The Canadian Athletic Therapists Association

Date: October 13, 2016
Member: Mrs. Kim St. Amour
Hearing Date: May 26, 2016

Summary of Decision of the Judicial Subcommittee

A. Introduction

Following a complaint from a physician (the “Complainant”) that CATA member, Mrs. Kim St. Amour (“Mrs. St. Amour”) used his College of Physicians and Surgeons of Ontario (“CPSO”) number on certain insurance forms without his knowledge or consent, the Investigative Subcommittee of the Canadian Athletic Therapist Association (“IC”) conducted an investigation of those complaints. As a result of that investigation, the Canadian Athletic Therapist Association (“CATA”) convened a disciplinary hearing in relation to the Complainant’s allegations.

The Notice of Investigation alleged that Mrs. St. Amour had contravened the following sections of the CATA’s Code of Ethics (“Code of Ethics”) and the CATA’s Code of Conduct (“Code of Conduct”):

**Code of Ethics**
i. Members act with honesty and integrity; and
x. Members conduct themselves in a manner that merits the respect of society, the profession and its Members.

**Code of Conduct**
B, ix. Members shall maintain the generally accepted standard of practice;
B, xiv. Members shall not submit accounts that are false or misleading;
B, xx. Members shall not make a document or statement that is false or misleading;
B, xxiii. Members shall not engage in conduct unbecoming an Athletic Therapist; and
A, vi. Members shall cooperate fully with any inquiries, investigations or requests for information by the Association and its chapters, including replying promptly to any communications from them.

On May 26, 2016 a hearing was convened before a Judicial Subcommittee (the “JC”) of the CATA for the purpose of determining whether St. Amour, had contravened certain sections of the CATA’s Code of Ethics and Code of Conduct as set out above. The hearing proceeded before the JC on May 26, 2016 by video conference and present at the hearing was Mrs. St. Amour and her counsel, the IC Chairperson and counsel for the IC. The JC was presented with a significant number or records relating to the alleged breaches and also heard oral evidence from the IC Chair and St. Amour. The Complainant did not provide any oral evidence at the hearing. On June 6, 2016 counsel for St. Amour and the IC provided the JC with written closing arguments.

B. Summary of Evidence at the Hearing

In June 2015 the National Office of the CATA received a written complaint from the Complainant. The Complainant alleged that CATA member, Mrs. St. Amour had submitted through the Ontario Health Claims Auto Insurance system (“HCAI”) three auto insurance Ontario Claims Forms (“OCF forms”) (OCF-23 dated May 21, 2014, OCF-18 dated October 14, 2014 and OCF-18
dated January 5, 2015) using the Complainant’s College of Physicians and Surgeons of Ontario Registration number (“CPSO number”). The three OCF forms contained Mrs. St. Amour’s contact information under Part 4 Signature of Initiating Health Practitioner. According to Complainant the three OCF forms were submitted without his knowledge or consent and without his signature on the forms.

Shortly after receiving the complaint, the CATA selected the IC to review and investigate the complaint made. An IC was struck and an IC Chair appointed. On June 24, 2015 the IC sent Mrs. St. Amour a registered letter outlining the compliant and sections of the Code of Ethics and Code of Conduct that she was alleged to have contravened. The letter was returned as undeliverable due to the fact that Mrs. St. Amour’s address had changed. On July 6, 2015 the IC Chair sent Mrs. St. Amour an email containing the June 24, 2015 letter and confirming that a formal complaint against her had been brought forward to the CATA. Mrs. St. Amour acknowledged receipt of this email however during the hearing she testified that she did not open the attachment when she received the email. On August 26, 2015 the IC emailed Mrs. St. Amour a letter dated August 26, 2015 which amended the allegations against Mrs. St. Amour to include section A, vi of the Code of Conduct. Mrs. St. Amour testified that she received the August 26, 2015 email and letter.

