Stakeholder Feedback on the Chiropody/Podiatry Referral: The Regulation of Chiropody & Podiatry

Part I:
Surveys Submitted Online

Note:
The responses within have not been edited by the Health Professions Regulatory Advisory Council (HPRAC). HPRAC is not responsible for any errors and omissions found on the submissions. The stakeholder comments are posted according to access to information guidelines (for guidelines visit, http://www.hprac.org/en/privacy.asp)
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Introduction

On June 28, 2007, the Minister of Health and Long-Term Care directed the Health Professions Regulatory Advisory Council (HPRAC) to "review issues relating to the regulation of chiropody and podiatry and provide advice as to whether and how there should be changes to existing legislation regarding these related professions". The Minister asked that the Council include "an analysis of the current model of foot care in Ontario, issues regarding restricted titles, and whether the existing limitations on the podiatrist class of members should continue."

To provide context for the analysis of the regulation of chiropody and podiatry, and to learn about the issues facing foot care providers, patients and other Ontarians, HPRAC held an initial consultation session on the current model of foot care in Ontario from April 4, 2014 to July 4, 2014.

A second consultation was held as part of HPRAC’s decision-making process regarding the regulation of chiropody and podiatry. HPRAC invited organizations and individuals to participate in a survey regarding the College of Chiropodists of Ontario’s (COCOO’s) application for a scope of practice change under the Regulated Health Professions Act, 1991 (RHPA).

The second consultation opened on December 18, 2014 and closed on March 20, 2015. The survey questions were aligned with HPRAC’s criteria for a Review of a Professional Scope of Practice under the Regulated Health Professions Act, 1991: Application Guide.

Stakeholders submitted comments through an online survey, by completing the survey and manually sending it to HPRAC’s office, or by providing their views in the form of a letter.

HPRAC’s consultation process is expected to crystallize broad themes and unanticipated issues; it is not viewed as a quantitative source of stakeholder interests or concerns.

By the close of consultation, 223\(^1\) stakeholders made submissions to HPRAC:

- 201 submissions were submitted online in the form of the survey. Part I of the stakeholder feedback focuses on these submissions.
- 23 submissions were mailed, faxed or emailed to HPRAC’s office, in the form of the survey or in the form of a letter. Part II of the stakeholder feedback focuses on these submissions.

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\(^1\) One submission was received on behalf of three organizations and three organizations and one individual made two submissions.
The following organizations provided a submission to HPRAC regarding a change in scope of practice for chiropody & podiatry:

- l'Association des Podiatres du Québec
- Canadian Federation of Podiatric Medicine
- Canadian Life and Health Insurance Association
- Canadian Orthopaedic Foot and Ankle Society (COFAS), Ontario Orthopaedic Association (OOA), Canadian Orthopaedic Association (COA) [joint submission]
- Canadian Podiatric Medical Association
- College of Chiropodists of Ontario
- College of Health Studies
- College of Pedorthics of Canada
- College of Physicians and Surgeons of Ontario
- Halton Healthcare Services
- Ontario Association of Non-Profit Homes and Services for Seniors
- Ontario CHC
- Ontario Chiropractic Association
- Ontario Medical Association
- Ontario Physiotherapy Association
- Ontario Podiatric Medical Association
- Ontario Society of Chiropodists
- Orthotics Prosthetics Canada
- Pedorthic Association of Canada
- Registered Nurses’ Association of Ontario
Survey Results
I am responding:
- 97% As an individual
- 3% On behalf of an organization

Geographical Location:
- 97% Ontario
- 1% British Columbia
- 1% United States
- 3% Other Countries

Do You Practise Foot Care:
- 92% Yes
- 8% No
Membership with health regulatory college:

- College of Chiropodists of Ontario: 9.45%
- College of Chiropractors of Ontario: 1.00%
- College of Nurses of Ontario: 1.99%
- College of Opticians of Ontario: 0.50%
- College of Optometrists of Ontario: 0.50%
- Ontario College of Pharmacists: 3.48%
- College of Physicians and Surgeons of Ontario: 0.50%
- College of Respiratory Therapists of Ontario: 9.45%
- Not applicable: 0.50%

Has the applicant demonstrated, with evidence, that there should be a change in the scope of practice for chiropody and podiatry?

- Yes: 89%
- No: 11%

The proposed change in scope of practice is rationally related to the practice of the profession and to the qualifications and competencies of members of the profession.

- Strongly Disagree: 9%
- Disagree: 23%
- Neutral: 1%
- Agree: 64%
- Strongly Agree: 2%

Risk of harm will be adequately mitigated

- Strongly Disagree: 0%
- Disagree: 6%
- Neutral: 24%
- Agree: 60%
- Strongly Agree: 9%
The proposed change in scope of practice is consistent with the evolution of the health care delivery system.

The proposed change in scope of practice is consistent with changing dynamics between health professionals who work in integrated, team-based and collaborative care models.

The proposed change in scope of practice is the most appropriate, effective and efficient means to provide clinical and patient care services.

Delegation or supervisory structures currently available are inadequate.
The authority for independent or autonomous professional activity is required in the provision of patient care.

There is a systematic body of knowledge within the profession to perform the activities being requested.

Members of the profession have, or will have, the knowledge, training, skills and experience necessary to carry out the duties and responsibilities involved in the proposed change in scope of practice.

The profession’s leadership will distinguish between the public interest and the profession’s self-interest and will favour the public interest at all times.
The profession supports the proposed change in scope of practice.

Compliance with regulatory requirements is likely among the membership.

The economic impacts of the proposed change in scope of practice for the profession, the public and the health care system have been adequately demonstrated.

There is a significant public need which would be met through the proposed change in scope of practice.
Currently, Section 4 of the Chiropody Act, 1991 describes the scope of practice statement for the profession in Ontario as: “The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.” The Applicant has proposed a revised scope of practice statement: “The practice of podiatry is the assessment or diagnosis of the foot and ankle and the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.

Do you agree with the scope of practice statement proposed by the Applicant?

- Yes: 89%
- No: 11%
Please state your level of agreement with the proposed changes to the scope of practice statement:

**Replacing the term chiropody with the term podiatry**

- **Strongly Disagree** 3%
- **Disagree** 2%
- **Neutral** 2%
- **Agree** 10%
- **Strongly Agree** 84%

**Performing a diagnosis**

- **Strongly Disagree** 2%
- **Disagree** 4%
- **Neutral** 7%
- **Agree** 88%

**Expanding the assessment and diagnosis performed to the ankle**

- **Strongly Disagree** 8%
- **Disagree** 1%
- **Neutral** 3%
- **Agree** 10%
- **Strongly Agree** 79%

**Expanding the treatment and preventing of diseases, disorders or dysfunctions to the ankle and structures affecting the foot and ankle**

- **Strongly Disagree** 9%
- **Disagree** 2%
- **Neutral** 1%
- **Agree** 10%
- **Strongly Agree** 79%
The applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes:

**Communicating a diagnosis identifying a disease or disorder of the foot or ankle as the cause of a person’s symptoms**

- 81% Strongly Agree
- 9% Agree
- 4% Neutral
- 1% Disagree
- 4% Strongly Disagree

**Performing a procedure on tissues below the dermis to treat conditions of the ankle or foot**

- 70% Strongly Agree
- 15% Agree
- 6% Neutral
- 4% Disagree
- 4% Strongly Disagree

**Setting or casting a fracture of a bone or dislocation of the joint, in the foot or ankle**

- 58% Strongly Agree
- 18% Agree
- 13% Neutral
- 7% Disagree
- 3% Strongly Disagree

**Administering, by injection, a substance in the Regulations**

- 77% Strongly Agree
- 15% Agree
- 4% Neutral
- 1% Disagree
- 3% Strongly Disagree
The applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes (Continued):

**Applying or ordering the application of a prescribed form of energy**

- Strongly Disagree: 3%
- Disagree: 1%
- Neutral: 6%
- Agree: 14%
- Strongly Agree: 75%

**Prescribing, dispensing and selling a drug designated in the Regulations**

- Strongly Disagree: 4%
- Disagree: 4%
- Neutral: 10%
- Agree: 15%
- Strongly Agree: 67%

**Order prescribed laboratory tests**

- Strongly Disagree: 3.5%
- Disagree: 0.5%
- Neutral: 5.0%
- Agree: 6.5%
- Strongly Agree: 88.1%

**Operate radiographic equipment, prescribe radiographs within the podiatry scope of practice and be designated as “radiation protection officers” under the Healing Arts Radiation Protection Act**

- Strongly Disagree: 3.5%
- Disagree: 0.5%
- Neutral: 5.0%
- Agree: 10.4%
- Strongly Agree: 80.6%
Should the model of practice change as described in the Applicant's proposal?

- Yes: 90%
- No: 10%

Are there other important points, NOT identified by the Applicant, that also support a scope of practice change?

- Yes: 36%
- No: 64%

Can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change?

- Yes: 16%
- No: 84%
Please state your level of agreement with respect to restricted titles that were proposed by the Applicant:

- Continuation of statutory protection for the title "podiatrist"
  - 69% Strongly Agree
  - 18% Agree
  - 8% Neutral
  - 2% Disagree
  - 3% Strongly Disagree

- Continuation of statutory protection for the title "chiropodist"
  - 63% Strongly Agree
  - 17% Agree
  - 10% Neutral
  - 4% Disagree
  - 5% Strongly Disagree

- Statutory protection for the title "podiatric surgeon"
  - 61% Strongly Agree
  - 15% Agree
  - 12% Neutral
  - 4% Disagree
  - 7% Strongly Disagree

- Statutory protection for the title "foot surgeon"
  - 56% Strongly Agree
  - 15% Agree
  - 15% Neutral
  - 6% Disagree
  - 7% Strongly Disagree
Does the Applicant’s proposal for a change in scope of practice protect the public interest?

- Yes: 88%
- No: 12%
Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are in the public interest.

- The proposal addresses critical gaps in professional services
- The proposal addresses trends in illness and disease
- The proposal addresses a changing public need for services and increased public awareness of available services
- The proposal addresses wait times for related health care services
- The proposal addresses changing technology
- The proposal addresses demographic trends
- The proposal will promote collaborative scopes of practice
- The proposal will address patient safety
- The proposal will address wellness and health promotion
- The proposal will address health human resources issues such as supply of practitioners
- The proposal addresses professional competencies that are not currently recognized
- The proposal will address access to services in remote, rural or under serviced areas
- The proposal favours the public interest over professional self-interests
- The proposal will improve access to care, across the health care system
- The proposal will not result in higher health care costs
Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are not in the public interest.

- The proposal does not address critical gaps in professional services
- The proposal does not address trends in illness and disease
- There isn’t a changing public need for services and increased public awareness of available services
- The proposal does not address wait times for related health care services
- The proposal does not address changing technology
- The proposal does not address demographic trends
- The proposal does not promote collaborative scopes of practice
- The proposal does not address patient safety (potential risk of harm)
- The proposal does not address wellness and health promotion
- The proposal does not address health human resources issues such as supply of practitioners
- Professional competencies are currently recognized to an adequate extent
- The proposal does not address access to services in remote, rural or under serviced areas
- The proposal promotes professional self-interests over the public interest
- The proposal will not improve access to care
- The proposal will result in higher health care costs
The Minister asked HPRAC to examine "whether the existing limitations on the podiatrist class of members should continue". This question is on the existing limitations on the podiatrist class of members (described by the Applicant as the "podiatric cap") and is not related to the scope of practice of chiropodists. Among other things, podiatrists in Ontario are authorized to communicate a diagnosis and cut into the bony tissue of the forefoot. Under the current legislative scheme chiropodists cannot perform these acts.

Should the College of Chiropodists of Ontario be authorized to register new individuals into the podiatrist class of membership as long as they meet educational and practice requirements?

- Yes: 65%
- No: 35%
Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should be changed to permit the registration of podiatrists.

- A change in legislation will address critical gaps in professional services
- A change in legislation will address trends in illness and disease
- A change in legislation is required because of the changing public need for services, and increased public awareness of available services
- A change in legislation will address wait times for related health care services
- A change in legislation will address demographic trends
- A change in legislation will promote collaborative scopes of practice
- A change in legislation will address patient safety
- A change in legislation will address wellness and health promotion
- A change in legislation will address health human resources issues such as supply of practitioners
- A change in legislation will address the professional competencies that are not currently recognized
- A change in legislation will improve access to foot care resulting in improvements to the efficient delivery of care
- A change in legislation will address access to services in remote, rural or under serviced areas
- A change in legislation will promote excellence and continuous improvement within the profession on an ongoing basis
- A change in legislation will enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care
- A change in legislation will improve the quality of care
Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should not be changed to permit the registration of podiatrists.

- A change in legislation will not address critical gaps in professional services
- A change in legislation will not address trends in illness and disease
- A change in legislation is not required because there is no change to the public need for services, or the awareness of available services
- A change in legislation will not address wait times for related health care services
- A change in legislation will not address demographic trends
- A change in legislation will not promote collaborative scopes of practice
- A change in legislation will not address patient safety (potential risk of harm)
- A change in legislation will not address wellness and health promotion
- A change in legislation will not address health human resources issues such as supply of practitioners
- A change in legislation will not address the professional competencies that are currently unrecognized
- A change in legislation will not improve the efficient delivery of care
- A change in legislation will not address access to services in remote, rural or under serviced areas
- A change in legislation will not promote excellence and continuous improvement within the profession on an ongoing basis
- A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care
- A change in legislation will not improve the quality of care
What will be the impact of the proposed change in scope of practice on the following:

**Costs to patients**
- Impact will be negative: 12%
- Neutral: 44%
- Impact will be positive: 43%

**Costs to the health care system**
- Impact will be negative: 12%
- Neutral: 21%
- Impact will be positive: 67%

**Patients’ understanding of the scope of practice of Ontario’s foot care health practitioners**
- Impact will be negative: 10%
- Neutral: 4%
- Impact will be positive: 85%

**Patient experience**
- Impact will be negative: 8%
- Neutral: 6%
- Impact will be positive: 85%
What will be the impact of the proposed change in scope of practice on the following (Continued):

**Interprofessional care**
- Impact will be negative: 9%
- Neutral: 7%
- Impact will be positive: 83%

**Service efficiency**
- Impact will be negative: 8%
- Neutral: 9%
- Impact will be positive: 83%

**Access to foot care**
- Impact will be negative: 6%
- Neutral: 10%
- Impact will be positive: 84%

**Wait times**
- Impact will be negative: 2%
- Neutral: 26%
- Impact will be positive: 72%
What will be the impact of the proposed change in scope of practice on the following (Continued):

**Consumer protection measures**
- Impact will be negative: 10%
- Neutral: 19%
- Impact will be positive: 71%

**Costs to the educational sector**
- Impact will be negative: 16%
- Neutral: 47%
- Impact will be positive: 37%

**Costs to the regulatory sector**
- Impact will be negative: 12%
- Neutral: 40%
- Impact will be positive: 48%

**The proposed change in scope of practice may result in the following:**
- An increased risk of harm: 25%
- A decreased risk of harm: 33%
- No impact to risk of harm: 55%
Submissions from Organizations
Participant Information

I am responding: *
»On behalf of an organization

Name of organization
Canadian Orthopaedic Foot and Ankle Society

Your name (optional)
Dr. Timothy Daniels

Geographical Location (choose one) *
»Ontario

Do you practise foot care? *
»Yes

I practice in the following setting: *
»Post-secondary educational institution

I am a: *
»Other Orthopaedic Surgeon

Membership with health regulatory college (if applicable): *
»College of Physicians and Surgeons of Ontario

Has the applicant demonstrated, with evidence, that there should be a change in the scope of practice for chiropody and podiatry? *
»No

HPRAC’s recommendations will be based on its assessment of the profession’s ability to meet the criteria for a change in its scope of practice, and the need for such a change.

Please identify your level of agreement with whether the applicant has satisfied HPRAC’s criteria for a change in scope of practice.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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</thead>
<tbody>
<tr>
<td>Disagree</td>
<td></td>
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<tr>
<td>The proposed change in scope of practice is rationally related to the practice of the profession and to the qualifications and competencies of members of the profession.</td>
<td>x</td>
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<tr>
<td>Risk of harm will be adequately mitigated.</td>
<td>x</td>
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<tr>
<td>The proposed change in scope of practice is consistent with the evolution of the health care delivery system.</td>
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<tr>
<td>The proposed change in scope of practice is consistent with changing dynamics between health professionals who work in integrated, team-based and collaborative care models.</td>
<td>x</td>
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<td>x</td>
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<td>Delegation or supervisory structures currently available are inadequate.</td>
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<td>The profession’s leadership will distinguish between the public interest and the profession’s self-interest and will favour the public interest at all times.</td>
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<td>The profession supports the proposed change in scope of practice.</td>
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<td>Compliance with regulatory requirements is likely among the membership.</td>
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<td>The economic impacts of the proposed change in scope of practice for the profession, the public and the health care system have been adequately demonstrated.</td>
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<tr>
<td>There is a significant public need which would be met through the proposed change in scope of practice.</td>
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</table>
Currently, Section 4 of the *Chiropody Act, 1991* describes the scope of practice statement for the profession in Ontario as:

“The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”

The Applicant has proposed a revised scope of practice statement:

“The practice of podiatry is the assessment or diagnosis of the foot and ankle and the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.”

