcing OHIP to be first pay or/and employers essentially promoting lesser qualified professionals as a result if the insurance plan design (and by extension, often the wrong treatment). Indeed, simply developing the framework, limited content for such a campaign and leaking it may promote action on behalf of the government or insurers to make changes.

The choice then becomes status quo or one of the two approaches above. However, without some kind of material change the practice revenue by those podiatrists materially affected will continue. If an approach is selected, strategic plans, anticipating various outcome scenarios with appropriate responses, must be drawn up to deal with the consequences as things play out with the various stakeholders (insurers, chiropodists, foot care nurses, employers, brokers & benefit consultants, etc.)

"Three streams of activity focused on addressing the OHIP maximum on podiatry.""

II) Helping podiatrists on specific incidents with insurer issues.

The following incidents were dealt with or are being dealt with:

- One insurer was developing a rule that US labs were not acceptable for fabricated orthotics. This rule was successfully reversed.
- Correcting data in two insurer claims processing provider registries where members of the OPMA were thought not to have inforce licences resulting in eligible claims being declined.
- Reporting evidence of several chiropractic, multidisciplinary, or chiropodist clinics offering free shoes with the purchase of orthotics. While this is not illegal or fraudulent, this allowed insurers to more thoroughly review orthotic and custom show claims for these practitioners.
- In late June an issue paper was provided to the Canadian Life and Health Insurance Association (CLHIA) expressing concern and requesting that insurer call centres cease in advising patients who are not covered from first dollar on podiatric expenses due to “OHIP Max” to go to other practitioners which do have 1st dollar coverage. This issue paper also dealt with requesting improvements on explanation of benefit wording regarding “OHIP max” declines of claims, the immediate halting of call centres commenting on “double dipping” of podiatrists if brought up by patients, and requesting that insurers advise employers remove “OHIP max” provisions. A response from CLHIA is pending the September meeting of CLHIA insurers.

III) The evolution of fraud management and medical provider profiling

Looking at insurers more broadly, 2016 has marked a progressive shift in how insurers are looking at health insurance claims fraud and abuse. Prior to 2016, the Canadian Health Care Anti-Fraud Association was the means for insures to collaborate and share approaches to fraud and abuse of claims. In January 2016, the organization was disbanded and essentially moved in to the CLHIA. The push for this came from executive VPs of the three large life insurance companies at Great-West Life, Manulife, and Sun Life Financial who wanted greater control over cross industry efforts to combat health claims fraud.

While it has taken some time to determine where this change is leading, based on several discussions with CLHIA representatives and working with other clients of 3D-AC, two outcomes have emerged:

- When reporting insurance fraud or abuse the CLHIA is a pass through to insurers and not actively involved in investigating the alleged fraud and abuse. While they have strengthened this capability through a new sub-site of the CLHIA's web site, it is not yet clear if this will have a material impact on the incidences of fraud and abuse.

- Most large and mid-size insurers already profile health care providers on claims and now are looking at different attributes including locations of practice, practitioners with multiple licences, and who actually performed the services. In 2016, the CLHIA was successful in lobbying for changes to allow sharing of personal claim data between insurers when there is reasonable cause to believe insurance fraud is or has taken place. Insurers are now looking at how to do this and which insures will be involved. There are broad implications of this – some positive and some negative.

In summary, while some progress has been made on key issues facing podiatrists, there are numerous material ones that remain. Rather than waiting for HPRAC conclusions, the OPMA could develop and deploy strategies that considerations the possible HPRAC outcomes and begin implementing. With strategies in place, should HPRAC outcomes not be aligned to actions taken, the paths chosen can be recalibrated to reflect HPRAC direction.

Submitted by Dan Berty
3D Analytics and Consulting

ADDITIONAL COMMITTEE REPORTS

Special Olympics 2016

The National Winter Games were held this past March in Cornerbrook Newfoundland. Athletes from all 10 provinces and two territories participated at these games. The Fit Feet section of the Healthy Athletes programme screened around 175 athletes over a three-day period. Podiatrists from the Maritimes volunteered their time and expertise and ensured that the screening was a success.

Dr Brendan Bennett from Halifax became the new Maritime Director of the Fit Feet programmer.

In May, Ontario hosted the provincial games for swimming and basketball. The Fit Feet group, which consisted of Drs. Ed Cheung, Chris Hastings, Neil Naftolin, Bruce Ramsden, Kel Sherkin and Moe Zoladek, were able to screen about 300 athletes over the two-day event.

Under the direction of Dr Howard Green, the BC Director of Fit Feet, screenings were held in June and approximately 80 athletes were screened.
Respectively submitted

Dr. Kel Sherkin
Canadian Director Fit Feet Healthy Athlete Special Olympics

Mediation 2016

OPMA has been fortunate again this year. The Mediation Committee has been relatively inactive. This is probably due to the efforts of our Executive Secretary, Helen Acosta, and the professionalism of our members.