On August 11, 2015 the IC Chair interviewed the Complainant. The evidence of the IC Chair at the hearing was that during the interview the Complainant advised the IC that he did not sign the three OCF forms and that he had not given Mrs. St. Amour permission to use his CPSO number on the three OCF forms. During the interview, the Complainant confirmed he had not seen the patient listed in the three OCF forms other than for the Independent Medical Examine (“IME”) he completed on her. At the hearing Mrs. St. Amour provided oral evidence that she had obtained the Complainant’s CPSO number from a person she believed to be his receptionist. The Complainant confirmed that he has a receptionist that works out of his clinic but he claimed that she would not have provided his CPSO number to Mrs. St. Amour as it is not an accepted practice. In addition to the interview completed by the IC the Complainant also provided the IC with an undated letter from Mrs. St. Amour addressed to "Whom This May Concern" concerning the use of the Complainant's CPSO Number.

The IC did not interview the Complainant’s receptionist during their investigation nor was any evidence from the Complainant’s receptionist submitted at the hearing by the IC or Mrs. St. Amour. The Complainant was not a witness at the hearing. The evidence that was presented at the hearing from the Complainant was limited to statements made by the Complainant to the IC during the August 11, 2015 interview, his written complaint and written materials that the Complainant provided to the IC. Mrs. St. Amour’s evidence at the hearing was that she was told by the IC Chair that she could not contact the Complainant. The IC Chair denies that he told Mrs. St. Amour that she could not contact the Complainant. Mrs. St. Amour did not submit any statements or evidence from the Complainant or his receptionist at the hearing.

The evidence of the IC Chair at the hearing was that he spoke to Mrs. St. Amour on two occasions. The IC Chair and Mrs. St. Amour had an initial telephone call on July 8, 2015 to discuss the process of the investigation and confirm a conference call on July 13, 2015. On July 13, 2015 a conference call with Mrs. St. Amour and the IC occurred. The IC Chair conducted the conference call on behalf of the IC and completed the interview with Mrs. St. Amour, however all three members of the IC took notes of the conference call. These notes of all three members of the IC were produced at the hearing.
During the July 13, 2015 conference call, Mrs. St. Amour indicated to the IC that she had obtained the Complainant's CPSO number from a receptionist at the clinic where she believed the Complainant practiced out of. Mrs. St. Amour did not know the name of the receptionist she spoke to. During the interview with the IC, Mrs. St. Amour indicated that she had a good working relationship with the clinic and had seen other patients previously, but this was the first patient concerning the Complainant. Mrs. St. Amour indicated that she had provided an OCF form to the patient to obtain the Complainant's signature. She also advised that she submitted progress reports to the Complainant but received no response back. Mrs. St. Amour advised the IC that she was subsequently contacted by another clinic concerning the OCF forms and an IME conducted by the Complainant and it was at that time that Mrs. St. Amour realized that the patient had not obtained the Complainant's approval or signature on the OCF form.

At the hearing Mrs. St. Amour testified that her patient had been referred to her by the City of Sudbury for injuries she suffered in two motor vehicle accidents, unrelated to work. As a result of the nature of these injuries the HCAI system was to be used and the OCF forms were to be completed. Mrs. St. Amour confirmed at the hearing that she had read the HCAI Guidelines concerning her obligations to remain in contact with rostered health professionals and to ensure they consented to be associated with her clinic, though she may have only skimmed them. Mrs. St. Amour also testified that an actual signature is not submitted electronically, rather the HCAI system relies on the submitting party to have obtained that signature and retain it. The evidence of Mrs. St. Amour was that she was aware that her patient did not have a family physician however according to the patient she had seen two doctors previously that she liked, one of which was the Complainant.