Do you agree with the scope of practice statement proposed by the Applicant? *  
» No

Please state your level of agreement with the proposed changes to the scope of practice statement.

<table>
<thead>
<tr>
<th>Change Description</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>Replacing the term chiropody with the term podiatry *</td>
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<tr>
<td>Performing a diagnosis *</td>
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<tr>
<td>Expanding the assessment and diagnosis performed to the ankle *</td>
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Currently, chiropodists are authorized to:
- Cut into the subcutaneous tissues of the foot
- Administer, by injection into feet, a substance designated in the regulations
- Prescribe drugs designated in the regulations
- Administer, by inhalation, a substance designated in the regulations

In addition to the acts listed above, podiatrists are authorized to:
- Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person’s symptoms
- Cut into the bony tissues of the forefoot
- Prescribe certain additional drugs

The Applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes. (The information appearing in the chart below has been taken from the Applicant's proposal.)
The Applicant is proposing that the current chiropody and podiatry model of practice in Ontario be replaced with an expanded podiatric model of practice.

**Should the model of practice change as described in the Applicant's proposal?**

» No

**Are there other important points, NOT identified by the Applicant, that also support a change in scope of practice?**

» No

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating a diagnosis identifying a disease or disorder of the foot or ankle as the cause of a person’s symptoms <em>(currently authorized to members of the podiatrist class only)</em></td>
<td>x</td>
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<td>Performing a procedure on tissues below the dermis to treat conditions of the ankle or foot <em>(currently authorized with respect only to the foot)</em></td>
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<tr>
<td>Setting or casting a fracture of a bone or dislocation of the joint, in the foot or ankle <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
<td>x</td>
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<tr>
<td>Administering, by injection, a substance in the Regulations <em>(currently authorized for both chiropodists and podiatrists, but limited to injections into the foot)</em></td>
<td>x</td>
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<td>Applying or ordering the application of a prescribed form of energy <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
<td>x</td>
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<td>Prescribing, dispensing and selling a drug designated in the Regulations <em>(chiropodists and podiatrists are currently authorized to prescribe, but not to dispense or sell)</em></td>
<td>x</td>
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<tr>
<td>Order prescribed laboratory tests <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
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<td>Operate radiographic equipment, prescribe radiographs within the podiatry scope of practice and be designated as “radiation protection officers” under the Healing Arts Radiation Protection Act <em>(currently authorized for members of the podiatrist class and for Doctors of Podiatric Medicine (DPM)-trained chiropodists)</em></td>
<td>x</td>
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Can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change? *

»Yes

How can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change?


Currently, only a member of the College of Chiropodists of Ontario is permitted to use the restricted title “chiropodist” or “podiatrist”.

The Applicant has proposed that “chiropodist” and “podiatrist” continue to be restricted titles. In addition, the Applicant is proposing that “podiatric surgeon” and “foot surgeon” become restricted titles.

Please state your level of agreement with respect to the restricted titles that were proposed by the Applicant.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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<th>Neutral</th>
<th>Agree</th>
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<tbody>
<tr>
<td>Continuation of statutory protection for the title &quot;podiatrist&quot; *</td>
<td>x</td>
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<tr>
<td>Continuation of statutory protection for the title &quot;chiropodist&quot; *</td>
<td>x</td>
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<td>Statutory protection for the title &quot;podiatric surgeon&quot; *</td>
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</tbody>
</table>

Does the Applicant’s proposal for a change in scope of practice protect the public interest? *

»No

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are in the public interest. *

The proposal addresses critical gaps in professional services
The proposal addresses trends in illness and disease
The proposal addresses a changing public need for services and increased public awareness of available services
The proposal addresses wait times for related health care services
The proposal addresses changing technology
The proposal addresses demographic trends
The proposal will promote collaborative scopes of practice
The proposal will address patient safety
The proposal will address wellness and health promotion
The proposal will address health human resources issues such as supply of practitioners
The proposal addresses professional competencies that are not currently recognized
The proposal will address access to services in remote, rural or under serviced areas
The proposal favours the public interest over professional self-interests
The proposal will improve access to care, across the health care system
The proposal will not result in higher health care costs
Rank values must be between 1 and 3

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are not in the public interest. *
The proposal does not address critical gaps in professional services 0
The proposal does not address trends in illness and disease 0
There isn't a changing public need for services and increased public awareness of available services 0
The proposal does not address wait times for related health care services 0
The proposal does not address changing technology 0
The proposal does not address demographic trends 0
The proposal does not promote collaborative scopes of practice 3
The proposal does not address patient safety (potential risk of harm) 1
The proposal does not address wellness and health promotion 0
The proposal does not address health human resources issues such as supply of practitioners 0
Professional competencies are currently recognized to an adequate extent 0
The proposal does not address access to services in remote, rural or under serviced areas 0
The proposal promotes professional self-interests over the public interest 2
The proposal will not improve access to care 0
The proposal will result in higher health care costs 0
Rank values must be between 1 and 3
The Minister asked HPRAC to examine "whether the existing limitations on the podiatrist class of members should continue". This question is on the existing limitations on the podiatrist class of members (described by the Applicant as the "podiatric cap") and is not related to the scope of practice of chiropodists.

Among other things, podiatrists in Ontario are authorized to communicate a diagnosis and cut into the bony tissue of the forefoot. Under the current legislative scheme chiropodists cannot perform these acts.

Should the College of Chiropodists of Ontario be authorized to register new individuals into the podiatrist class of membership as long as they meet educational and practice requirements? *

» No

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should be changed to permit the registration of podiatrists. *

A change in legislation will address critical gaps in professional services
A change in legislation will address trends in illness and disease
A change in legislation is required because of the changing public need for services, and increased public awareness of available services
A change in legislation will address wait times for related health care services
A change in legislation will address demographic trends
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A change in legislation will address wellness and health promotion
A change in legislation will address health human resources issues such as supply of practitioners
A change in legislation will address the professional competencies that are not currently recognized
A change in legislation will improve access to foot care resulting in improvements to the efficient delivery of care
A change in legislation will address access to services in remote, rural or under serviced areas
A change in legislation will promote excellence and continuous improvement within the profession on an ongoing basis
A change in legislation will enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care
A change in legislation will improve the quality of care

Rank values must be between 1 and 3
Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should not be changed to permit the registration of podiatrists. *

A change in legislation will not address critical gaps in professional services 0
A change in legislation will not address trends in illness and disease 0
A change in legislation is not required because there is no change to the public need for services, or the awareness of available services 0
A change in legislation will not address wait times for related health care services 1
A change in legislation will not address demographic trends 0
A change in legislation will not promote collaborative scopes of practice 0
A change in legislation will not address patient safety (potential risk of harm) 2
A change in legislation will not address wellness and health promotion 0
A change in legislation will not address health human resources issues such as supply of practitioners 0
A change in legislation will not address the professional competencies that are currently unrecognized 0
A change in legislation will not improve the efficient delivery of care 0
A change in legislation will not address access to services in remote, rural or under serviced areas 0
A change in legislation will not promote excellence and continuous improvement within the profession on an ongoing basis 3
A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care 0
A change in legislation will not improve the quality of care 0

Rank values must be between 1 and 3

What will be the impact of the proposed change in scope of practice on the following:

<table>
<thead>
<tr>
<th>Impact will be negative</th>
<th>Neutral</th>
<th>Impact will be positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs to patients *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Costs to the health care system *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patients’ understanding of the scope of practice of Ontario’s foot care health practitioners *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patient experience *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Interprofessional care *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Service efficiency *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Access to foot care *</td>
<td>x</td>
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<td></td>
</tr>
<tr>
<td>Consumer protection measures *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Costs to the educational sector *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Costs to the regulatory sector *</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
The proposed change in scope of practice may result in the following: *
» An increased risk of harm
College of Chiropodists of Ontario

Participant Information

I am responding: *
»On behalf of an organization

Name of organization
College of Chiropodists of Ontario

Geographical Location (choose one) *
»Ontario

Do you practise foot care? *
»Yes

I practice in the following setting: *
»Rehabilitation facility

I am a: *
»Chiropodist

Membership with health regulatory college (if applicable): *
»College of Chiropodists of Ontario

Has the applicant demonstrated, with evidence, that there should be a change in the scope of practice for chiropody and podiatry? *
»Yes

HPRAC’s recommendations will be based on its assessment of the profession’s ability to meet the criteria for a change in its scope of practice, and the need for such a change.

Please identify your level of agreement with whether the applicant has satisfied HPRAC’s criteria for a change in scope of practice.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

The proposed change in scope of practice is rationally related to the practice of the profession and to the qualifications and
<table>
<thead>
<tr>
<th>Competency</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies of members of the profession. *</td>
<td></td>
</tr>
<tr>
<td>Risk of harm will be adequately mitigated. *</td>
<td>x</td>
</tr>
<tr>
<td>The proposed change in scope of practice is consistent with the evolution of the health care delivery system. *</td>
<td>x</td>
</tr>
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<td>The proposed change in scope of practice is consistent with changing dynamics between health professionals who work in integrated, team-based and collaborative care models. *</td>
<td>x</td>
</tr>
<tr>
<td>The proposed change in scope of practice is the most appropriate, effective and efficient means to provide clinical and patient care services. *</td>
<td>x</td>
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<td>Delegation or supervisory structures currently available are inadequate. *</td>
<td>x</td>
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<tr>
<td>The authority for independent or autonomous professional activity is required in the provision of patient care. *</td>
<td>x</td>
</tr>
<tr>
<td>There is a systematic body of knowledge within the profession to perform the activities being requested. *</td>
<td>x</td>
</tr>
<tr>
<td>Members of the profession have, or will have, the knowledge, training, skills and experience necessary to carry out the duties and responsibilities involved in the proposed change in scope of practice. *</td>
<td>x</td>
</tr>
<tr>
<td>The profession’s leadership will distinguish between the public interest and the profession’s self-interest and will favour the public interest at all times. *</td>
<td>x</td>
</tr>
<tr>
<td>The profession supports the proposed change in scope of practice. *</td>
<td>x</td>
</tr>
<tr>
<td>Compliance with regulatory requirements is likely among the membership. *</td>
<td>x</td>
</tr>
<tr>
<td>The economic impacts of the proposed change in scope of practice for the profession, the public and the health care system have been adequately demonstrated. *</td>
<td>x</td>
</tr>
<tr>
<td>There is a significant public need which would be met through the proposed change in scope of practice. *</td>
<td>x</td>
</tr>
</tbody>
</table>
Currently, Section 4 of the *Chiropody Act, 1991* describes the scope of practice statement for the profession in Ontario as:

“The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”

The Applicant has proposed a revised scope of practice statement:

“The practice of podiatry is the assessment or diagnosis of the foot and ankle and the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.”

Do you agree with the scope of practice statement proposed by the Applicant? *

» Yes

Please state your level of agreement with the proposed changes to the scope of practice statement.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>Replacing the term chiropody with the term podiatry *</td>
<td></td>
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<tr>
<td>Performing a diagnosis *</td>
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<tr>
<td>Expanding the assessment and diagnosis performed to the ankle *</td>
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<tr>
<td>Expanding the treatment and preventing of diseases, disorders or dysfunctions to the ankle and structures affecting the foot and ankle *</td>
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</tbody>
</table>

Currently, chiropodists are authorized to:

· Cut into the subcutaneous tissues of the foot
· Administer, by injection into feet, a substance designated in the regulations
· Prescribe drugs designated in the regulations
· Administer, by inhalation, a substance designated in the regulations

In addition to the acts listed above, podiatrists are authorized to:

· Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person’s
The Applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes. (The information appearing in the chart below has been taken from the Applicant's proposal.)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating a diagnosis identifying a disease or disorder of the foot or ankle as the cause of a person’s symptoms <em>(currently authorized to members of the podiatrist class only)</em></td>
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<tr>
<td>Performing a procedure on tissues below the dermis to treat conditions of the ankle or foot <em>(currently authorized with respect only to the foot)</em></td>
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<tr>
<td>Setting or casting a fracture of a bone or dislocation of the joint, in the foot or ankle <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
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<td>Administering, by injection, a substance in the Regulations <em>(currently authorized for both chiropodists and podiatrists, but limited to injections into the foot)</em></td>
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<tr>
<td>Applying or ordering the application of a prescribed form of energy <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
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<tr>
<td>Prescribing, dispensing and selling a drug designated in the Regulations <em>(chiropodists and podiatrists are currently authorized to prescribe, but not to dispense or sell)</em></td>
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<tr>
<td>Order prescribed laboratory tests <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
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<tr>
<td>Operate radiographic equipment, prescribe radiographs within the podiatry scope of practice and be designated as “radiation protection officers” under the Healing Arts Radiation Protection Act <em>(currently authorized for members of the podiatrist class and for Doctors of Podiatric Medicine)</em></td>
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</tbody>
</table>
The Applicant is proposing that the current chiropody and podiatry model of practice in Ontario be replaced with an expanded podiatric model of practice.

Should the model of practice change as described in the Applicant's proposal? *
»Yes

Are there other important points, NOT identified by the Applicant, that also support a change in scope of practice? *
»Yes

Can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change? *
»No

Currently, only a member of the College of Chiropodists of Ontario is permitted to use the restricted title “chiropodist” or “podiatrist”.

The Applicant has proposed that “chiropodist” and “podiatrist” continue to be restricted titles. In addition, the Applicant is proposing that “podiatric surgeon” and “foot surgeon” become restricted titles.

Please state your level of agreement with respect to the restricted titles that were proposed by the Applicant.

| Continuation of statutory protection for the title "podiatrist" * | x |
| Continuation of statutory protection for the title "chiropodist" * | x |
| Statutory protection for the title "podiatric surgeon" * | x |
| Statutory protection for the title "foot surgeon" * | x |

Does the Applicant’s proposal for a change in scope of practice protect the public interest? *
»Yes
Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are in the public interest. *

The proposal addresses critical gaps in professional services 0
The proposal addresses trends in illness and disease 0
The proposal addresses a changing public need for services and increased public awareness of available services 3
The proposal addresses wait times for related health care services 0
The proposal addresses changing technology 0
The proposal addresses demographic trends 0
The proposal will promote collaborative scopes of practice 0
The proposal will address patient safety 0
The proposal will address wellness and health promotion 0
The proposal will address health human resources issues such as supply of practitioners 0
The proposal addresses professional competencies that are not currently recognized 1
The proposal will address access to services in remote, rural or under serviced areas 0
The proposal favours the public interest over professional self-interests 0
The proposal will improve access to care, across the health care system 2
The proposal will not result in higher health care costs 0
Rank values must be between 1 and 3

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are not in the public interest. *

The proposal does not address critical gaps in professional services
The proposal does not address trends in illness and disease
There isn't a changing public need for services and increased public awareness of available services
The proposal does not address wait times for related health care services
The proposal does not address changing technology
The proposal does not address demographic trends
The proposal does not promote collaborative scopes of practice
The proposal does not address patient safety (potential risk of harm)
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The proposal does not address health human resources issues such as supply of practitioners
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The proposal will not improve access to care
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Rank values must be between 1 and 3

The Minister asked HPRAC to examine "whether the existing limitations on the podiatrist class of members should continue". This question is on the existing limitations on the podiatrist class of members (described by the Applicant as the "podiatric cap") and is not related to the scope of practice of chiropodists.

Among other things, podiatrists in Ontario are authorized to communicate a diagnosis and cut into the bony tissue of the forefoot. Under the current legislative scheme chiropodists cannot perform these acts.

Should the College of Chiropodists of Ontario be authorized to register new individuals into the podiatrist class of membership as long as they meet educational and practice requirements? *

» No

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should be changed to permit the registration of podiatrists. *

A change in legislation will address critical gaps in professional services
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provide podiatric care
A change in legislation will improve the quality of care
Rank values must be between 1 and 3

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should not be changed to permit the registration of podiatrists.*

A change in legislation will not address critical gaps in professional services 0
A change in legislation will not address trends in illness and disease 0
A change in legislation is not required because there is no change to the public need for services, or the awareness of available services 0
A change in legislation will not address wait times for related health care services 0
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A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care 0
A change in legislation will not improve the quality of care 0
Rank values must be between 1 and 3

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<td>--------------------------</td>
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<td></td>
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</table>

The proposed change in scope of practice may result in the following: *

» A decreased risk of harm
Participant Information

I am responding: *
»On behalf of an organization

Name of organization
College of Health Studies

Your name (optional)
Timothy Curran

Email address (optional)
info@collegeofhealthstudies.com

Geographical Location (choose one) *
»Ontario

Do you practise foot care? *
»Yes

I practice in the following setting: *
»Post-secondary educational institution

I am a: *
»Registered Nurse (RN)

Membership with health regulatory college (if applicable): *
»College of Nurses of Ontario

Has the applicant demonstrated, with evidence, that there should be a change in the scope of practice for chiropody and podiatry? *
»No
HPRAC’s recommendations will be based on its assessment of the profession’s ability to meet the criteria for a change in its scope of practice, and the need for such a change.