The Committee's composition remains unchanged. Besides myself, Dr. Bruce Ramsden and Dr. Cary Collis continue to serve. Unfortunately, we still do not have a volunteer lay member. If you know of someone who might fill this roll please contact me.

We had two issues to deal with over this past year. One concerned a surgical case that entailed a procedure with which none of the Committee members was conversant. I consulted with one of our Board Members who was familiar with the procedure. He, in turn, was able to help the patient making the inquiry. The second problem concerned.....you guessed it.....Orthoses! In this case the patient "changed her mind" a day after evaluation and scanning. She thought that she had avoided the order being sent to the lab. In that case she could cancel the order and retrieve her deposit! It took a lengthy telephone conversation to explain the implications of the situation. I used the "denture analogy" to point out that time and expertise were expended during the examination and scanning.

"It is recommended patients receive and sign a copy of your office policy regarding Orthotic Therapy fees and refunds."

The "deposit" covered those services and partial payment for the orthoses. The patient was responsible for payment for the services rendered. A refund could only be considered for the monies that were to pay for the actual devices. Also, if the order resulted in the fabrication of actual orthoses there would be fees associated with the lab fees.

Two suggestions are offered to our members: If you reschedule patients for a later date you give them time to consider the benefits of having orthoses. "Casting" on the same day that you offer the service might be considered by some patients as being "hardball" selling. Second: It is recommended that the patient sign and receive a copy of your office policy regarding Orthotic Therapy. It could point out what services they could expect, what fees they would pay, and policies regarding refunds etc. If both the patient and the practitioner have written documentation (a contract) it is less likely that there will be misunderstandings.

Submitted,
Robert L. Goldberg, D.P.M.

HARP

There has been no activity with regards to the HARP file in the last year.

After two unsuccessful attempts by the Ministry to come up with a new regulatory and legislative framework based on advice from experts and consultations with stakeholders, the Ministry punted the exercise to Health Quality Ontario. Health Quality Ontario undertook a review and submitted its report with recommendations to the Ministry in June, 2016.

Submitted,
John Lanthier, DPM.

MALPRACTICE REPORT

At this year's OPMA AGM, we will show claim examples that could be useful in showing how volatile and unpredictable some patients can be, despite the podiatrist in question having done all there is to be done to prevent any complications. Tied into the claim examples are the loss ratios of the program as a whole and for the OPMA.

This year, I was able to negotiate a reduction in premium and different options of coverage for the members. I will present those reduced rates and options to the members at the AGM and the new application we require members to complete.

In addition to the above, we have a new product we can offer to the podiatrists who are members of the OPMA and CPMA. Legal expense insurance includes coverage for the following situations:

- Employment disputes
- Tax audits
- Driver's licence protection
- Property protection
- Contract disputes
- Highway traffic offences
- Criminal prosecution at work

All OPMA members who attend the conference will receive a 5% discount on their upcoming malpractice insurance renewal.

Frederic Lajeunesse

FIP REPORT

The FIP had a very exciting year in 2016. Its new executive director, Caroline Teugels from Belgium took over her duties. Caroline has a degree in Law and brings a wealth of skills and experience that will help direct the FIP with its mandate and its mission.

The FIP had a very exciting year in 2016. Its new executive director, Caroline Teugels from Belgium took over her duties. Caroline has a degree in Law and brings a wealth of skills and experience that will help direct the FIP with its mandate and its mission.

On May 25, 2016, Dr. Matt Garadfoulis was elected as the new FIP President at its Annual General Meeting in Montréal, Canada. Dr. Garadfoulis brings a wealth of experience as a Past President of the American Podiatric Medical Association. The first part of his mandate will focus on reviewing and refining FIP's membership criteria.

On May 25-28, 2016, the FIP and the Canadian Podiatric Medical Association jointly hosted the 22nd FIP World Congress of Podiatry in Montreal, Canada . Taking place every three years, the Congress is a partnership between the FIP and the country that won the bid to host the World Congress.

The FIP 2016 World Congress was a huge success with over 1,000 participants from thirty-five countries. The exhibit hall featured over 100 exhibit booths. The event started with a pre-Congress surgical workshop at Université de Québec à Trois Rivières (UQTR) on May 25, 2016. 35 Canadian podiatrists had an opportunity to view UQTR's state of the art hands-on cadaver lab with the latest technology in podiatric surgery on display and in use.

The opening ceremony commenced with the entry of the flags of the 35 countries that participated in this four-day event. It was then followed by the opening speech from the FIP President, Carine Haemals and CPMA President, Dr. Joseph Stern. The opening cultural event featured "Cirque Fantastique" with its acrobatic ariel and stage circus acts. Dr. John Bell then followed with his keynote presentation titled "The Quest in the Cure for Cancer". Dr. Bell is a world class oncologist and the Head Cancer Researcher at the University of Ottawa.