Mrs. St. Amour testified that she knew of the Complainant while they both were involved with a local OHL team in the late 1990's and that the Complainant saw her daughter approximately 8 years ago. Mrs. St. Amour confirmed that she had not been in contact with the Complainant since. Mrs. St. Amour confirmed that based on her knowledge of the Complainant and information she received from the patient, in May 2014 she filled out an OCF 23 form and gave it to the patient to bring to the Complainant for his approval and to obtain his signature. Mrs. St. Amour testified that in early October 2014, the patient came back to the clinic and said she had the OCF form, but had forgotten it. Mrs. St. Amour testified that at that time the patient provided her with an insurance document that indicated that the Complainant was providing an assessment for the patient's insurer. Mrs. St. Amour testified that based on her past knowledge of the Complainant and the information provided by her patient she reasonably believed that the Complainant had a family practice and that he had seen her patient as a walk-in-patient, however Mrs. St. Amour did not confirm any of this information with the Complainant prior to completing or submitting the OCF forms.

Mrs. St. Amour testified that at her next appointment with the patient the patient provider her with a large envelope. Mrs. St. Amour believed that this envelope contained the signed OCF23 form from the Complainant however Mrs. St. Amour never opened the envelope until after she became aware of the complaint that was the subject of these proceedings. At the hearing Mrs. St. Amour testified that when she eventually opened the envelope she discovered that it contained a General Practitioner Assessment from a disability management company, however her evidence changed when the date of this document was put to her during cross-examination (the General Practitioner Assessment was dated June 23, 2015 and therefore
could not have been in her possession in October 2014). Mrs. St. Amour also testified at the hearing that there were three envelopes from the patient rather than one. Notwithstanding the conflicting evidence presented by Mrs. St. Amour on this point, what is clear is that she did not open any of the envelopes until after she became aware of the complaint.

Mrs. St. Amour testified that after receiving the envelope(s) from the patient she completed a Canada 411 search to obtain the Complainant's contact information. She also testified that she called the number listed in the 411 search and spoke with a receptionist that provided her with the Complainant's CPSO number. As noted previously, Mrs. St. Amour never obtained the name of the receptionist nor did she confirm with this individual that the Complainant had approved or was aware that his CPSO Number would be used with respect to the patient. Mrs. St. Amour testified that at that point she believed that the patient had obtained the Complainant's signature on the OCF23 form and on this belief she subsequently submitted the three OCF forms electronically through HCAI. In all instances Mrs. St. Amour entered the Complainant's CPSO number into this HCAI account during this process and her contact information, rather than the Complainant’s, was included on all three OCF forms.

Mrs. St. Amour testified that she did not know that her contact information followed the Complainant’s name on the OCF forms as this information did not appear on her computer screen when she completed the OFC forms but was automatically imported into these forms when they were printed. Further, Mrs. St. Amour confirmed that pursuant to the HCAI Guidelines she was required to print and retain copies of the OCF forms for her records.

Mrs. St. Amour also testified that she submitted progress reports to the Complainant but received no response back. Despite receiving no response back from the Complainant Mrs. St. Amour testified that she did not take any steps to follow up with him. A copy of a progress report dated February 12, 2015 was entered at the hearing. The progress report was not addressed to the Complainant but rather to “whom this may concern” and it did not contain any address to which it was sent. No other letters or progress reports to the Complainant were entered into evidence by Mrs. St. Amour. Further there was no evidence entered to confirm that the Complainant ever received this progress report or any other progress reports from Mrs. St. Amour. In fact the written complaint and the evidence presented by the IC Chair at the hearing indicates that Mrs. St. Amour had no communication or contact with the Complainant, written or verbal.

The JC heard evidence from both the IC Chair and Mrs. St. Amour in relation to requests from the IC to Mrs. St. Amour for information and documentation during the investigation. The JC also reviewed several emails that were exchanged between the IC Chair and Mrs. St. Amour from July 2015 to September 2015. The IC Chair testified that from July 2015 through to September 2015 he made a number of requests for additional records from Mrs. St. Amour, including a release from the disability management company. Despite these repeated requests the IC Chair testified that Mrs. St. Amour either did not provide the records requested or provided incomplete records. In the case of the release for the disability management company, Mrs. St. Amour provide a release for a different clinic. Mrs. St. Amour testified that during the course of the investigation she was out of the clinic for extended periods of time, first for her wedding and honeymoon, then as a result of an illness in her partner’s family and then her own illness. Mrs. St. Amour testified that she believed that she had provided all of the records requested by the IC and with respect to the release for the disability management company that listing the wrong clinic in
the release was an honest mistake.