Please identify your level of agreement with whether the applicant has satisfied HPRAC’s criteria for a change in scope of practice.

<table>
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<tr>
<th>Criteria</th>
<th>Strongly Disagree</th>
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<td>The proposed change in scope of practice is rationally related to the practice of the profession and to the qualifications and competencies of members of the profession. *</td>
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<td>x</td>
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<td>The proposed change in scope of practice is the most appropriate, effective and efficient means to provide clinical and patient care services. *</td>
<td></td>
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<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
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Compliance with regulatory requirements is likely among the membership. *  

The economic impacts of the proposed change in scope of practice for the profession, the public and the health care system have been adequately demonstrated. *  

There is a significant public need which would be met through the proposed change in scope of practice. *

---

Currently, Section 4 of the *Chiropody Act, 1991* describes the scope of practice statement for the profession in Ontario as:

“The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”

The Applicant has proposed a revised scope of practice statement:

“The practice of podiatry is the assessment or diagnosis of the foot and ankle and the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.”

Do you agree with the scope of practice statement proposed by the Applicant? *

»Yes

Please state your level of agreement with the proposed changes to the scope of practice statement.

<table>
<thead>
<tr>
<th>Change</th>
<th>Strongly Disagree</th>
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<tr>
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and ankle *

Currently, chiropodists are authorized to:
· Cut into the subcutaneous tissues of the foot
· Administer, by injection into feet, a substance designated in the regulations
· Prescribe drugs designated in the regulations
· Administer, by inhalation, a substance designated in the regulations

In addition to the acts listed above, podiatrists are authorized to:
· Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person’s symptoms
· Cut into the bony tissues of the forefoot
· Prescribe certain additional drugs

The Applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes. (The information appearing in the chart below has been taken from the Applicant's proposal.)

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<tr>
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The Applicant is proposing that the current chiropody and podiatry model of practice in Ontario be replaced with an expanded podiatric model of practice.

Should the model of practice change as described in the Applicant's proposal? *

» No

Are there other important points, NOT identified by the Applicant, that also support a change in scope of practice? *

» Yes

What other important points, NOT identified by the Applicant, support a change in scope of practice?
The important role of the nurse in providing nursing foot care assessment and treatment of clients, and their impact in prevention of amputation for diabetic client, and aiding the geriatric client who are experiencing discomfort in the foot as a result of nail distortions, fungals and callus build up.

Can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change? *

» Yes

Currently, only a member of the College of Chiropodists of Ontario is permitted to use the restricted title “chiropodist” or “podiatrist”.

The Applicant has proposed that “chiropodist” and “podiatrist” continue to be restricted titles. In addition, the Applicant is proposing that “podiatric surgeon” and “foot surgeon” become restricted titles.
Please state your level of agreement with respect to the restricted titles that were proposed by the Applicant.

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Does the Applicant’s proposal for a change in scope of practice protect the public interest? *
» No

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are in the public interest. *

The proposal addresses critical gaps in professional services
The proposal addresses trends in illness and disease
The proposal addresses a changing public need for services and increased public awareness of available services
The proposal addresses wait times for related health care services
The proposal addresses changing technology
The proposal addresses demographic trends
The proposal will promote collaborative scopes of practice
The proposal will address patient safety
The proposal will address wellness and health promotion
The proposal will address health human resources issues such as supply of practitioners
The proposal addresses professional competencies that are not currently recognized
The proposal will address access to services in remote, rural or under serviced areas
The proposal favours the public interest over professional self-interests
The proposal will improve access to care, across the health care system
The proposal will not result in higher health care costs

Rank values must be between 1 and 3
Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are not in the public interest. *

The proposal does not address critical gaps in professional services 0
The proposal does not address trends in illness and disease 3
There isn't a changing public need for services and increased public awareness of available services 0
The proposal does not address wait times for related health care services 0
The proposal does not address changing technology 0
The proposal does not address demographic trends 0
The proposal does not promote collaborative scopes of practice 2
The proposal does not address patient safety (potential risk of harm) 0
The proposal does not address wellness and health promotion 1
The proposal does not address health human resources issues such as supply of practitioners 0
Professional competencies are currently recognized to an adequate extent 0
The proposal does not address access to services in remote, rural or under serviced areas 0
The proposal promotes professional self-interests over the public interest 0
The proposal will not improve access to care 0
The proposal will result in higher health care costs 0

Rank values must be between 1 and 3

The Minister asked HPRAC to examine "whether the existing limitations on the podiatrist class of members should continue". This question is on the existing limitations on the podiatrist class of members (described by the Applicant as the "podiatric cap") and is not related to the scope of practice of chiropodists.

Among other things, podiatrists in Ontario are authorized to communicate a diagnosis and cut into the bony tissue of the forefoot. Under the current legislative scheme chiropodists cannot perform these acts.

Should the College of Chiropodists of Ontario be authorized to register new individuals into the podiatrist class of membership as long as they meet educational and practice requirements? *
»Yes

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should be changed to permit the registration of podiatrists. *

A change in legislation will address critical gaps in professional services 0
A change in legislation will address trends in illness and disease 0
A change in legislation is required because of the changing public need for services, and increased public 0
<table>
<thead>
<tr>
<th>Awareness of available services</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>A change in legislation will address wait times for related health care services</td>
<td>0</td>
</tr>
<tr>
<td>A change in legislation will address demographic trends</td>
<td>0</td>
</tr>
<tr>
<td>A change in legislation will promote collaborative scopes of practice</td>
<td>0</td>
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<tr>
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<tr>
<td>A change in legislation will address wellness and health promotion</td>
<td>1</td>
</tr>
<tr>
<td>A change in legislation will address health human resources issues such as supply of practitioners</td>
<td>0</td>
</tr>
<tr>
<td>A change in legislation will address the professional competencies that are not currently recognized</td>
<td>2</td>
</tr>
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</tr>
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<tr>
<td>A change in legislation will not address the professional competencies that are currently unrecognized</td>
<td></td>
</tr>
<tr>
<td>A change in legislation will not improve the efficient delivery of care</td>
<td></td>
</tr>
<tr>
<td>A change in legislation will not address access to services in remote, rural or under serviced areas</td>
<td></td>
</tr>
<tr>
<td>A change in legislation will not promote excellence and continuous improvement within the profession on an ongoing basis</td>
<td></td>
</tr>
<tr>
<td>A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care</td>
<td></td>
</tr>
</tbody>
</table>

**Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should not be changed to permit the registration of podiatrists.**

- A change in legislation will not address critical gaps in professional services
- A change in legislation will not address trends in illness and disease
- A change in legislation is not required because there is no change to the public need for services, or the awareness of available services
- A change in legislation will not address wait times for related health care services
- A change in legislation will not address demographic trends
- A change in legislation will not promote collaborative scopes of practice
- A change in legislation will not address patient safety (potential risk of harm)
- A change in legislation will not address wellness and health promotion
- A change in legislation will not address health human resources issues such as supply of practitioners
- A change in legislation will not address the professional competencies that are currently unrecognized
- A change in legislation will not improve the efficient delivery of care
- A change in legislation will not address access to services in remote, rural or under serviced areas
- A change in legislation will not promote excellence and continuous improvement within the profession on an ongoing basis
- A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care
A change in legislation will not improve the quality of care
Rank values must be between 1 and 3

**What will be the impact of the proposed change in scope of practice on the following:**

<table>
<thead>
<tr>
<th>Impact will be negative</th>
<th>Neutral</th>
<th>Impact will be positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs to patients *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Costs to the health care system *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patients’ understanding of the scope of practice of Ontario’s foot care health practitioners *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patient experience *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Interprofessional care *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Service efficiency *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Access to foot care *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Wait times *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Consumer protection measures *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Costs to the educational sector *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Costs to the regulatory sector *</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

**The proposed change in scope of practice may result in the following:** *

»No impact to risk of harm
Participant Information

I am responding: *
» On behalf of an organization

Name of organization
Halton Healthcare Services

Geographical Location (choose one) *
» Ontario

Do you practise foot care? *
» Yes

I practice in the following setting: *
» Solo practice office

I am a: *
» Medical doctor

I am a: *
» Orthopaedic surgeon

Membership with health regulatory college (if applicable): *
» College of Physicians and Surgeons of Ontario

Has the applicant demonstrated, with evidence, that there should be a change in the scope of practice for chiropody and podiatry? *
» No

HPRAC’s recommendations will be based on its assessment of the profession’s ability to meet the criteria for a change in its scope of practice, and the need for such a change.

Please identify your level of agreement with whether the applicant has satisfied HPRAC’s criteria for a change in scope of practice.

Strongly Disagree Neutral Agree Strongly
<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proposed change in scope of practice is rationally related to the practice of the profession and to the qualifications and competencies of members of the profession. *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Risk of harm will be adequately mitigated. *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>The proposed change in scope of practice is consistent with the evolution of the health care delivery system. *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>The proposed change in scope of practice is consistent with changing dynamics between health professionals who work in integrated, team-based and collaborative care models. *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>The proposed change in scope of practice is the most appropriate, effective and efficient means to provide clinical and patient care services. *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Delegation or supervisory structures currently available are inadequate. *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>The authority for independent or autonomous professional activity is required in the provision of patient care. *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>There is a systematic body of knowledge within the profession to perform the activities being requested. *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Members of the profession have, or will have, the knowledge, training, skills and experience necessary to carry out the duties and responsibilities involved in the proposed change in scope of practice. *</td>
<td>x</td>
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<td>The profession’s leadership will distinguish between the public interest and the profession’s self-interest and will favour the public interest at all times. *</td>
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There is a significant public need which would be met through the proposed change in scope of practice.

Currently, Section 4 of the *Chiropody Act, 1991* describes the scope of practice statement for the profession in Ontario as:

“The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”

The Applicant has proposed a revised scope of practice statement:

“The practice of podiatry is the assessment or diagnosis of the foot and ankle and the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.”

Do you agree with the scope of practice statement proposed by the Applicant?

» No

Please state your level of agreement with the proposed changes to the scope of practice statement.

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Currently, chiropodists are authorized to:

· Cut into the subcutaneous tissues of the foot
· Administer, by injection into feet, a substance designated in the regulations
· Prescribe drugs designated in the regulations
In addition to the acts listed above, podiatrists are authorized to:

- Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person’s symptoms
- Cut into the bony tissues of the forefoot
- Prescribe certain additional drugs

The Applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes. (The information appearing in the chart below has been taken from the Applicant's proposal.)

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<td></td>
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<td>x</td>
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<tr>
<td>Order prescribed laboratory tests <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Operate radiographic equipment, prescribe radiographs within</td>
<td></td>
<td></td>
<td></td>
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The podiatry scope of practice and be designated as “radiation protection officers” under the Healing Arts Radiation Protection Act *(currently authorized for members of the podiatrist class and for Doctors of Podiatric Medicine (DPM)-trained chiropodists)*

The Applicant is proposing that the current chiropody and podiatry model of practice in Ontario be replaced with an expanded podiatric model of practice.

Should the model of practice change as described in the Applicant's proposal? *

» No

Are there other important points, NOT identified by the Applicant, that also support a change in scope of practice? *

» No

Can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change? *

» Yes

How can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change?

Better regulation

Currently, only a member of the College of Chiropodists of Ontario is permitted to use the restricted title “chiropodist” or “podiatrist”.

The Applicant has proposed that “chiropodist” and “podiatrist” continue to be restricted titles. In addition, the Applicant is proposing that “podiatric surgeon” and “foot surgeon” become restricted titles.

Please state your level of agreement with respect to the restricted titles that were proposed by the Applicant.

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<tbody>
<tr>
<td>Disagree</td>
<td></td>
<td>Agree</td>
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</table>
Continuation of statutory protection for the title "podiatrist" * | x |
Continuation of statutory protection for the title "chiropodist" * | x |
Statutory protection for the title "podiatric surgeon" * | x |
Statutory protection for the title "foot surgeon" * | x |

**Does the Applicant’s proposal for a change in scope of practice protect the public interest?** *

»No

**Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are in the public interest.** *

- The proposal addresses critical gaps in professional services
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- The proposal addresses demographic trends
- The proposal will promote collaborative scopes of practice
- The proposal will address patient safety
- The proposal will address wellness and health promotion
- The proposal will address health human resources issues such as supply of practitioners
- The proposal addresses professional competencies that are not currently recognized
- The proposal will address access to services in remote, rural or under serviced areas
- The proposal favours the public interest over professional self-interests
- The proposal will improve access to care, across the health care system
- The proposal will not result in higher health care costs

Rank values must be between 1 and 3

**Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are not in the public interest.** *

- The proposal does not address critical gaps in professional services 0
- The proposal does not address trends in illness and disease 0
- There isn't a changing public need for services and increased public awareness of available services 0
- The proposal does not address wait times for related health care services 0
- The proposal does not address changing technology 0
The proposal does not address demographic trends 0
The proposal does not promote collaborative scopes of practice 0
The proposal does not address patient safety (potential risk of harm) 3
The proposal does not address wellness and health promotion 0
The proposal does not address health human resources issues such as supply of practitioners 0
Professional competencies are currently recognized to an adequate extent 0
The proposal does not address access to services in remote, rural or under serviced areas 0
The proposal promotes professional self-interests over the public interest 1
The proposal will not improve access to care 0
The proposal will result in higher health care costs 2
Rank values must be between 1 and 3

The Minister asked HPRAC to examine "whether the existing limitations on the podiatrist class of members should continue". This question is on the existing limitations on the podiatrist class of members (described by the Applicant as the "podiatric cap") and is not related to the scope of practice of chiropodists.

Among other things, podiatrists in Ontario are authorized to communicate a diagnosis and cut into the bony tissue of the forefoot. Under the current legislative scheme chiropodists cannot perform these acts.

Should the College of Chiropodists of Ontario be authorized to register new individuals into the podiatrist class of membership as long as they meet educational and practice requirements? *
»No

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should be changed to permit the registration of podiatrists. *
A change in legislation will address critical gaps in professional services
A change in legislation will address trends in illness and disease
A change in legislation is required because of the changing public need for services, and increased public awareness of available services
A change in legislation will address wait times for related health care services
A change in legislation will address demographic trends
A change in legislation will promote collaborative scopes of practice
A change in legislation will address patient safety
A change in legislation will address wellness and health promotion
A change in legislation will address health human resources issues such as supply of practitioners
A change in legislation will address the professional competencies that are not currently recognized
A change in legislation will improve access to foot care resulting in improvements to the efficient delivery of care
A change in legislation will address access to services in remote, rural or under serviced areas
A change in legislation will promote excellence and continuous improvement within the profession on an ongoing basis
A change in legislation will enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care
A change in legislation will improve the quality of care

Rank values must be between 1 and 3

**Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should not be changed to permit the registration of podiatrists.**

* A change in legislation will not address critical gaps in professional services 3
A change in legislation will not address trends in illness and disease 0
A change in legislation is not required because there is no change to the public need for services, or the awareness of available services 0
A change in legislation will not address wait times for related health care services 0
A change in legislation will not address demographic trends 0
A change in legislation will not promote collaborative scopes of practice 0
A change in legislation will not address patient safety (potential risk of harm) 0
A change in legislation will not address wellness and health promotion 0
A change in legislation will not address health human resources issues such as supply of practitioners 0
A change in legislation will not address the professional competencies that are currently unrecognized 0
A change in legislation will not improve the efficient delivery of care 0
A change in legislation will not address access to services in remote, rural or under serviced areas 0
A change in legislation will not promote excellence and continuous improvement within the profession on an ongoing basis 2
A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care 0
A change in legislation will not improve the quality of care 1

Rank values must be between 1 and 3

**What will be the impact of the proposed change in scope of practice on the following:**
<table>
<thead>
<tr>
<th>Cost Items</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs to patients</td>
<td>X</td>
</tr>
<tr>
<td>Costs to the health care system</td>
<td>X</td>
</tr>
<tr>
<td>Patients’ understanding of the scope of practice of Ontario’s foot care health practitioners</td>
<td>X</td>
</tr>
<tr>
<td>Patient experience</td>
<td>X</td>
</tr>
<tr>
<td>Interprofessional care</td>
<td>X</td>
</tr>
<tr>
<td>Service efficiency</td>
<td>X</td>
</tr>
<tr>
<td>Access to foot care</td>
<td>X</td>
</tr>
<tr>
<td>Wait times</td>
<td>X</td>
</tr>
<tr>
<td>Consumer protection measures</td>
<td>X</td>
</tr>
<tr>
<td>Costs to the educational sector</td>
<td>X</td>
</tr>
<tr>
<td>Costs to the regulatory sector</td>
<td>X</td>
</tr>
</tbody>
</table>

The proposed change in scope of practice may result in the following: *

» An increased risk of harm

How can increases to risk of harm be mitigated?
Limit practice patterns of chiropodists / podiatrists

Do you have any other comments to make regarding the Applicant's submission?
Any decision in this matter will need to be carefully thought out.

At present there is no new money available to fund foot and ankle care.