You will be able to view his keynote write-up on the FIP website (www.fip-ifp.org). Following this presentation, Dr. Robert Chelin was awarded the FIP Lifetime Achievement Award for the work he has done for the podiatry profession on the global stage and for his work as the CEO of the 2016 World Congress.

"Dr. Robert Chelin was awarded a FIP Lifetime Achievement Award."

Each day the Congress program offered its participants the attractive option to attend either one of three tracks of oral abstract presentations, or one of three hands-on workshops. Due to the numerous educational opportunities, combined with the high level of abstract and workshop information that presenters provided, over 350 Canadian podiatrists from across the country had an unique networking opportunity that has ever been offered in Canada.

The next FIP AGM will take place in Germany and the next World Congress will take place in 2019 in Cancun, Mexico. Stay tuned for the World Congress updates! The newly-elected CPMA President, Dr. Brad Sonnema, will represent Canada at these meetings.

Submitted
Dr. Robert Chelin

CPMA REPORT

Our membership benefits continue to grow. We have access to strategic partners and preferred pricing for electronic medical records from our QHR/Accuro, relationship with Royal Bank of Canada, which extends us preferred pricing. We can also access reduced costs for merchant banking, Perkopolis-group discounts, employee pricing on Hoka Running Shoes, and there will be more member benefits to come.

We are distributing weekly emails of Podiatry articles and current Podiatry news and information from Multiview CPMA ENews and Podiatry articles and research from Sosido.

We are working with Present Podiatry to bring you educational opportunities at a discounted member rate to help you stay apprised of what's new in the profession, and further your knowledge.

Joel Alleyne, Executive Director Canadian Podiatric Medical Association.

Over the last number of months, we have:

- Hosted a successful FIP World Congress in Montreal;
- Held an executive Board retreat in the Spring and discussed organisational strategy;
- Commenced work on the early stages of a multi-year strategic plan;
- Established relationships, on your behalf, with several organizations both nationally and globally;
- Worked to expand the corporate seal program;
- Launched the newsletter in electronic format to facilitate production and dissemination.

We look forward to developing our strategic plan, building a vision for Podiatry in Canada over the next ten years, in the next while and working closely with our Provincial counterparts.

We continue to:

- Work on relationships with various associations – globally with other Podiatry groups APMA, FIP, & SOCAP; and on a Pan-Canadian basis with various insurers and the

- Canadian Life and Health Insurance Association (CLHIA). Our work with other foot care groups on a document that serves as guidance for insurers has come to a point where a new version is being offered to CLHIA for publication;
- Increase our relationship with various groups and have represented CPMA in a professional manner;
- Act as a national voice to private insurance companies;
- Enhance our relationship with CLHIA that represent insurance companies; we attended their spring meeting;
- Attend and exhibit at various meetings;
- Reach out to our corporate seal partners to reinvigorate these relationships and are working to expand the number of Seal companies and to Programme while maintaining the integrity of the Seal;
- Support our provincial members in their efforts and issues on a regional level;
- Upgrade and improve the members' area of the website to make it the go-to place for information.

"CPMA is working on a 10-year strategic plan and vision for podiatry in Canada."

We have have increased our membership by welcoming the province of Nova Scotia to our fold.

We are working with our insurance broker to maintain competitive pricing for professional liability, office, and Director and Officer insurance.

We will continue to represent CPMA to other organizations including the Department of Veterans Affairs, RCMP, and the Federal Government, and to various organizations; Chiropractic, Pedorthic, Chiropodists, Orthotists and Prosthetists, Physiotherapy, Canadian Medical Associations, Canadian Diabetes Association and Canadian Association of Wound Care.

We are working to further our relations with the other foot care organizations and have had a meeting of all organizations in the Fall to explore ways to work together on our common goals and interests.

Joel Alleyne
Executive Director, Canadian Podiatric Medical Association

2016 MEMBERS

Martin Brain, DPM
Robert Chelin, DPM
Edward Chung, DPM
Melissa Cloutier-Chatel, DPM
Cary Collis, DPM
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Hartley Miltchin, DPM
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Millicent-Vorkapich Hill, DPM
Robert Warner, DPM
Shael Weinberg, DPM
Tony Zamojc, DPM
Morris Zoladek, DPM

RETIRED MEMBERS

Robert Goldberg, DPM
Kel Sherkin, DPM

LIFE MEMBERS

Robert Brain, DPM

NOTES

Ontario Podiatric Medical Association

OPMA 2016 AGM at The Boulevard

Sunday, November 6, 2016

9:00 am - 12:00 pm

1600 Steeles Avenue West

Breakfast will be served

OPMA Members only may attend free of charge

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