C. Burden of Proof

In accordance with section 77 of the Code of Conduct the JC is to determine the following:

a. whether the factual allegations are admitted or have been proved on a balance of probabilities based on clear, cogent and convincing evidence consistent with the seriousness of the matter; and

b. whether the facts admitted or proved constitute a breach.

The evidence presented by the IC and Mrs. St. Amour at the hearing on May 26, 2016 was reviewed by the JC using the above standard of proof. Based on this standard of proof and the evidence presented at the hearing the JC made the following conclusions.

D. Judicial Subcommittee Conclusions – Code of Ethics

i. Members Act with honesty and integrity and

x. Members conduct themselves in a manner that merits respect of society, the profession and its members

The process for electronically submitting OCF forms through the HCAI system requires the party submitting the OCF form to have the approval of a health professional, to obtain the signature of the health professional and to retain a copy of the OFC form submitted. Further, the HCAI Guidelines require that participating facilities enrolled with HCAI must remain in regular contact with the rostered health professionals as well as ensure that these health professionals consent to be associated with the participating facilities. Mrs. St. Amour testified that she reviewed the HCAI Guidelines and was familiar with its requirements. Further, Mrs. St. Amour testified that an actual signature is not submitted electronically, rather the HCAI system relies on the submitting party to have obtained that signature and retain it.

The letters from the Complainant and the oral evidence of the IC Chair confirmed that the Complainant did not give written or verbal consent for his CPSO number to be used by Mrs. St. Amour. Further, Mrs. St. Amour confirmed in her testimony that she never contacted the Complainant to confirm that his CPSO number could be used by her, rather she relied on a brief conversation with a receptionist (name unknown) and representations from the patient to confirm that she had the Complainant's consent to use his CPSO number. Further, Mrs. St. Amour testified that she had virtually no contact with the Complainant prior to using his CPSO number and submitting the OCF forms.

Mrs. St. Amour took no reasonable steps to confirm that she had the Complainant's consent to use his CPSO number before submitting the three OCF forms. In submitting the three OCF forms Mrs. St. Amour represented and confirmed that she had the requisite consent. That representation was untrue and Mrs. St. Amour could not have reasonably believed it to be true.
The JC concluded that Mrs. St. Amour submitted false and misleading information to HCAI and that Mrs. St. Amour's conduct contravened the standards of the two sections of the Code of Ethics set out above.

E. Judicial Subcommittee Conclusions - Code of Conduct

B,j,x. Members shall maintain the generally accepted standard of practice

Mrs. St. Amour testified that the patient had been referred to her by the City of Sudbury for injuries she suffered in two motor vehicle accidents, unrelated to work. As a result of the nature of these injuries the HCAI system was to be used and the OCF forms were to be completed. Mrs. St. Amour was familiar with the HCAI Guidelines concerning her obligations to remain in contact with rostered health professionals and to ensure they consented to be associated with her clinic. Mrs. St. Amour was also aware an actual signature is not submitted electronically, rather the HCAI system relies on the submitting party to have obtained that signature and retain it. Mrs. St. Amour was aware that the patient did not have a family physician however she had seen two doctors previously, one of which was the Complainant. Mrs. St. Amour knew the Complainant but she had not had any contact with him for several years. Mrs. St. Amour confirmed that based on her knowledge of the Complainant and information she received from the patient, in May 2014 she filled out an OCF 23 form and gave it to the patient to bring to the Complainant for his approval and to obtain his signature. Mrs. St. Amour also testified that she contacted an individual who she believed was to be the Complainant's receptionist in order to obtain his CPSO number but she failed to confirm who she spoke to. In early October 2014, the patient came back to the clinic and provided Mrs. St. Amour with an envelope which she assumed contained a signed OCF 23 form from the Complainant (although she never actually checked the contents of the envelope thought to contain the Complainant's approval until after she became aware of the complaint).