If these changes are implemented without new funding the result will be poor patient care / management.
Ontario Chiropractic Association

Participant Information

I am responding: *
» On behalf of an organization

Name of organization
Ontario Chiropractic Association

Your name (optional)
Dr. Bob Haig

Email address (optional)
rdbaig@chiropractic.on.ca

Geographical Location (choose one) *
» Ontario

Do you practise foot care? *
» No

I am participating in this referral as a: *
» Representative of a professional association

Membership with health regulatory college (if applicable): *
» College of Chiropractors of Ontario

Has the applicant demonstrated, with evidence, that there should be a change in the scope of practice for chiropody and podiatry? *
» Yes

HPRAC’s recommendations will be based on its assessment of the profession’s ability to meet the criteria for a change in its scope of practice, and the need for such a change.

Please identify your level of agreement with whether the applicant has satisfied HPRAC’s criteria for a change in scope of practice.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proposed change in scope of practice is rationally related to the practice of the profession and to the qualifications and competencies of members of the profession. *</td>
<td>x</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Risk of harm will be adequately mitigated. *</td>
<td></td>
<td></td>
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<td>x</td>
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<tr>
<td>The proposed change in scope of practice is consistent with the evolution of the health care delivery system. *</td>
<td></td>
<td>x</td>
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<tr>
<td>The proposed change in scope of practice is consistent with changing dynamics between health professionals who work in integrated, team-based and collaborative care models. *</td>
<td></td>
<td>x</td>
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<tr>
<td>The proposed change in scope of practice is the most appropriate, effective and efficient means to provide clinical and patient care services. *</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
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<tr>
<td>Delegation or supervisory structures currently available are inadequate. *</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The authority for independent or autonomous professional activity is required in the provision of patient care. *</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>There is a systematic body of knowledge within the profession to perform the activities being requested. *</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members of the profession have, or will have, the knowledge, training, skills and experience necessary to carry out the duties and responsibilities involved in the proposed change in scope of practice. *</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>The profession’s leadership will distinguish between the public interest and the profession’s self-interest and will favour the public interest at all times. *</td>
<td></td>
<td></td>
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<td>x</td>
<td></td>
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<tr>
<td>The profession supports the proposed change in scope of practice. *</td>
<td></td>
<td></td>
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<td>x</td>
<td></td>
</tr>
<tr>
<td>Compliance with regulatory requirements is likely among the membership. *</td>
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<td></td>
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<tr>
<td>The economic impacts of the proposed change in scope of</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
practice for the profession, the public and the health care system have been adequately demonstrated. *

There is a significant public need which would be met through the proposed change in scope of practice. *  

Currently, Section 4 of the *Chiropody Act, 1991* describes the scope of practice statement for the profession in Ontario as:

“The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”

The Applicant has proposed a revised scope of practice statement:

“The practice of podiatry is the assessment or diagnosis of the foot and ankle and the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.”

Do you agree with the scope of practice statement proposed by the Applicant? *

» No

Please state your level of agreement with the proposed changes to the scope of practice statement.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacing the term chiropody with the term podiatry *</td>
<td>x</td>
<td></td>
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<tr>
<td>Performing a diagnosis *</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expanding the assessment and diagnosis performed to the ankle *</td>
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<tr>
<td>Expanding the treatment and preventing of diseases, disorders or dysfunctions to the ankle and structures affecting the foot and ankle *</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Currently, chiropodists are authorized to:

• Cut into the subcutaneous tissues of the foot
• Administer, by injection into feet, a substance designated in the regulations
• Prescribe drugs designated in the regulations
- Administer, by inhalation, a substance designated in the regulations

In addition to the acts listed above, podiatrists are authorized to:
- Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person’s symptoms
- Cut into the bony tissues of the forefoot
- Prescribe certain additional drugs

The Applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes. (The information appearing in the chart below has been taken from the Applicant's proposal.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating a diagnosis identifying a disease or disorder of the foot or ankle as the cause of a person’s symptoms (<em>currently authorized to members of the podiatrist class only</em>)</td>
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<tr>
<td>Performing a procedure on tissues below the dermis to treat conditions of the ankle or foot (<em>currently authorized with respect only to the foot</em>)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Setting or casting a fracture of a bone or dislocation of the joint, in the foot or ankle (<em>not currently authorized for either chiropodists or podiatrists</em>)</td>
<td></td>
<td></td>
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<td>x</td>
<td></td>
</tr>
<tr>
<td>Administering, by injection, a substance in the Regulations (<em>currently authorized for both chiropodists and podiatrists, but limited to injections into the foot</em>)</td>
<td></td>
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<td>x</td>
</tr>
<tr>
<td>Applying or ordering the application of a prescribed form of energy (<em>not currently authorized for either chiropodists or podiatrists</em>)</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribing, dispensing and selling a drug designated in the Regulations (<em>chiropodists and podiatrists are currently authorized to prescribe, but not to dispense or sell)</em></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Order prescribed laboratory tests (<em>not currently authorized for either chiropodists or podiatrists</em>)</td>
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<tr>
<td>Operate radiographic equipment, prescribe radiographs within</td>
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</tbody>
</table>
the podiatry scope of practice and be designated as “radiation protection officers” under the Healing Arts Radiation Protection Act (*currently authorized for members of the podiatrist class and for Doctors of Podiatric Medicine (DPM)-trained chiropodists*) *

The Applicant is proposing that the current chiropody and podiatry model of practice in Ontario be replaced with an expanded podiatric model of practice.

Should the model of practice change as described in the Applicant’s proposal? *
» Yes

Are there other important points, NOT identified by the Applicant, that also support a change in scope of practice? *
» No

Can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change? *
» Yes

How can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change?
1) Removal of the podiatry cap
2) Increasing access to foot surgery (all providers including physicians and podiatrists)

Currently, only a member of the College of Chiropodists of Ontario is permitted to use the restricted title “chiropodist” or “podiatrist”.

The Applicant has proposed that “chiropodist” and “podiatrist” continue to be restricted titles. In addition, the Applicant is proposing that “podiatric surgeon” and “foot surgeon” become restricted titles.

Please state your level of agreement with respect to the restricted titles that were proposed by the Applicant.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation of statutory protection for the title &quot;podiatrist&quot; *</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
Continuation of statutory protection for the title "chiropodist" *

Statutory protection for the title "podiatric surgeon" *

Statutory protection for the title "foot surgeon" *

Does the Applicant’s proposal for a change in scope of practice protect the public interest? *

No

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are in the public interest. *

The proposal addresses critical gaps in professional services
The proposal addresses trends in illness and disease
The proposal addresses a changing public need for services and increased public awareness of available services
The proposal addresses wait times for related health care services
The proposal addresses changing technology
The proposal addresses demographic trends
The proposal will promote collaborative scopes of practice
The proposal will address patient safety
The proposal will address wellness and health promotion
The proposal will address health human resources issues such as supply of practitioners
The proposal addresses professional competencies that are not currently recognized
The proposal will address access to services in remote, rural or under serviced areas
The proposal favours the public interest over professional self-interests
The proposal will improve access to care, across the health care system
The proposal will not result in higher health care costs
Rank values must be between 1 and 3

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are not in the public interest. *

The proposal does not address critical gaps in professional services
The proposal does not address trends in illness and disease
There isn't a changing public need for services and increased public awareness of available services
The proposal does not address wait times for related health care services
The proposal does not address changing technology 0
The proposal does not address demographic trends 0
The proposal does not promote collaborative scopes of practice 2
The proposal does not address patient safety (potential risk of harm) 0
The proposal does not address wellness and health promotion 0
The proposal does not address health human resources issues such as supply of practitioners 0
Professional competencies are currently recognized to an adequate extent 1
The proposal does not address access to services in remote, rural or under serviced areas 0
The proposal promotes professional self-interests over the public interest 3
The proposal will not improve access to care 0
The proposal will result in higher health care costs 0
Rank values must be between 1 and 3

The Minister asked HPRAC to examine "whether the existing limitations on the podiatrist class of members should continue". This question is on the existing limitations on the podiatrist class of members (described by the Applicant as the "podiatric cap") and is not related to the scope of practice of chiropodists.

Among other things, podiatrists in Ontario are authorized to communicate a diagnosis and cut into the bony tissue of the forefoot. Under the current legislative scheme chiropodists cannot perform these acts.

Should the College of Chiropodists of Ontario be authorized to register new individuals into the podiatrist class of membership as long as they meet educational and practice requirements? *

»Yes

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should be changed to permit the registration of podiatrists. *

A change in legislation will address critical gaps in professional services 0
A change in legislation will address trends in illness and disease 0
A change in legislation is required because of the changing public need for services, and increased public awareness of available services 0
A change in legislation will address wait times for related health care services 3
A change in legislation will address demographic trends 0
A change in legislation will promote collaborative scopes of practice 0
A change in legislation will address patient safety 0
A change in legislation will address wellness and health promotion 0
A change in legislation will address health human resources issues such as supply of practitioners  2
A change in legislation will address the professional competencies that are not currently recognized  0
A change in legislation will improve access to foot care resulting in improvements to the efficient delivery of care  0
A change in legislation will address access to services in remote, rural or under serviced areas  0
A change in legislation will promote excellence and continuous improvement within the profession on an ongoing basis  0
A change in legislation will enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care  1
A change in legislation will improve the quality of care  0

Rank values must be between 1 and 3

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should not be changed to permit the registration of podiatrists. *
A change in legislation will not address critical gaps in professional services
A change in legislation will not address trends in illness and disease
A change in legislation is not required because there is no change to the public need for services, or the awareness of available services
A change in legislation will not address wait times for related health care services
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A change in legislation will not address access to services in remote, rural or under serviced areas
A change in legislation will not promote excellence and continuous improvement within the profession on an ongoing basis
A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care
A change in legislation will not improve the quality of care

Rank values must be between 1 and 3

What will be the impact of the proposed change in scope of practice on the following:

<table>
<thead>
<tr>
<th>Impact will</th>
<th>Neutral</th>
<th>Impact will</th>
</tr>
</thead>
</table>

70 of 129
The proposed change in scope of practice may result in the following: *
» An increased risk of harm

How can increases to risk of harm be mitigated?
Exclude 'structures affecting the foot and ankle' from the change in scope of practice. Lifting the podiatry cap will increase patient access. On the other hand, wholesale changes in the model seem unnecessary and may create other issues including patient confusion related to the core competencies of members; potential gaps in non-surgical footcare; and may not address access issues in rural and remote areas of the province.

Do you have any other comments to make regarding the Applicant's submission?
ONTARIO CHIROPRACTIC ASSOCIATION SUBMISSION TO THE HEALTH PROFESSIONS REGULATORY ADVISORY COUNCIL (HPRAC) RE: THE COLLEGE OF CHIROPODISTS APPLICATION MARCH 2015

INTRODUCTION
We appreciate the opportunity to comment on the Application of the College of Chiropodists of Ontario (the

<table>
<thead>
<tr>
<th>Costs to patients *</th>
<th>be negative</th>
<th>be positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs to the health care system *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patients’ understanding of the scope of practice of Ontario’s foot care health practitioners *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patient experience *</td>
<td>x</td>
<td></td>
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<tr>
<td>Interprofessional care *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Service efficiency *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Access to foot care *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Wait times *</td>
<td>x</td>
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<tr>
<td>Consumer protection measures *</td>
<td>x</td>
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<tr>
<td>Costs to the educational sector *</td>
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<td></td>
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<tr>
<td>Costs to the regulatory sector *</td>
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</tbody>
</table>
The members of the Ontario Chiropractic Association (“OCA”) are part of an interdisciplinary team that delivers primary health care including footcare in Ontario. We support changes that will safely deliver improved and more accessible healthcare resources efficiently to the public. We are not opposed to lifting of the podiatry cap, however, we do not support the wording of the proposed scope of practice.

The OCA supports the concept of utilizing professionals to the full extent of their scope and competencies. We support in principle the College’s members playing a central and expanded role in the delivery of footcare.

In its Application, the College proposes changes that would transform the health care system and the way footcare is delivered in Ontario. The OCA has a few questions related to the impact of some of the proposed changes on the system, given the proposed underlying concepts that form the basis of the College’s Application.

The OCA submission addresses three issues, with reference throughout to the HPRAC criteria for Scope of Practice reviews.

1) The proposed expanded scope
2) Access to advanced imaging and lab tests
3) The impact of the suggested footcare delivery approach

1. THE PROPOSED EXPANDED SCOPE

The proposed expansion of the scope of practice is significant, including in particular expanding the scope anatomically to include “ankle and structures affecting the foot or ankle”.

a) Relevance to the Profession and Body of Knowledge

The “Relevance to the Profession” criterion requires the requested change be “rationally related to the practice of the profession, and to the qualifications and competencies of members of the profession”.

The “Body of Knowledge” criterion requires that the profession demonstrate “that there is a systematic body of knowledge within the profession” to perform the activities requested.

The submission does not articulate the relevant body of knowledge that would justify and support the treatment by podiatrists of “structures affecting the foot and ankle”. Such a definition seems to be broader than a number of the other jurisdictions in Canada.

The submission would benefit from a more comprehensive scope definition consistent with the criteria for regulation and scheme under the RHPA. This would help provide the Ministry, the public, and other health professionals a better understanding of the intent of the scope change.

The proposed Authorized Act of Diagnosis is:

“Communicating a diagnosis identifying a disease or disorder of the foot or ankle as the cause of a person’s symptoms”.

This appears to limit assessment and diagnosis to conditions of the foot and ankle but the Scope of Practice Statement includes the treatment and prevention of diseases, disorders, or dysfunctions of “structures affecting the foot or ankle”.

Given the broad nature of the proposed scope of practice, this language might be interpreted to include the
treatment of conditions of “structures affecting the foot or ankle” which a podiatrist is currently neither
authorized nor presumably proficient to diagnose including, for example:
- Conditions of the hip, knee, lower back, pelvic, and upper and lower leg soft tissues,
- Dysfunctions within the kinetic chain,
- Serious neurological conditions impacting the motor or sensory function of the feet.

Chiropractic students, during their first three years of education at the Canadian Memorial Chiropractic
College in Toronto, receive 238 hours of formal instruction in general, spinal and clinical biomechanics, one
of several basic sciences fundamental to the appropriate use of joint manipulation.

Given the breadth of the proposed scope of practice, we would be concerned that without this kind of in-depth
education and understanding, College members purporting to treat the ankle and “structures affecting the foot
or ankle” may not be prepared for treating “structures affecting the foot or ankle”.

There was a lack of evidence presented in the Application to suggest podiatrists are sufficiently trained to
treat any and all “structures affecting the foot or ankle”. Further, we do not believe it is the intent of the
College of Chiropodists to permit the treatment of any and all structures “affecting the foot or ankle”. While
podiatrists may be competent to treat some structures affecting the foot or ankle, the proposed scope of
practice is too broad because it will convey that members are able to treat all structures “affecting the foot or
ankle”. Therefore, we oppose the proposed scope of practice.

Risk of Harm

The “Risk of Harm” criterion, requires the profession to demonstrate “how the training and competencies of
members of the profession provide assurance that patients or clients will be cared for within evidence-based
best practices”.

According to the Application, the vast majority of current members of the College (568/637 as of 2013) are
chiropodists. These members are not currently prepared for the expanded scope of practice, which raises
questions such as how training upgrades will be both delivered and communicated to the public and to
members?

In its Application, the College cites a survey of its members done in the summer of 2013 reflecting wide
variance among its registrants in terms of the percentages who intend to perform the proposed expanded
controlled acts and already feel they have the competencies to do so.

The College states, “About 15% of current registrants are judged to currently possess the competencies to
perform all of the proposed new or expanded authorized acts.”

With so many different kinds of registrants authorized with different competencies, we are interested in better
understanding how various practice competencies will be defined and communicated to members and the
public to avoid confusion.

2. ACCESS TO ADVANCED IMAGING AND LABS

The submission recommends the controlled act of applying or ordering the application of a prescribed form of
energy and ordering prescribed lab tests. There are a variety of professions including chiropractors,
physiotherapists and nurse practitioners, who are seeking authority to order advanced diagnostics including
MRI and select lab tests. These professions have provided strong evidence to the government in support of
this expanded scope. The government is currently engaged in a review of the Healing Arts Radiation
Protection Act which may address other forms of radiation including MRIs.

Similarly, podiatry is not the only health profession seeking changes to the Laboratory and Specimen Collection Centre Licensing Act or Regulations. HPRAC made specific recommendations regarding laboratory testing for pharmacy, dietetics, midwifery, and physiotherapy. Additionally, the chiropractic profession is engaged in discussions with government on expansion of authority for ordering forms of energy and laboratory tests by chiropractors.

The question of whether or not to expand the use of diagnostic tools to podiatry should be in the context of the larger discussion regarding which tests should be ordered by which professionals. Rather than making changes on an ad hoc basis and treating podiatry differently from other health professionals, we would endorse that changes be made across multiple professions at the same time. Until such time, we suggest that one-off changes to the Laboratory and Specimen Collection Centre Licensing Act or Regulations not be contemplated.