Mrs. St. Amour was aware that to comply with the requirements of the HCAI system she needed to remain in contact with the rostered health professional and have their consent. In this case Mrs. St. Amour confirmed that she had no recent contact with the Complainant prior to submitting the OCF forms and at no time did she take steps to confirm directly with the Complainant that she had his consent to use his CPSO number. Further, Mrs. St. Amour was aware that an actual signature must be obtained before the OCF forms can be submitted. Despite this understanding Mrs. St. Amour did not confirm that she had obtain the Complainant's consent or signature prior to submitting the OCF forms electronically. Mrs. St. Amour testified that she believe that she was in contact with the Complainant by submitting progress reports to him, however the evidence presented at the hearing indicated that the Complainant had no communication or contact with Mrs. St. Amour. Further Mrs. St. Amour confirmed that she did not receive any response back from the Complainant to her progress reports and she took no steps to follow up with him. Finally, the progress report entered at the hearing did not contain the Complainant's name or address on it and there was no evidence to confirm that it was ever sent to the Complainant, let alone received.

The JC found that Mrs. St. Amour failed to follow the HCAI Guidelines, and the process that Mrs. St. Amour followed to obtain Dr. Andersen’s CPSO number, the manner in which she satisfied herself that the Complainant had approved and signed the OFC 23 form and the fact she never attempted to speak directly to the Complainant to obtain his consent fell short of a
generally accepted standard of practice and she therefore contravened the section of the Code of Conduct set out above.

B,xiv. Members shall not submit accounts that are false or misleading; and

B,xx. Members shall not make a document or statement that is false or misleading.

Mrs. St. Amour confirmed that she prepared the three OCF forms and submitted them electronically on the HCAI system. Mrs. St. Amour also confirmed that the Complainant’s account on the HCAI system was prepared by her. Mrs. St. Amour is responsible for the information contained in the three OCF forms. In submitting the three OCF forms electronically, Mrs. St. Amour represented that she was in contact with the Complainant, that she had the Complainant's consent to submit the OFC forms and the she had obtained the Complainant's signature on the OFC forms and retained copies of the same. Based on the evidence presented the foregoing representations were not accurate or true. The JC found that in submitting the three OCF’s electronically on the HCAI system Mrs. St. Amour submitted an account and made a document that was false or misleading.

Further, the three OCF forms submitted by Mrs. St. Amour contained her contact information instead of the Complainant's. Mrs. St. Amour testified that she did not know that her contact information followed the Complainant's name on the OCF forms as this information did not appear on her computer screen when she completed the OFC forms but rather was automatically imported into these forms when they were printed. However, Mrs. St. Amour testified that she was required to keep a printed copy of the OCF forms for her records, if she had completed this step than she would have seen that her contact information had been included in the OCF forms. It is Mrs. St. Amour’s responsibility to ensure that the OCF forms contain accurate information and that the proper process is followed to ensure the same. The inclusion of her contact information in the three OCF forms contravened the sections of the Code of Conduct set out above as they constitute a document or account that was false or misleading.

B,xxiii. Members shall not engage in conduct unbecoming an Athletic Therapist.

The JC repeated and adopted the evidence and conclusions set out above in section D and E of this summary and found that Mrs. St. Amour failed to follow the HCAI Guidelines, and the process that Mrs. St. Amour followed to obtain the Complainant's CPSO number, the manner in which she satisfied herself that the Complainant had approved and signed the OFC 23 form and the fact she never attempted to speak directly to the Complainant to obtain his consent amounted to conduct unbecoming an Athletic Therapist and contravened the section of the Code of Conduct set out above.

A,vi. Members shall cooperate fully with any inquiries, investigations or requests for information by the Association and its chapters, including replying promptly to any communications from them.

The evidence presented by the IC at the hearing was that it made a number of requests to Mrs. St. Amour for additional documents but despite these requests she either failed to provide the IC with the requested documents or failed to provide them with a complete copy of the requested documents. Mrs. St. Amour testified, and provided corroborating evidence at the
hearing, that during the course of the hearing she was out of the clinic for extended periods of time, first for her wedding and honeymoon and then as a result of her partner’s father’s illness and then her own illness. Although there is evidence to confirm that requests for documentation were made by the IC, and that some of these documents were never provided or received by the IC, the JC found that there were additional complexities that were going on in Mrs. St. Amour’s life at the same time that the investigation was proceeding and these likely impacted her ability to respond to the document request made by the IC. Further, the evidence presented at the hearing confirmed that Mr. St. Amour responded to communications from the IC within a reasonable period of time, although there may have been some delay this was not unusually long in light of the personal matters that were occurring for Mrs. St. Amour.

The JC found that there was insufficient evidence to establish that Mrs. St. Amour contravened the section of the Code of Conduct set out above.

F. Judicial Subcommittee Decision

After hearing and reviewing all of the evidence presented by the IC and Mrs. St. Amour the JC agreed unanimously that Mrs. St. Amour contravened the following sections of the Code of Ethics:

i. Members Act with honesty and integrity; and
x. Members conduct themselves in a manner that merits respect of society, the profession and its members.

After hearing and reviewing all of the evidence presented by the IC and Mrs. St. Amour the JC agreed unanimously that Mrs. St. Amour contravened the following sections of the Code of Conduct:

B, ix. Members shall maintain the generally accepted standard of practice;
B, xiv. Members shall not submit accounts that are false or misleading;
B, xx. Members shall not make a document or statement that is false or misleading; and
B, xxiii. Members shall not engage in conduct unbecoming an Athletic Therapist.

After hearing and reviewing all of the evidence presented by the IC and Mrs. St. Amour the JC agreed unanimously that Mrs. St. Amour had not contravened section A, vi. of the Code of Conduct and the JC directed that this allegation be dismissed.

F. Submissions on Penalty

In accordance with sections 78 and 79 of the Code of Conduct, the JC requested that the IC and Mrs. St. Amour provide the JC with written submissions on appropriate penalty by July 12, 2016. The written submissions were emailed to the JC Chairperson, counsel for the IC, and counsel for Mrs. St. Amour on or before July 12, 2016.

G. Penalty Decision and Reasons

Section 79 of the CATA Code of Conduct gives the JC broad discretion in deciding an appropriate penalty. It provides that the JC may order one or more of the following penalties:
a. cancellation of membership in the Association;

b. non-renewal of membership in the Association;

c. suspension of membership in the Association;

d. payment to Association of a fine of not more than $25,000;

e. terms and conditions under which the Member may continue as a Member of the Association;

f. deferral of the commencement of some or all of the penalties on specified terms and conditions; and

g. payment to the Association of a reasonable amount to reimburse the Association for the costs incurred by it in the investigation and prosecution of the matter in question.

In considering the penalties that could be ordered in this matter, the JC considered the following sentencing principles:

a. the nature and gravity of the offences;

b. the absence of any previous complaints or convictions against St. Amour;

c. the number of times that the offences were proven to have occurred;

d. the absence of any admission by Ms. St. Amour to the IC;

e. the impact of the incident on the Complainant;

f. the protection of the public;

g. the CATA Code of Ethics and the CATA Code of Conduct; and

h. the integrity of the CATA and its members.

The JC carefully reviewed the facts, matters and evidence from the hearing and the above sentencing principles and unanimously agreed that the following penalties be imposed against St. Amour:

1. In accordance with section 79(d) of the CATA Code of Conduct, St. Amour is required to pay a fine to the CATA in the sum of $8,305.50, which represents the amount St. Amour stood to receive as a result of the false and misleading information contained in the auto insurance Ontario Claims Forms (“OCF forms”). Pursuant to paragraph (3) below payment of this amount is to be made in 24 equal monthly instalments.