3. THE IMPACT OF THE PROPOSED FOOTCARE DELIVERY APPROACH

In reviewing the proposed footcare model in the Application, it would be helpful to better understand and quantify three other key areas:

a) Collaboration
   • How can the various health professions involved in footcare work together to improve patient care and system efficiency?
   • If the podiatry cap was eliminated, and podiatrists were more integrated into a broader system, would the fully expanded scope of practice and the move to a podiatry only model be required?
   • Is the proposal consistent with the current trend towards rostering patients to teams of healthcare providers, rather than the fee-for-service model of funding?
   • How do the proposed surgical centres for podiatry services fit within the Ministry’s policy direction for community based surgical centres and IHFs?

b) Training and Education
   • What public resources will be required for training the new proposed class of podiatrists, including medical schools, hospital resources, and other funding that may need to come from the LHINs?

c) System Impact
   • Are the wait times for foot surgery caused by shortages of orthopedic surgeons, a lack of operating room time, or a lack of funding for the cases? The expanded scope to allow podiatrists to perform surgery will only improve wait times if those wait times are due to a shortage of surgeons – and that is not clear on the face of the Application. If the wait times are due to other types of resource shortages, adding more surgeons could make the situation worse.
   • Would an increase in services for the management of chronic disease (e.g., diabetes) decrease the need for surgical services?
   • How and why will the changes improve footcare services to underserviced areas? What incentives will the College use so that podiatrists will be more equally distributed throughout the province (above and beyond
the suggested market forces)?
• Has consideration been given to delegation and whether that would be a means to engage podiatrists more broadly without the need to expand the scope of practice to the extent proposed?

CLOSING REMARKS
The OCA is not necessarily opposed to the changes in the Application, with the exception of the Scope of Practice Statement. We recommend that consideration of any requests for access to advanced imaging and labs be made across multiple professions and not on an ad hoc basis. Further, some of the requested changes may be better considered in the context of a broader discussion of health policy focused on how to manage health human resources more generally to maximize the public benefit.
The impact and answers to such questions may be beyond the scope of the Application and perhaps the HPRAC review which, by its very nature, focuses more on regulation than health policy. However, the proposed changes could seemingly have a profound impact on resources and funding across the system.
Thank you for the opportunity to respond to the Application. We look forward to participating in any further consultations.
Participant Information

I am responding: *
»On behalf of an organization

Name of organization
ONTARIO CHC

Geographical Location (choose one) *
»Ontario

Do you practise foot care? *
»No

I am participating in this referral as a: *
»Representative of a health services organization

Membership with health regulatory college (if applicable): *
»Not applicable

Has the applicant demonstrated, with evidence, that there should be a change in the scope of practice for chiropody and podiatry? *
»Yes

HPRAC’s recommendations will be based on its assessment of the profession’s ability to meet the criteria for a change in its scope of practice, and the need for such a change.

Please identify your level of agreement with whether the applicant has satisfied HPRAC’s criteria for a change in scope of practice.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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<th>Neutral</th>
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<th>Strongly Agree</th>
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<td>The proposed change in scope of practice is rationally related to the practice of the profession and to the qualifications and competencies of members of the profession. *</td>
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The proposed change in scope of practice is consistent with the evolution of the health care delivery system. *  x  

The proposed change in scope of practice is consistent with changing dynamics between health professionals who work in integrated, team-based and collaborative care models. *  x  

The proposed change in scope of practice is the most appropriate, effective and efficient means to provide clinical and patient care services. *  x  

Delegation or supervisory structures currently available are inadequate. *  x  

The authority for independent or autonomous professional activity is required in the provision of patient care. *  x  

There is a systematic body of knowledge within the profession to perform the activities being requested. *  x  

Members of the profession have, or will have, the knowledge, training, skills and experience necessary to carry out the duties and responsibilities involved in the proposed change in scope of practice. *  x  

The profession’s leadership will distinguish between the public interest and the profession’s self-interest and will favour the public interest at all times. *  x  

The profession supports the proposed change in scope of practice. *  x  

Compliance with regulatory requirements is likely among the membership. *  x  

The economic impacts of the proposed change in scope of practice for the profession, the public and the health care system have been adequately demonstrated. *  x  

There is a significant public need which would be met through the proposed change in scope of practice. *  x  

---

Currently, Section 4 of the *Chiropody Act, 1991* describes the scope of practice statement for the profession in Ontario as:
“The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”

The Applicant has proposed a revised scope of practice statement:

“The practice of podiatry is the assessment or diagnosis of the foot and ankle and the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.”

Do you agree with the scope of practice statement proposed by the Applicant? *

Yes

Please state your level of agreement with the proposed changes to the scope of practice statement.

<table>
<thead>
<tr>
<th>Change Description</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacing the term chiropody with the term podiatry *</td>
<td></td>
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<tr>
<td>Performing a diagnosis *</td>
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<tr>
<td>Expanding the assessment and diagnosis performed to the ankle *</td>
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<tr>
<td>Expanding the treatment and preventing of diseases, disorders or dysfunctions to the ankle and structures affecting the foot and ankle *</td>
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</tbody>
</table>

Currently, chiropodists are authorized to:
- Cut into the subcutaneous tissues of the foot
- Administer, by injection into feet, a substance designated in the regulations
- Prescribe drugs designated in the regulations
- Administer, by inhalation, a substance designated in the regulations

In addition to the acts listed above, podiatrists are authorized to:
- Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person’s symptoms
- Cut into the bony tissues of the forefoot
- Prescribe certain additional drugs
The Applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes. (The information appearing in the chart below has been taken from the Applicant's proposal.)

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating a diagnosis identifying a disease or disorder of the foot or ankle as the cause of a person’s symptoms (<em>currently authorized to members of the podiatrist class only</em>)</td>
<td></td>
<td></td>
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<td>x</td>
</tr>
<tr>
<td>Performing a procedure on tissues below the dermis to treat conditions of the ankle or foot (<em>currently authorized with respect only to the foot</em>)</td>
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<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Setting or casting a fracture of a bone or dislocation of the joint, in the foot or ankle (<em>not currently authorized for either chiropodists or podiatrists</em>)</td>
<td></td>
<td>x</td>
<td></td>
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</tr>
<tr>
<td>Administering, by injection, a substance in the Regulations (<em>currently authorized for both chiropodists and podiatrists, but limited to injections into the foot</em>)</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Applying or ordering the application of a prescribed form of energy (<em>not currently authorized for either chiropodists or podiatrists</em>).</td>
<td></td>
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<td>x</td>
<td></td>
</tr>
<tr>
<td>Prescribing, dispensing and selling a drug designated in the Regulations (<em>chiropodists and podiatrists are currently authorized to prescribe, but not to dispense or sell</em>)</td>
<td></td>
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<td>x</td>
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<tr>
<td>Order prescribed laboratory tests (<em>not currently authorized for either chiropodists or podiatrists</em>)</td>
<td></td>
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</tr>
<tr>
<td>Operate radiographic equipment, prescribe radiographs within the podiatry scope of practice and be designated as “radiation protection officers” under the Healing Arts Radiation Protection Act (<em>currently authorized for members of the podiatrist class and for Doctors of Podiatric Medicine (DPM)-trained chiropodists</em>)</td>
<td></td>
<td></td>
<td>x</td>
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</tr>
</tbody>
</table>
The Applicant is proposing that the current chiropody and podiatry model of practice in Ontario be replaced with an expanded podiatric model of practice.

Should the model of practice change as described in the Applicant's proposal? *
   » Yes

Are there other important points, NOT identified by the Applicant, that also support a change in scope of practice? *
   » Yes

What other important points, NOT identified by the Applicant, support a change in scope of practice?
The changing populations, health demographics and the need to meet the future demand of the Ontario’s population. More collaboration and integrated team approach by the most qualified practitioner. Demand for more medical foot care in Ontario. Chiropody/podiatry is the second most sought after service in our health centre. Aging population increased diabetics and risks to people. Shortage of health care professional’s ie orthopedic surgeons there is a need for foot and ankle surgery.

Can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change? *
   » No

Currently, only a member of the College of Chiropodists of Ontario is permitted to use the restricted title “chiropodist” or “podiatrist”.

The Applicant has proposed that “chiropodist” and “podiatrist” continue to be restricted titles. In addition, the Applicant is proposing that “podiatric surgeon” and “foot surgeon” become restricted titles.

Please state your level of agreement with respect to the restricted titles that were proposed by the Applicant.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation of statutory protection for the title &quot;podiatrist&quot; *</td>
<td></td>
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<tr>
<td>Continuation of statutory protection for the title &quot;chiropodist&quot; *</td>
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<tr>
<td>Statutory protection for the title &quot;podiatric surgeon&quot; *</td>
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</tr>
</tbody>
</table>
Does the Applicant’s proposal for a change in scope of practice protect the public interest? *

»Yes

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are in the public interest. *

<table>
<thead>
<tr>
<th>Rank</th>
<th>Factor</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The proposal addresses critical gaps in professional services</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>The proposal addresses trends in illness and disease</td>
<td>2</td>
</tr>
<tr>
<td>0</td>
<td>The proposal addresses a changing public need for services and increased public awareness of available services</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>The proposal addresses wait times for related health care services</td>
<td>3</td>
</tr>
<tr>
<td>0</td>
<td>The proposal addresses changing technology</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal addresses demographic trends</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal will promote collaborative scopes of practice</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal will address patient safety</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal will address wellness and health promotion</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal will address health human resources issues such as supply of practitioners</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal addresses professional competencies that are not currently recognized</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal will address access to services in remote, rural or under serviced areas</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal favours the public interest over professional self-interests</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal will improve access to care, across the health care system</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>The proposal will not result in higher health care costs</td>
<td>0</td>
</tr>
</tbody>
</table>

Rank values must be between 1 and 3

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are not in the public interest. *

<table>
<thead>
<tr>
<th>Rank</th>
<th>Factor</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>The proposal does not address critical gaps in professional services</td>
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<td>2</td>
<td>The proposal does not address trends in illness and disease</td>
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<tr>
<td>0</td>
<td>There isn't a changing public need for services and increased public awareness of available services</td>
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</table>
The proposal does not address patient safety (potential risk of harm)
The proposal does not address wellness and health promotion
The proposal does not address health human resources issues such as supply of practitioners
Professional competencies are currently recognized to an adequate extent
The proposal does not address access to services in remote, rural or under serviced areas
The proposal promotes professional self-interests over the public interest
The proposal will not improve access to care
The proposal will result in higher health care costs
Rank values must be between 1 and 3

The Minister asked HPRAC to examine "whether the existing limitations on the podiatrist class of members should continue". This question is on the existing limitations on the podiatrist class of members (described by the Applicant as the "podiatric cap") and is not related to the scope of practice of chiropodists.

Among other things, podiatrists in Ontario are authorized to communicate a diagnosis and cut into the bony tissue of the forefoot. Under the current legislative scheme chiropodists cannot perform these acts.

Should the College of Chiropodists of Ontario be authorized to register new individuals into the podiatrist class of membership as long as they meet educational and practice requirements? *
»No

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should be changed to permit the registration of podiatrists. *
A change in legislation will address critical gaps in professional services
A change in legislation will address trends in illness and disease
A change in legislation is required because of the changing public need for services, and increased public awareness of available services
A change in legislation will address wait times for related health care services
A change in legislation will address demographic trends
A change in legislation will promote collaborative scopes of practice
A change in legislation will address patient safety
A change in legislation will address wellness and health promotion
A change in legislation will address health human resources issues such as supply of practitioners
A change in legislation will address the professional competencies that are not currently recognized
A change in legislation will improve access to foot care resulting in improvements to the efficient delivery
of care
A change in legislation will address access to services in remote, rural or under serviced areas
A change in legislation will promote excellence and continuous improvement within the profession on an ongoing basis
A change in legislation will enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care
A change in legislation will improve the quality of care
Rank values must be between 1 and 3

**Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should not be changed to permit the registration of podiatrists. * **
A change in legislation will not address critical gaps in professional services 0
A change in legislation will not address trends in illness and disease 0
A change in legislation is not required because there is no change to the public need for services, or the awareness of available services 0
A change in legislation will not address wait times for related health care services 2
A change in legislation will not address demographic trends 0
A change in legislation will not promote collaborative scopes of practice 0
A change in legislation will not address patient safety (potential risk of harm) 1
A change in legislation will not address wellness and health promotion 0
A change in legislation will not address health human resources issues such as supply of practitioners 3
A change in legislation will not address the professional competencies that are currently unrecognized 0
A change in legislation will not improve the efficient delivery of care 0
A change in legislation will not address access to services in remote, rural or under serviced areas 0
A change in legislation will not promote excellence and continuous improvement within the profession on an ongoing basis 0
A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care 0
A change in legislation will not improve the quality of care 0
Rank values must be between 1 and 3

**What will be the impact of the proposed change in scope of practice on the following:**

<table>
<thead>
<tr>
<th>Impact will be negative</th>
<th>Neutral</th>
<th>Impact will be positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs to patients *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Costs to the health care system *</td>
<td></td>
<td>x</td>
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</tbody>
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Patients’ understanding of the scope of practice of Ontario’s foot care health practitioners * | x
Patient experience * | x
Interprofessional care * | x
Service efficiency * | x
Access to foot care * | x
Wait times * | x
Consumer protection measures * | x
Costs to the educational sector * | x
Costs to the regulatory sector * | x

The proposed change in scope of practice may result in the following: *
» A decreased risk of harm

Do you have any other comments to make regarding the Applicant's submission?
The government needs to offer this service to the people of Ontario.
There needs to be more community links, like providing Chiropody/Podiatry with CCAC. Positions in hospital and community health centres should be expanded.

I understand from the team I work with that Chiropodists are underutilized at times. They can provide mobility to patients, offload wounds, fit for orthotics, braces such as AFO’s. They can help the geriatric population in preventing falls. They can educate and provide health advice people about diabetes and what that means for their overall health outcomes. A scope of practice increase will help the people of Ontario and help elevate some demands of the health system.
Orthotics Prosthetics Canada

Participant Information

I am responding: *
»On behalf of an organization

Name of organization
Orthotics Prosthetics Canada

Your name (optional)
Dana Cooper, Executive Director

Email address (optional)
dana@opcanada.ca

Geographical Location (choose one) *
»Ontario

Do you practise foot care? *
»Yes

I practice in the following setting: *
»Other  Professional members practice in all of the above settings

I am a: *
»Orthotist

Membership with health regulatory college (if applicable): *
»Not applicable

Has the applicant demonstrated, with evidence, that there should be a change in the scope of practice for chiropody and podiatry? *
»No
**HPRAC’s recommendations will be based on its assessment of the profession’s ability to meet the criteria for a change in its scope of practice, and the need for such a change.**

**Please identify your level of agreement with whether the applicant has satisfied HPRAC’s criteria for a change in scope of practice.**

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<tr>
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<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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Compliance with regulatory requirements is likely among the membership. *  

The economic impacts of the proposed change in scope of practice for the profession, the public and the health care system have been adequately demonstrated. *  

There is a significant public need which would be met through the proposed change in scope of practice. *  

Currently, Section 4 of the *Chiropody Act, 1991* describes the scope of practice statement for the profession in Ontario as:  

“The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”  

The Applicant has proposed a revised scope of practice statement:  

“The practice of podiatry is the assessment or diagnosis of the foot and ankle and the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.”  

Do you agree with the scope of practice statement proposed by the Applicant? *  
»No

Please state your level of agreement with the proposed changes to the scope of practice statement.

<table>
<thead>
<tr>
<th>Change Description</th>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacing the term chiropody with the term podiatry *</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Performing a diagnosis *</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Expanding the assessment and diagnosis performed to the ankle *</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Expanding the treatment and preventing of diseases, disorders or dysfunctions to the ankle and structures affecting the foot and ankle *</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
Currently, chiropodists are authorized to:
- Cut into the subcutaneous tissues of the foot
- Administer, by injection into feet, a substance designated in the regulations
- Prescribe drugs designated in the regulations
- Administer, by inhalation, a substance designated in the regulations

In addition to the acts listed above, podiatrists are authorized to:
- Communicate a diagnosis identifying a disease or disorder of the foot as the cause of a person’s symptoms
- Cut into the bony tissues of the forefoot
- Prescribe certain additional drugs

The Applicant has proposed expanded authorities that are listed below. Please state your level of agreement with the proposed changes. (The information appearing in the chart below has been taken from the Applicant's proposal.)

<table>
<thead>
<tr>
<th>Proposal Description</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating a diagnosis identifying a disease or disorder of the foot or ankle as the cause of a person’s symptoms <em>(currently authorized to members of the podiatrist class only)</em></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Performing a procedure on tissues below the dermis to treat conditions of the ankle or foot <em>(currently authorized with respect only to the foot)</em></td>
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</tr>
<tr>
<td>Setting or casting a fracture of a bone or dislocation of the joint, in the foot or ankle <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Administering, by injection, a substance in the Regulations <em>(currently authorized for both chiropodists and podiatrists, but limited to injections into the foot)</em></td>
<td></td>
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</tr>
<tr>
<td>Applying or ordering the application of a prescribed form of energy <em>(not currently authorized for either chiropodists or podiatrists)</em></td>
<td></td>
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<tr>
<td>Prescribing, dispensing and selling a drug designated in the Regulations <em>(chiropodists and podiatrists are currently</em></td>
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</tr>
</tbody>
</table>
The Applicant is proposing that the current chiropody and podiatry model of practice in Ontario be replaced with an expanded podiatric model of practice.

**Should the model of practice change as described in the Applicant's proposal?**

»No

**Are there other important points, NOT identified by the Applicant, that also support a change in scope of practice?**

»No

**Can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change?**

»Yes

**How can the goals/benefits of the Applicant’s proposal for a change in scope of practice be achieved by means other than a scope of practice change?**

A continuum of care that includes the expertise of Certified Orthotists C.O.(c).

Currently, only a member of the College of Chiropodists of Ontario is permitted to use the restricted title “chiropodist” or “podiatrist”.

The Applicant has proposed that “chiropodist” and “podiatrist” continue to be restricted titles. In addition, the Applicant is proposing that “podiatric surgeon” and “foot surgeon” become restricted titles.
Please state your level of agreement with respect to the restricted titles that were proposed by the Applicant.

<table>
<thead>
<tr>
<th>Title</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation of statutory protection for the title &quot;podiatrist&quot;</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuation of statutory protection for the title &quot;chiropodist&quot;</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory protection for the title &quot;podiatric surgeon&quot;</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory protection for the title &quot;foot surgeon&quot;</td>
<td>x</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Does the Applicant’s proposal for a change in scope of practice protect the public interest? *

»No

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are in the public interest. *

The proposal addresses critical gaps in professional services
The proposal addresses trends in illness and disease
The proposal addresses a changing public need for services and increased public awareness of available services
The proposal addresses wait times for related health care services
The proposal addresses changing technology
The proposal addresses demographic trends
The proposal will promote collaborative scopes of practice
The proposal will address patient safety
The proposal will address wellness and health promotion
The proposal will address health human resources issues such as supply of practitioners
The proposal addresses professional competencies that are not currently recognized
The proposal will address access to services in remote, rural or under serviced areas
The proposal favours the public interest over professional self-interests
The proposal will improve access to care, across the health care system
The proposal will not result in higher health care costs

Rank values must be between 1 and 3

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the proposed changes to the scope of practice of the profession are not in the public interest. *
The proposal does not address critical gaps in professional services 3
The proposal does not address trends in illness and disease 0
There isn't a changing public need for services and increased public awareness of available services 0
The proposal does not address wait times for related health care services 0
The proposal does not address changing technology 0
The proposal does not address demographic trends 0
The proposal does not promote collaborative scopes of practice 1
The proposal does not address patient safety (potential risk of harm) 0
The proposal does not address wellness and health promotion 0
The proposal does not address health human resources issues such as supply of practitioners 0
Professional competencies are currently recognized to an adequate extent 0
The proposal does not address access to services in remote, rural or under serviced areas 0
The proposal promotes professional self-interests over the public interest 2
The proposal will not improve access to care 0
The proposal will result in higher health care costs 0
Rank values must be between 1 and 3

The Minister asked HPRAC to examine "whether the existing limitations on the podiatrist class of members should continue". This question is on the existing limitations on the podiatrist class of members (described by the Applicant as the "podiatric cap") and is not related to the scope of practice of chiropodists.

Among other things, podiatrists in Ontario are authorized to communicate a diagnosis and cut into the bony tissue of the forefoot. Under the current legislative scheme chiropodists cannot perform these acts.

Should the College of Chiropodists of Ontario be authorized to register new individuals into the podiatrist class of membership as long as they meet educational and practice requirements? *
»Yes

Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should be changed to permit the registration of podiatrists. *
A change in legislation will address critical gaps in professional services 0
A change in legislation will address trends in illness and disease 0
A change in legislation is required because of the changing public need for services, and increased public awareness of available services 0
A change in legislation will address wait times for related health care services 0
A change in legislation will address demographic trends 0
A change in legislation will promote collaborative scopes of practice 0
A change in legislation will address patient safety 0
A change in legislation will address wellness and health promotion 0
A change in legislation will address health human resources issues such as supply of practitioners 0
A change in legislation will address the professional competencies that are not currently recognized 0
A change in legislation will improve access to foot care resulting in improvements to the efficient delivery of care 0
A change in legislation will address access to services in remote, rural or under serviced areas 2
A change in legislation will promote excellence and continuous improvement within the profession on an ongoing basis 3
A change in legislation will enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care 1
A change in legislation will improve the quality of care 0
Rank values must be between 1 and 3

**Rank the top THREE factors, assigning numbers 1-3 in terms of importance, with 1 being most important, that best support your view that the legislation should not be changed to permit the registration of podiatrists.** *
A change in legislation will not address critical gaps in professional services
A change in legislation will not address trends in illness and disease
A change in legislation is not required because there is no change to the public need for services, or the awareness of available services
A change in legislation will not address wait times for related health care services
A change in legislation will not address demographic trends
A change in legislation will not promote collaborative scopes of practice
A change in legislation will not address patient safety (potential risk of harm)
A change in legislation will not address wellness and health promotion
A change in legislation will not address health human resources issues such as supply of practitioners
A change in legislation will not address the professional competencies that are currently unrecognized
A change in legislation will not improve the efficient delivery of care
A change in legislation will not address access to services in remote, rural or under serviced areas
A change in legislation will not promote excellence and continuous improvement within the profession on an ongoing basis
A change in legislation will not enable practitioners trained and educated to a podiatry scope of practice to provide podiatric care
A change in legislation will not improve the quality of care
What will be the impact of the proposed change in scope of practice on the following:

<table>
<thead>
<tr>
<th>Impact will be negative</th>
<th>Neutral</th>
<th>Impact will be positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs to patients *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Costs to the health care system *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patients’ understanding of the scope of practice of Ontario’s foot care health practitioners *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Patient experience *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Interprofessional care *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Service efficiency *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Access to foot care *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Wait times *</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Consumer protection measures *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Costs to the educational sector *</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Costs to the regulatory sector *</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

The proposed change in scope of practice may result in the following:
» An increased risk of harm

How can increases to risk of harm be mitigated?
Ensuring the expertise that currently exists within the domain (Certified Orthotists) of foot-ankle orthotics is utilized and included in a continuum of care.

Do you have any other comments to make regarding the Applicant's submission?
Certified Orthotists C.O.(c) have been the recognized experts in orthotics in Ontario and Canada for several decades. Orthotics Prosthetics Canada asserts that Certified Orthotists by nature of their exclusive education, training and professional self-regulation are the foremost experts in providing orthotic treatment to patients in Ontario. It has been proposed by the College of Chiropodists of Ontario (CCO) that they would like to expand their scope of practice to include, “the treatment and prevention of diseases, disorders or dysfunctions of the foot, ankle and structures affecting the foot or ankle by therapeutic, orthotic or palliative means.” The addition
of the ankle to the scope of practice permits the Podiatrist (Chiropodist) to include the ankle in the orthotic care of patients. This is concerning to Certified Orthotists since the orthotic treatments above and around the ankle joint require extensive knowledge of design, materials, and components to properly provide a minimum standard of patient care. The CCO has even stated this in Part 3 of the Review, 18 Additional Questions; “The foot prosthetics and foot orthotics designed and manufactured by Orthotists and Prosthetists are usually used in the instance of amputations, partial amputations or congenital and systemic chronic conditions and are thus significantly more complicated and complex than the orthotics usually prescribed and dispensed by chiropodists or podiatrists and by other professions.”

A recently completed Practice Analysis study done by Professional Examination Services for the CBCPO identified that Certified Orthotists and Registered Orthotic Technicians spend over 70% of their professional time working with patients on lower extremity orthotics. By far the largest areas of practice for Certified Orthotists and Registered Orthotic Technicians are Foot Orthotics (FO) and Ankle-Foot Orthotics (AFO).

The CCO has stated in their review that they recommend a continuum of care when it comes to the provision of foot orthotics. It is our position that Certified Orthotists must be a necessary participant in that continuum of care. The CCO recommends to its members that they should be prescribing the foot orthotic, filling the prescription and dispensing the foot orthotic. The question needs to be asked, with the skills, knowledge and expertise in orthotics that a Certified Orthotist provides, why would this self-contained model be considered?

The Ontario members of OPC endorse the model that the Ministry of Health and Long Term Care (MOHLTC) has established in the Assistive Devices Policy. The MOHLTC requires a physician or nurse practitioner prescribe the orthotic or prosthetic treatment that a patient is to receive. This ensures to the MOHLTC and the public that the patient has a medical diagnosis from a physician or nurse practitioner and that the treatment is pertaining to this diagnosis. The idea of “one stop shopping” for patient care may seem to improve efficiencies for patients but without a separation between prescriber and provider it is difficult to guarantee that self-interest has been eliminated from the process.

OPC supports the development of strategies which protect the public from fraudulent provision of orthotic devices and the over prescription of orthotic devices. We agree with the recommendation by the CCO that legislation be brought forward which provides consumer protection for all providers of orthotic treatments to the public. The OPC membership would be eager to work with the Ministry of Consumer Services to develop this legislation.
Submissions from Individuals to Open Ended Questions
Question 23: What other important points, NOT identified by the Applicant, support a change in scope of practice?

<table>
<thead>
<tr>
<th>Response 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>name change consistent with all other jurisdictions</td>
</tr>
<tr>
<td>podiatry cap will cause chaos in Ontario, where does this leave chiropodists with an influx of the podiatrist influx</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal training disparities still exist between chiropodists and U.S. trained podiatrists. Podiatrists in Ontario should have education on par with U.S. schools and Ontario should develop and or except surgical training programs when deciding how to let podiatrists be a part of the fabric in the medical community. Greater surgical privileges in the hospital must be granted for the benefit of the public.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>The practice of assessing, prescribing and dispensing orthosis should be a controlled act performed by podiatry trained providers only.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHIP coverage for patients with no Extended Health Care Benefits.</td>
</tr>
<tr>
<td>OHIP coverage for Pensioners who are Diabetics with no Extended Health Care Coverage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ability to utilize diagnostic ultrasound technology as well as radiographic imagining or as an alternative.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less confusion for the public. In North America, the public is educated in the term, podiatry, and understands that podiatry relates to the foot.</td>
</tr>
<tr>
<td>The term, chiropody, is antiquated and Ontario is the last place in the world to still use the term. It is important for 'Joe Public' to be able to find the correct professional when they require medically based help for foot and ankle ailments.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>The use of the title Doctor. I am in support of changing and allowing the new Podiatrist to use the title. I did my training in Manitoba where Chiropodists are known as Podiatrists and use the title doctor. I have found it very confusing in Ontario. A foot doctor is a doctor of the foot.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the College of Chiropodists of Ontario are trained to provide more care to their patients than current laws allow. Expanding the scope of practice will allow for timely and holistic care to the patients of Ontario, as well as bringing Ontario up to the standard set in the rest of North America.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Doctor title for D.P.M.'s</td>
</tr>
<tr>
<td>Access for hospital privileges for qualified practitioners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and treatment of rear foot pathology.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that Podiatrists should be able to do orthopedic procedures below the knee and not just at the ankle, and foot.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>The new podiatrist college members should be recognized under the RHPA as able to use the doctor title in conjunction with the title podiatrist as we are able to do in other provinces currently - this allows the public to</td>
</tr>
</tbody>
</table>
recognize the experts in foot care delivery

Response 13
The podiatrist scope should include ankle surgery since DPM's are required to complete a 3 year surgical residency after the 4 yr DPM medical program.

As a pharmacist I often see diabetic patients with poorly managed foot diseases and I refer these patients to a podiatrist who co-ordinate the multi disciplinary management of these complex situations. I feel more confident sending them to a podiatrist with more advanced medical training then to a chiropodist. In my extensive clinical experience of over 35 years I have come to the realization that, as with diabetic patients, their podiatric needs are much greater than some other patients. Diagnosis, treatment and continuous patient education must be given to podiatrist. Why is it that in Ontario our current full healthcare scope does not include podiatry to improve patient health and ultimately decrease health care costs.

Response 14
More timely referrals of the patient to the professional with quicker resolution of patient difficulties

Response 15
Chiropodist should be able to write up blood work.

Response 16
Public access and knowledge of foot care options available to them

Response 17
increasing the RX list

Response 18
Not many orthopaedic surgeons specialise in feet. Having a class of professionals which only deal with the foot and ankle would be beneficial to the public in regards to wait times and overall care. Currently some of the most highly trained foot surgeons in the country are not able to perform bone surgery in ontario due to our scope limitations. This is a disservice to the public and should be corrected.

Response 19
Hospital Privledges- I get calls for footcare at lakeridge hospital once every 2 months because there is no-one in the hospital that does footcare. The family members are willing to pay for the service out of pocket and there is no fees charged to ohip. However, I can not see that patient because I do not have hospital privledges. There is a great need for long term care patients in hospitals to have footcare by a trained specialist rather then family members trying to perform the footcare and further complicating the situation.

Response 20
To keep inline with the excellent care for all act, removing barriers and improving access to care will assist the patient in navigating the complex healthcare system.

Response 21
Other less specifically trained professionals are doing podiatry specific treatment without question from the authority.

Response 22
Public knowledge and access to medical footcare. One title of Podiatrist will be much more familiar with the public and result in more informed and healthy public with increased access to footcare.

Response 23
They should be called Dr

Response 24
Once it is clear to the public that Podiatrists are the foot specialists, they will more likely go to Podiatrists for orthotics. Currently, orthotics are made and dispensed by several different professions and are taking advantage of patients insurance. Patients are unaware of where to go. As a result of the name change and one front to the public, more public members will be going to see Podiatrists and gaining more helpful treatment rather than having untrained individuals use up their insurance.

Response 25
We have the education to be primary care professionals. Give us the opportunity to show you

Response 26
Podiatrist having the designation 'Doctor' title. Also, Provide a Podiatry School.

Response 27
1. Public confusion to the term Chiropody leading to inability to access care... I find many patients confusing the term Chiropody with Chiropractor, and ultimately, they don't know where to go for foot care. They also seem very confused between what a Podiatrist does compared to a Chiropodist, which raises doubt and concern prior to treatments.

Response 28
Chiropodists and podiatrists should be able to use the title 'doctor'

Response 29
The applicant should reference the additional medications which Chiropodists and Podiatrists in Ontario require within their prescription privileges to more adequately serve Ontariomens.

Antibiotic –If not all topical and oral antibiotics but at least the addition of:

Generic Name

Doxycycline Hyclate Uncomplicated cutaneous CA-MRSA; septic arthritis, osteomyelitis 100mg PO BID

Serology; LFT, Renal tests

Metronidazole Moderate soft tissue diabetic foot infections 400mg PO TOD Serology; LFT, Renal tests

Anti-hyperuricemia: Acute and Chronic Gout

Allopurinol Chronic hyperuricemia which may cause gout attack on the foot 300mg PO OD

Serology

Probenecid Chronic hyperuricemia which may cause gout attack on the foot 50mg PO BID;