2. In accordance with section 79(g) of the CATA Code of Conduct, St. Amour is required to pay a cost amount for the reimbursement of the CATA’s legal costs incurred in the investigation
and hearing of the complaint in the sum of $15,000. Pursuant to paragraph (3) below, payment of this amount is to be made in 24 equal monthly instalments.

3. The first payments required by paragraphs (2) and (3) shall be made payable to the CATA within thirty (30) days of the date of the written decision on penalty. Further, within thirty (30) days of the date of the written decision on penalty, St. Amour shall also deliver to the CATA twenty-three (23) post-dated cheques for the balance of the monthly payments referred to in paragraphs (2) and (3) of this decision.

4. In accordance with section 79(e) of the CATA Code of Conduct, St. Amour shall:
   
a. prepare a letter addressed to the Complainant containing a written apology which addresses the errors and conduct that resulted in the wrongful use of his physician number. The letter is to be prepared by St. Amour within thirty (30) days of the date of the written decision on penalty on St. Amour. A draft of the letter shall first be sent to the JC chairperson for the JC’s review and comments. The JC will review the letter and provide its comments on the letter to St. Amour within five (5) days of receipt of the draft letter. If necessary, St. Amour will revise the letter in accordance with any comments made by the JC. No later than fifteen (15) days of the letter’s contents being approved by the JC, St. Amour will send the letter to the Complainant via courier. St. Amour will provide proof of delivery of the letter to the Complainant to the JC within fifteen (15) days of it being sent;

b. prepare an office manual detailing the correct procedure for using the Ontario Health Claims Auto Insurance System and for submitting OCF forms and provide a copy of that office manual to the chairperson of the JC within six (6) months of the date of the written decision on penalty. The JC will review the office manual and provide its comments on the office manual to St. Amour within thirty (30) days of receipt of the office manual. If necessary, St. Amour will revise the office manual in accordance with any comments made by the JC within thirty (30) days of receiving the JC’s comments. A final version of the office manual will be submitted to the chairperson of the JC no later than eight (8) months after the date of the written decision on penalty;

c. enroll and successfully complete the medical record keeping course offered through the University of Toronto (http://www.cpd.utoronto.ca/recordkeeping/) at St. Amour’s expense. St. Amour shall provide confirmation to the JC and the CATA Ethic’s Chairperson(s) of her successful completion of this course within twelve (12) months of the date of the written decision on penalty; and

d. enroll and successfully pass the PRoBE-Canada ethics course (http://www.cpepdoc.org/about-us/23-programs-and-courses/the-probe-program/56-probe-ontario/) at St. Amour’s expense. St. Amour shall provide confirmation to the JC and the CATA Ethic’s Chairperson(s) of her successful
completion of this course within twelve (12) months of the date of this written decision on penalty.

5. In the event St. Amour fails to complete or pay any of the items outlined in paragraphs 1, 2, 3, 4(a), 4(b), 4(c) or 4(d) within the time provided for therein, St. Amour’s membership in the CATA will automatically be suspended until those items have been completed or paid.

The JC concluded that the penalties imposed were reasonable and in the public interest. The penalties are reflective of the JC’s finding of six breaches of the Code of Ethics and the Code of Conduct relating to findings that St. Amour provided false and misleading information and that her practices fell below the minimum standard of conduct expected of an Athletic Therapist. They are also reflective of the fact that St. Amour never acknowledged or took responsibility for her conduct. This caused unnecessary expense to the CATA. Further, the JC concluded that the sanctions and requirements for continuing education in paragraphs 4(b), (c) and (d) above are necessary to ensure that St. Amour has current educational training and knowledge of the appropriate use and practices of the Ontario Health Claims Auto Insurance System and a better awareness of the standards expected of a health care professional.