Serology

serum urate concentration

Colchicine Acute Gout Attack

0.6 to 1.2 mg PO Q1h until nausea/vomitin, GI upset or 6mg MAX dose

Serology

serum urate concentration

Antifungals – Topical
<table>
<thead>
<tr>
<th>Gentian Violet</th>
<th>Macerated candida and dermatophyte infection</th>
<th>0.5%, 1%, 2% solution BID x 3 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Compounding Formulas</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itraconazole</td>
<td>onychomycosis</td>
<td>1% in DMSO nail polish BID</td>
</tr>
<tr>
<td>Fluconazole</td>
<td>onychomycosis</td>
<td>1% DMSO topical solution BID</td>
</tr>
<tr>
<td><strong>Antifungals – Oral</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic Name</strong></td>
<td><strong>Indication</strong></td>
<td><strong>Rx</strong></td>
</tr>
<tr>
<td>Griseofluvin</td>
<td>Onychomycosis; Dermatophyte infection</td>
<td>125mg, 250mg, 500mg OD x 6 months</td>
</tr>
<tr>
<td>Itraconazole</td>
<td>Onychomycosis; Candida and dermatophyte infection</td>
<td>100mg BID x 12 weeks</td>
</tr>
<tr>
<td>Terbinafine HCL</td>
<td>Onychomycosis; Candida and dermatophyte infection</td>
<td>250mg OD x 12 weeks</td>
</tr>
<tr>
<td><strong>Anxiolytics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic Name</strong></td>
<td><strong>Indication</strong></td>
<td><strong>Rx</strong></td>
</tr>
<tr>
<td>Diazepam</td>
<td>Pre-operative anxiety</td>
<td>5-10mg PO prior to surgical appointment</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>Pre-operative anxiety</td>
<td>1-2mg PO prior to surgical appointment</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>Pre-operative anxiety</td>
<td>0.25 to 0.50mg prior to surgical appointment</td>
</tr>
<tr>
<td>Temazepam</td>
<td>Pre/post-operative anxiety</td>
<td>15, 30mg PO qhs</td>
</tr>
<tr>
<td><strong>Anti-Psoriatic (not a corticosteroid)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic Name</strong></td>
<td><strong>Indication</strong></td>
<td><strong>Rx</strong></td>
</tr>
<tr>
<td>Calcipotriene (Dovonex)</td>
<td>Moderate to severe skin psoriasis plaques</td>
<td>0.005% ointment in 60 gr tube apply OD to BID</td>
</tr>
<tr>
<td>Tacrolimus ointment - Topical immunomodulator (TIM)</td>
<td>Moderate to severe skin eczema, atopic dermatitis</td>
<td>Tacrolimus 0.03% and 0.1% ointment apply OD to BID for a maximum of 2 weeks</td>
</tr>
<tr>
<td>Generic Name</td>
<td>Indication</td>
<td>Rx</td>
</tr>
<tr>
<td>--------------</td>
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<td>----</td>
</tr>
<tr>
<td>Pimecrolimus Topical immunomodulator (TIM)</td>
<td>Moderate to severe skin eczema, atopic dermatitis</td>
<td>1% cream</td>
</tr>
<tr>
<td>Apply OD to BID for maximum of 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Lesion: Actinic Keratosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Name Indication</td>
<td>Rx</td>
<td></td>
</tr>
<tr>
<td>Fluorouracil (Efudex) multiple actinic or solar keratoses and verrucae</td>
<td>5% cream apply BID for 2 to 4 weeks</td>
<td></td>
</tr>
<tr>
<td>Anticonvulsant – Neuropathy Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Name Indication</td>
<td>Rx</td>
<td></td>
</tr>
<tr>
<td>Pre-Gabalin (Lyrica)</td>
<td>Neuropathy pain, Fibromyalgia</td>
<td>100mg BID to TID (max 600mg per day)</td>
</tr>
<tr>
<td>Gapapentin (Neurontin)</td>
<td>Neuropathy pain, Fibromyalgia</td>
<td>Initial dose: 300 mg orally on day one, 300 mg orally twice a day on day two, then 300 mg orally 3 times a day on day three.</td>
</tr>
<tr>
<td>Maintenance dose: 900 to 1800 mg orally in 3 divided doses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lamotrigine</td>
<td>Neuropathy pain, Fibromyalgia</td>
<td>25mg/day and tritrate 25 to 50mg weekly to a dose between 100-200 BID</td>
</tr>
<tr>
<td>Muscle Relaxants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Name Indication</td>
<td>Rx</td>
<td></td>
</tr>
<tr>
<td>Baclofen</td>
<td>Muscle spasms, neuralgia, pain and muscle relaxant</td>
<td>Oral: Initial dose: 5 mg orally 3 times a day for 3 days, then 10 mg orally 3 times a day for 3 days, then 15 mg orally 3 times a day for 3 days, then 20 mg orally 3 times a day for 7-14 days.</td>
</tr>
<tr>
<td>ALSO USED TOPICAL SEE COMPOUNDING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclobenzaprine</td>
<td>Muscle spasms, neuralgia, pain and muscle relaxant</td>
<td>Initial dose: 5 mg orally 3 times a day.</td>
</tr>
<tr>
<td>Based on individual patient response, the dose may be increased to either 7.5 mg or 10 mg 3 times a day.</td>
<td>ALSO USED TOPICAL SEE COMPOUNDING</td>
<td></td>
</tr>
<tr>
<td>Methocarbamol</td>
<td>Muscle spasms, neuralgia, pain and muscle relaxant</td>
<td>Oral: Initial dose: 1500 mg four times a day for the first 48 to 72 hours, up to a maximum dosage of 8 g/day for severe symptoms.</td>
</tr>
<tr>
<td>ALSO USED TOPICAL SEE COMPOUNDING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fibrolytics– Topical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Name</td>
<td>Indication</td>
<td>Rx</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Contractubex</td>
<td>Hypertrophic/keloid fibroplasia</td>
<td></td>
</tr>
</tbody>
</table>

**Narcotic Analgesics**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Indication</th>
<th>Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine phosphate (CII)</td>
<td>Post surgical pain relief; acute injury</td>
<td>15mg, 30mg, 60mg PO q4-6h</td>
</tr>
<tr>
<td>Hydrocodone (CIII)</td>
<td>Post surgical pain relief; acute injury</td>
<td>5ml PO q4-6h</td>
</tr>
<tr>
<td>Morphine Sulfate (CII)</td>
<td>Post surgical pain relief; acute injury</td>
<td></td>
</tr>
<tr>
<td>Oxycodone (CII)</td>
<td>Post surgical pain relief; acute injury</td>
<td>5mg, 10mg, 20mg, 40mg PO q12h</td>
</tr>
</tbody>
</table>

**Narcotic Analgesics (Combinations)**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Indication</th>
<th>Rx</th>
<th>Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anexsia/Lorcet/Vicodin (CIII)</td>
<td>Post surgical pain relief; acute injury</td>
<td>Acetaminophen/Hydrocodone 500/5mg PO q4-6h</td>
<td></td>
</tr>
<tr>
<td>Damason-P (CIII)</td>
<td>Post surgical pain relief; acute injury</td>
<td>Hydrocodone/ASA/Caffeine 5/224/32mg PO q4-6h</td>
<td></td>
</tr>
<tr>
<td>Empirin with Codeine</td>
<td>Post surgical pain relief; acute injury</td>
<td>ASA/Codeine 325/30mg PO q4h</td>
<td></td>
</tr>
</tbody>
</table>

**Response 30**

Unification of class terminology to podiatrist to avoid confusion in the general public.

**Response 31**

My own patient population analyzed over a one year period shows the shortcomings I have as a practitioner in FHT, hospital, Long term care, critical care and private practice settings. There are many things I can do to prevent patients from going on permanent pain meds, seeking ER care and provide a sound diagnosis of what is happening with respect to the feet. Unfortunately due to lack of government funding, limited scope, I am forced to always refer the patient back to their primary care physician and provide instruction to the physician about the best way to provide care. These obstacles are evident everyday. Lack of awareness of my skills and lack of OHIP funding causes a lot of patients to fall through the cracks of the health care system. My skills can reduce incidence to emergency rooms, provide improvement of common/under-addressed foot conditions, and provide comprehensive education for patient concerns.

These are the skills I have:

- Routine Nail Care – care of in-grown, thickened, elongated, fungal nail infections etc.
- Routine Skin Care – care of systemic skin conditions, dermatitis, infections, verrucae, callus, corns, fissures, bromohydrosis, dry skin etc.
- Complete or Partial nail avulsions
- Injectable Substances of sclerosing solution, anesthesia, corticosteroids for a variety of conditions
- Accommodative or functional orthotics
- Compression stocking therapy
• Soft tissue surgery - tenotomy, suturing, foreign body removal
• Diabetic Foot Care and education
• Wound Care - debridement, monitoring, dressing change, colonization control, limb salvage
• Management for sports related injuries - taping, icing, ultrasound, shockwave therapy, exercises/stretches, heat/cold therapy, bandaging

**Response 32**

Ability to refer to a specialist in the healthcare system ie/ referral to orthopedic surgeon, internist, rheumatologist, dermatologist etc.

**Response 33**

We are registered foot specialists trained beyond our current scope. These proposed change in scope will result in better comprehensive care for the patients and less confusion by the general public. Too much confusion with different position titles and prevalence of 'certified foot nurses' there is NO certification process for foot nurses in Canada - only certificate completion-- very misleading to the public.

**Response 34**

I had already completed the survey, but came across a common issue that many Chiropodists and Podiatrists in Ontario experience with their patients, and felt that it would be appropriate to share here... This is a great example of the barriers which Ontario citizens face when it comes to proper foot care services; especially high risk patients, such of those with diabetes and peripheral vascular disease.

I had the pleasure of meeting a very high risk, poorly controlled diabetic patient who was initially referred to be by his Endocrinologist. He was referred for a diabetic foot risk assessment. During his visit, I had noticed a small dark wound on his big toe, which appeared to be an ischemic ulcer with a necrotic, gangrenous centre.

I immediately knew that this patient has acute gangrene, and from my in office assessment, determined that the patient had an impaired vascular system (peripheral vascular disease) leading to the inability to heal the wound. This pathology was confirmed via doppler vascular assessment, which was not completed by any of the physicians that the patient had seen prior to myself. However, due to the limitation to my scope of practice, I was unable to communicate these findings to the patient.

I then sent a letter to his GP to get further vascular work done, and recommended that he get registered with CCAC for wound care as the patient cannot afford to visit myself for weekly wound care visits ($40). It turns out that the patient now needs a femoral-popliteal bypass surgery to establish blood flow to that limb, following my investigation into his condition.

The wound care nurses with CCAC have been having difficulty healing this wound. The wound care clinic and his GP keep on referring him back to myself for proper care, which gets the wound back on track, however, once out of my care, it seems to quickly deteriorate. I fear that this patient will develop wet gangrene, with the poor prognosis, leading to amputation.

This week, the patient was scheduled for a follow-up visit and reassessment of the wound. However, he cannot afford my services ($40), and is worried that the wound will become infected again. He must visit the CCAC clinic again, but without proper debridement of this wound, they will never heal it.

This exemplifies the barriers face by patients with diabetic foot wounds. They are referred by practitioners with OHIP provider number, just to find out that our services are not covered, then have to settle for inadequate services which ultimately prove detrimental to their well being.

We need to remove these barriers now, and give us, Ontario’s Foot Specialists (Chiropodists and Podiatrists) the ability to refer directly, order lab work, etc. to better our health care model.
Response 35
The present scope of practice allows me to make a diagnosis but not communicate it. I can perform invasive surgical procedures down to bone, but not perform the necessary lab and diagnostic tests which should be done in conjunction. My sending of patients back to their family doctor for these tests potentially risked their care and costs the system for additional GP visits.

Response 36
We need one title Podiatrist with one full expended scope including lab work, histopathology, C&S, X-ray, ultrasound, MRI, a non restricted list of drugs, being able to set fracture, forefoot and rear foot bone surgery...

Eg. People don't know what a chiropodist is they think it's a chiropractor for feet!

* when new drugs are created I can't prescribe them even though they are specific to the feet eg Jublia because our list of drugs is restrictive and should be any drug in group categories, not a list!

* can't send for blood work when A patient comes in and want to confirm diagnosis of gout

* a wound not responding to antibiotic not able to do C&S yet able to prescribe antibiotic?

* severe pain in ball of the foot wanting to send for X-ray to rule out stress fracture

Response 37
Able to refer to specialists such as orthopedic surgeon, dermatologist, physiatrist, general surgeon

Response 38
Chiropody is an outdated term that is not longer used outside of Ontario. This needs to be reversed!

Response 39
-xray and ultrasound rights, fungal cultures, classes of medication, hospital rights need to be changed for better patient outcome.

Response 40
The applicant failed to identify that members of a 4 year program of chiropody can prescribe x-rays. Also podiatrists are a class of podiatrists. The nomenclature creep of defining the classes as tow professions is artificial and proscribed by government. They is one profession with two classes, just like you have general practice dentists and periodontists'. The unsubstantiated claim that there is a vast difference between the delivery of care delivered by vast majority of Ontario's podiatrists and chiropodists is not validated by the literature. It is supported by conjecture, such as physiotherapists refer the complicated problems to podiatrists. The fact is that Ontario's chiropodists are situated in a wider geographic area servicing Ontarians in rural, remote areas and are unable to access the tools to provide convenient timely care to Ontarians. The current cap is in fact the cap, or glass ceiling placed on Ontario's trained chiropodists.

Response 41
Confusion between the terms Chiropodist and Podiatrist.

Feedback from my patients supports a unified title and scope of practice.

Response 42
Not so much a point but something that should be looked at.

I would like to bring to light the use of the title Doctor. My assumption is that along with the scope of practice change the profession will be allowed to use the restricted title Doctor. Chiropodists and Podiatrists in Saskatchewan, Manitoba, New Brunswick, Newfoundland, and Prince Edward Island are able to use the title Doctor. Podiatrists in British Colombia and Alberta are also use the title doctor. Not being able to use the title doctor in Ontario puts the public at risk and causes confusion amongst the medical professionals and the public in Ontario and across the Canadian provinces.
As a medical professional I face discrimination among medical colleges in other Canadian provinces and on an international level when I do work outside of Ontario. I fear to publish material or present myself as an expert because of fear of reprimand in the province I practice in. In fact there has been disciplinary action taken against members for using the title doctor. With the addition of Natural paths and Traditional Chinese Medicines ability to use the restricted title doctor in Ontario, I believe this should be addressed at this time. I personally hold the title Doctor in 2 other Canadian provinces and Europe but I am fearful to be reprimanded in Ontario if material I publish in a medical journal or my name appears in print with title doctor that I may face disciplinary action from the Ontario College of Chiropodists.

On more than one occasion I have been asked for my expertise, to give a lecture in another Canadian province or in Europe. This is an honor but not being able to use doctor in my material or a presentation is difficult to explain and I feel that my work is not judged equally. Also having a fear of reprimand in my home province is not fair. I recently gave a lecture where I introduced a classmate as a doctor because he practices in Saskatchewan. I was asked after the lecture why this is not the case for me by several medical doctors who were attending the lecture, all found it very confusing. I have worked hard to publish material in a medical journal but because I am practising out of Ontario full-time I cannot use the title doctor in the data I have published, again this is not fair to me or to my research.

Going back to the statement not being able to use the title doctor in Ontario puts the public at risk and causes confusion. I find that there can be discrimination/or confusion among the medical community. This may interfere with patient care and can cause limitations or barriers for patient’s accessing the Ontario health care system. An example is a simple referral to a medical doctor which is not validated by most medical physicians. Another example is when I once referred a patient to an emergency room for suspected osteomyelitis related to a diabetic ulceration. I took time to write an extensive medical consult note that suggested the patient needed IV antibiotics. The ER doctor called me and said I was not qualified to suggest that for the patient. I highly doubt that would have happened if I had signed that using the title doctor. In fact I think the patient would have better care but that’s my assumption. Oh by the way the patient was re-admitted the next day with osteomyelitis and cellulitis and put on IV antibiotics.

I am not able to get proper care for my patients in Ontario, I believe this can be somewhat correlated to the confusion by medical professionals not knowing what a Chiropodist is and by not using the title doctor this causes a barrier for patient care alongside the inability of OHIP referral. Another practical example is working in a hospital where I am not allowed to prescribe medication to my patients even though I have training and I am able to prescribe medication outside the hospital walls because of the hospital act which is restricted to physicians. Instead the patient and I have to wait for the doctor who is extremely busy, up to two hours I have waited and wasted time I could have been seeing other patients or the doctor could have been seeing other patients and prescribe the exact medication I suggested. This is because the hospital act does not permit a non-physician (doctor) to prescribe orders. Seems like this limits patient accesses to care by a qualified Canadian trained practitioner, duplicates work and wastes tax dollars.

Chiropodists/Podiatrists are put into physician class by the federal government of Canada but not in Ontario causing a barrier for patients and not taking advantage of the scope of the Chiropodist/Podiatrist. If I can cut into the foot, soft tissues, nerve cartilage, tendon, and bone, give injections, prescribe medications and provide conscious sedation via inhalation if I am not a Foot Doctor what am I.? In fact the federal government allows me to prescribe narcotics and in every province except Ontario the profession of Podiatry is considered a doctor of the foot and ankle can we please have equality in the province of Ontario for me and my patients.

Response 43

As a patient the cost of being referred from one medical specialist (dermatologist) to another (orthopaedic surgeon) before getting (referred by a friend--had to navigate the convoluted system myself) to a chiropodist
who had the comprehensive skills to diagnose my foot problem but I still had to go back to my family doctor to have the tests done that my chiropodist felt were necessary to assess me properly. What a hassle, and how much money does it cost the system to send me to all these other medical people? I get the sense the government has no clue. I did check after getting the run around with having the added cost of time to go back to get the X-ray request from my family doctor, then go to the xray lab that Chiropodists with 4 years of training can order X-rays. Yet your government's survey doesn't even say what the current legislation states. That is why I say it seems like the government doesn't seem to know what it is doing or is really opposed to allowing in my experience very well trained CHIROPODISTS from helping people without having to run around all over the place.

Response 44

In addressing the present model of foot care it is well documented by the submissions already put forward that there are large limitations and obstacles that patients face in accessing qualified and efficient foot care.

The Orthopedic association has brought up the fact that there are huge costs and wait lists and not enough patients are being seen in a timely manner. And when dealing with high risk patients, time is of essence when saving their limbs or even saving their lives. The costs to the health care system add up when surgery of the foot is involved. Not only the cost of surgery but other medical professional support that a patient requires through the process and after the surgery.

The Orthopedic Association proposes in their Phase I: proper assessment and triage program, an appropriate referral to medical representatives in the community local to the patient's home. It has been shown that education and prevention and conservative treatment can allow a patient to maintain a healthier lifestyle so they will not require outcomes such as infection requiring amputations or other related surgical methods. It has been noted that there is an increase in patients being referred to the Wound care clinics for foot ulcers since the Hospital funded Chiropody clinics have been closed.

The obstacles that a patient faces with this external referral to the community medical representatives is access to PROPER foot care.

These obstacles are in the form of:

* COST to the patient, as foot care is not covered by OHIP (especially if they are seniors on a fixed limited income, or on ODSP, social assistance or even if they are earning minimum wage with no health benefits through their employers). If a patient is a diabetic and requires wound care a couple times a week or even weekly, this can be costly to them, let alone the costs of the bandages and medication. CCAC - community care access centres have wound care services that the patient can be referred to that is covered by OHIP. However, their patient base is also filling up and their catchment area and access is limited.

* ACCESSIBILITY to care - government funded foot care clinics consisted of chiropodists and some podiatrists working in multidisciplinary teams within hospitals or Community health care clinics (CHCs) or recently, Family health teams (FHTs). All the chiropody clinics in hospitals have been closed or are now offering fee for service comparable to private practices. The existing government funded foot clinics are now facing a crisis, where they are full of patients requiring foot care and can no longer accept new patients and thus cannot meet this need. They have restricted access, unwillingly, due to not enough funding for more chiropody or podiatry positions to address the growing need for foot care. The salaries of the Chiropodists and Podiatrists in these settings have been frozen for 7 years. Average schedules are fully booked with clients up to 16-20 patients per day and booked almost solid for two months.

When the chiropodist/podiatrist is sick or on vacation or if a patient needs to cancel their appointment- rebooking would mean waiting another several weeks. (As mentioned earlier time can be crucial in proper foot
* KNOWLEDGE/AWARENESS of whom to go to for REGISTERED AND QUALIFIED FOOT CARE. The confusion patients face in regards to the term podiatrist / chiropodist has been ongoing since the implementation of the Chiropody program into Ontario in the early 80s. It is not rare that patients mention that they never even knew this service existed. Along with the confusion there is also the 'increasing penetration of unregulated, unqualified practitioners into foot care' as noted in the submission by the OPMA.

Standards of practice to protect the public have been diligently implemented by the College of Chiropodists of Ontario. Standards in education and qualification and skill base came from well established Podiatric educational institutions (for podiatrist present in Ontario) and through the Michener Institute. The education and training required have been outlined by the CCO and OPMA in their submissions. However, to make up for the growing need in Ontario for foot care, Other Foot care programs or courses have been reduced to a quick 2 week to two month duration of education and as submitted by the RNOA, a standard of education for these foot care providers needs to be done and the differences in scope of practice of foot care need to be addressed so that the public is aware of who they need to go to depending on their foot pathology.

* EFFICIENCY IN CARE. Patients that require an X-ray for a fracture or require diagnostic testing for osteomyelitis or a bone scan or a cultural swab for an ulcer infection or biopsy for a suspicious lesion have to be referred back to their general practitioner for these requisitions. As we are aware, this access to another health care provider will only impede the efficiency of care (again time is of essence) and also is another cost to the health care system. The limitations that Chiropodists and some Podiatrists face, when they have already been fully educated in these aspects, only hinders care to the patient.

It is beyond comprehension that Chiropodists and Podiatrists are skilled and educated on treating ulcers, skin lesions, soft tissue surgeries (and bone surgery for Podiatrists), inject analgesics and steroids into the foot and can prescribe oral and topical medications for infections or inflammations, yet are not able to simply use these diagnostic modalities to provide efficient and appropriate foot care within their own clinics without the delay of referring back to the family physician. When a lot of the high risk patients are elderly, have compromised mobility issues and transportation issues and simply other health issues, this can impede their care to go back to the family physician then back again to the foot care provider.

It must be noted here that the restriction to the Chiropodist in not being allowed to diagnose what they are assessing and treating does not make sense, this is not an obstacle to the patient, but simply it was a legislation that no longer reflects or fits the present day Chiropodist's scope and only impedes who a Chiropodist is and their capabilities.

Proposed solutions to these obstacles to proper patient foot care:

* Present legislation and restrictions around Chiropodists and Podiatrists requires an update that meets the growing qualifications and competences of the profession as a whole. Allowances for diagnostic testing (xray, cultural testing, bone scans, ultrasounds, biopsies etc..) to go hand in hand with the treatment and care they provide. Providing a more efficient pathway for patient foot care. This will cut down wait times for treatment.

* only one term 'Podiatry' with an outline of certain restrictions of some (Previously Chiropodists that cannot provide bone surgery, unless their skills become updated with further educational qualifications and further certifications).

* Funding for high risk diabetic patients that have been diagnosed with neuropathy and / vascular disease. Funding for high risk conditions as peripheral vascular disease, and cancer. Funding for marginalized patients and senior clients that have high risk conditions. Funding either in the form of more government funded Chiropody/podiatry clinic positions (even funding for locums), and/or continue the partial OHIP coverage that Podiatrists presently have for all Chiropodists as well.

* standardization in education for other foot care courses. Standardization of skills and clearly outlined
designated acts that can be performed by those providing foot care. Foot care Licensing needed and Registered College accountability specific to foot care acts for all the other foot care providers.
* removal of 'Podiatric Cap' as suggested by the OPMA... BUT only after the present model of foot care has changed significantly to lift present obstacles and restrictions on practice and scope of foot care for present Chiropodists and Podiatrists in Ontario (one term 'Podiatry' as mentioned above, appropriate funding in place for the high risk and marginalized, and diagnostic testing accessibility, and allowance to diagnose). All these must be addressed before allowing podiatrists who practice full scope in other international countries to come into Ontario (and at present, would have their scope and practice limited otherwise).

**Question 25: How can the goals/benefits of the Applicant's proposal for a change in scope of practice be achieved by means other than a scope of practice change?**

**Response 1**
Chiropody training in the UK and Ontario differs greatly from podiatric training. Podiatric training in much more intensive and deserves to be side by side in the medical community with orthopedics when it comes to rendering care from the ankle on down to the toes. U.S. guidelines are in place for training, and certification. Ontario can adopt these, they do not need to be re-invented. Canadian trained podiatrists in the U.S. often do not return to their home land because they can not practice medicine to the same levels in the U.S. This is a tragedy for medicine in Ontario especially. Surgical residency programs should be started in Ontario. The U.S. may even subsidize such programs.

**Response 2**
Ensure diagnostic test (lab, x-ray) are available to chiropodists.

**Response 3**
1. take examples of Nurse Practitioner and physiotherapist
2. change list of medications chiropodists are able to prescribe to classes of medications (there is no need to sell medications in Ontario)
3. allow chiropodists to order x-rays to
4. allow chiropodists to order labs this will allow chiropodists to practice the scope as intended by chiropody act
5. name standardization consistent to all other jurisdictions in Canada, US, UK and elsewhere

**Response 4**
request x-rays
order lab test
name change to podiatrist
no need to lift podiatry cap

**Response 5**
The relevant goals required to practice foot care in Ontario can be achieved by changes in HARP act, Laboratory Specimen legislation, drug regulation and name standardization.

The drug regulation should be changed to include classes and not specific individual drugs. Current drug regulation does not coincide with current standards.

Name standardization does not need to involve a podiatry cap being lifted, the applicant did not demonstrate
the need to preform bone surgery.

Name should be standardized.

**Response 6**
Scope of practice change is not necessary for chiropodists practice their scope.

Changing the name to podiatrist would address issues of confusion among the public and other health care professionals. As in other provinces in Canada the term used for professionals that provided foot care is podiatrist. Long Term Care Act and Laboratory/Specimen Collection legislation should be changed to allow members of the College of Chiropodists the ability to practice their current scope.

**Response 7**
Goals can be achieved by standardizing the name to podiatrist with the current scope of a chiropodist along with updated changes to current acts i.e. HARP act, drug reg. and specimen collections act and long term care act.

No logical evidence in the applicant's proposal to support the lifting of the podiatry cap.

**Response 8**
Chiropodists should be nominated to committees of HARP

Chiropodist name should be standardized as in all other jurisdictions to podiatrist.

**Response 9**
Goals can be achieved by updating current legislation that effects current scope.

**Response 10**
Change HARP legislation to ‘3 year course of instruction in chiropody’. Current legislation states 4 year course of instruction in chiropody - there is no such course available in Canada or in the US. Podiatrists do not have a 4 year course of instruction in chiropody.

Standardize the name to podiatrist.

Include registrants of the college in lab specimen and collection legislation.

**Response 11**
There is a need to standardize the name to podiatrist. Update current legislation to include - podiatrists is HARP (3 year chiropody training), labs, long term care (CCAC)

**Response 12**
Public education and education for other health professions must be improved alongside any changes that occur.

**Response 13**
There can only be a full scope of practice change that is consistent with Canada's other provinces and United States.

**Response 14**
If a Chiropodist wishes to have the scope of practice of a DPM-Podiatrist, then the individual must demonstrate current competence with a degree equivalent to a DPM and demonstrate recent(with in one year) acquisition of skills equivalent to a DPM.

Chiropody training at the outset would need to be increased to a Podiatric Training and acquisition of skills confirmed by an approved academic facility.

In no circumstances should either a chiropodist or podiatrist expand there scope of practice to include surgery about the ankle or above, including management of fractures above the foot without completion of a 1 year
minimum Fellowship training program acceptable to the Podiatric College.

Chiropodists have not completed the necessary training or acquired the skill sets to complete a full general physical examination and provide diagnoses other than to foot conditions. If this training changes to be equivalent to a DPM, then consideration to changing the scope of practice can be considered. No grandfathering of Chiropodists without this training should be permitted to avoid risk and harm to patients.

**Response 15**
Within the confines of the current legislation, it cannot.

**Response 16**
help the public get a better understanding and reduce confusion

**Response 17**
It will fill the gaps left by chiropodists being mostly in hospital settings to the present day situation where they are primarily sole practitioners. They will be better able to serve their patients and provide a full scope of practice also allowing the profession to grow naturally as it has done everywhere else but Ontario.

**Response 18**
greater care for the patients

**Response 19**
Access to foot care can be adequately provided by physicians who work within the public health system. Improved access and care delivery could be obtained through improvement in the organization of foot care including chiropody, nurses, wound care specialists, along with orthopaedic surgeons.

**Response 20**
As mentioned coverage or at least continued partial coverage by OHIP for podiatry and chiropody. Opening up government funded positions already existing in CHC and FHT and positions of Footcare in other funded multidisciplinary teams for better access to foot care and prevention of wound care or surgery which can in turn save costs to the health care system and narrow the gap between need for foot care and availability.

**Question 35: How can increases to risk of harm be mitigated?**

**Response 1**
The applicant should have acknowledged the risk of harm, concerning that the applicant did not. Currently, podiatrists practice bone surgery however, no standards exist. Is this public protection.

**Response 2**
Chiropodist should be working with Orthopedic surgeons, in a hospital setting, (wound clinics) to address the high risk foot.

**Response 3**
Risk of harm cannot be mitigated with current college council, register and consultant.

This is evident in the submission that the applicant submitted.

Applicant is oblivious when it comes to public protection. Podiatrists are preforming bone procedures on patients with no college standards, no lab tests - risk of harm is evident

**Response 4**
Minister of health to investigate college governance - lack of transparency, forensic audit

**Response 5**
Podiatrist were grandfathered to perform forefoot surgery. Also podiatrists are grandfather when new regulations are passed. The College should ensure these practitioners are competent and the public is safe from harm. Podiatrists should have inspections and a quality assurance program in place to ensure they are following best practice guidelines (evidence based care) when performing fore foot surgeries and operating x-ray machines safely in their offices. I do not believe the current college (staff, council, lobbyist, lawyer) comprehend this need.

**Response 6**
There is currently no standards for podiatrists that have been grandfathered to practice their scope. No standard for bone surgery.

Risk to public - no tissue specimen sent to pathology. What is being excised?

College staff should consist of professionals that are competent to answer inquiries that are asked of the college.

Current staffing of a registrar and administrative assistant that answer all questions does not mitigate risk of harm, if anything it contributes.

<table>
<thead>
<tr>
<th><strong>Response 7</strong></th>
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<tbody>
<tr>
<td>Risk of harm can be mitigated when there are standards in place. Currently, there are no standards for bone surgery for podiatrist. This is one example. The second example is to have qualified professionals answer questions posed by members of the public and registrants. The current Registrar or the Admin. assistant are not necessarily the most qualified individuals to be providing the information.</td>
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<th><strong>Response 8</strong></th>
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<tbody>
<tr>
<td>There should be standards for current grandfathered podiatrist</td>
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ie prescribing opioids, bone surgery etc. Currently these standards do not exist. Podiatrists are preforming these authorized acts without detailed competencies or standards.

<table>
<thead>
<tr>
<th><strong>Response 9</strong></th>
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<tbody>
<tr>
<td>The need for standards of practice for current grandfathered podiatrists. Assessment of their competencies.</td>
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<tr>
<th><strong>Response 10</strong></th>
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<tr>
<td>Risk of harm can be mitigated with the appropriate staffing of the college - not just registrar, complaints officer and admin assistant.</td>
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Standards of practice relevant to professional practice.

<table>
<thead>
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<th><strong>Response 11</strong></th>
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<tbody>
<tr>
<td>Grandfathering podiatrists should not be allowed. They must undergo examinations in the province they wish to practice. They must show that they maintain their competencies.</td>
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<tr>
<th><strong>Response 12</strong></th>
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<tr>
<td>Standards of practice updated to incorporate current scope of practice.</td>
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Bone surgery - competency

<table>
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<th><strong>Response 13</strong></th>
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<tr>
<td>Only orthopaedic surgeons trained in foot and ankle surgery should be allowed to operate and foot and ankle conditions. This is the only properly trained profession, with a properly regulated body.</td>
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<th><strong>Response 14</strong></th>
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<tr>
<td>Ensuring that the health professional has demonstrated adequate training that is current and up to date and approved by the regulatory Body to the satisfaction of HPRAC.</td>
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Not grandfathering health professionals to increase their scope of practice without the above.

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<th><strong>Response 15</strong></th>
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<tr>
<td>Do not change status quo</td>
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<table>
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<tr>
<th><strong>Response 16</strong></th>
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</thead>
<tbody>
<tr>
<td>Ensuring that all members of the college are aware of and practice within their own knowledge, skills and judgement. Also ensuring that there are appropriate educational opportunities for members to enhance their knowledge and skills.</td>
</tr>
</tbody>
</table>
**Response 17**

Education expectations need to evolve with the scope and assist with those that need either refreshers or first time exposures. Large continuum of professional background, exposure and practice exists.

**Response 18**

By ensuring educational courses are in place to upgrade and bridge the gaps in training to remove limitations on scope of practice.

By having the necessary Rules and Regulations in place as is the case with other regulatory bodies with an expanded scope of practice.

**Response 19**

Exclude 'structures affecting the foot and ankle' from the change in scope of practice.

Lifting the podiatry cap will increase patient access. On the other hand, wholesale changes in the model seem unnecessary and may create other issues including patient confusion related to the core competencies of members; potential gaps in non-surgical footcare; and may not address access issues in rural and remote areas of the province.

**Response 20**

Ensuring the expertise that currently exists within the domain (Certified Orthotists) of foot-ankle orthotics is utilized and included in a continuum of care.

**Response 21**

Surgical care should be performed in appropriate facilities by qualified surgeons licensed through CPSO. With adequate resources, the current medical community can meet the needs of Ontarians without requiring an increased scope of practice being granted to podiatrists.

**Response 22**

Availability of continuing education

**Question 36: Do you have any other comments to make regarding the Applicant’s submission?**

**Response 1**

I am a graduate of the chiropody program at the Michener Institute of Applied Health Sciences.

However, I am not a current member of the College of Chiropodists of Ontario.

I am a member of the College of Nurses of Ontario as a nurse practitioner & practise as such.

**Response 2**

Proposal degrades the chiropodist.

**Response 3**

Podiatrists and Chiropodists are different. Regulations should reflect that. Ontario should upgrade what podiatrists can do as part of the medical community. Chiropody in Ontario as in the U.S. will eventually phase out as a profession. The costs of Chiropody education do not justify and individuals wages to practice as a Chiropodist. Podiatry will emerge and the profession that takes care of foot and ankle issues along side orthopedists whose practices includes that type of care as well.

**Response 4**

Applicant has submitted a document that is defamatory to all Ontario chiropodists.

The submission is to lift a cap for podiatrists. It is not to protect the public from harm. It is not to standardize the name to avoid public confusion. It is simply a self interest group taking control of a college with its 2 hand picked full time employees to sell their podiatry practises to US podiatrists.

**Response 5**

I agree with everything the COCOO has put forth with a few exceptions, as listed in this survey earlier. I URGE you to:
1) Consider proceeding with lifting the cap and instituting the expanded scope to all Podiatrists (DPMs)

2) Wait until a Podiatric school is available in Ontario to allow Chiropodists the option to become Podiatrists, by upgrading their skill set

3) Close the Chiropody program and instead fund a Podiatric Medical School at one of our universities, graduating only DPMs, to promote our shift to the US model and make use of the expanded scope of practice

4) Hold the current COCOO more responsible as to date, they have done a terrible job at promoting the profession and/or being of assistance when needed by their registrants. (they can never answer a simple question and good luck getting a hold of them. Even worse, when someone is in violation of a regulation, they often don't respond to complaints by concerned colleagues). Accountability of the COCOO should be part of your recommendations to ensure they move forward with promises and remain diligent/knowledgeable and responsive to their registrants.

5) Consider the healthcare dollars (millions) that have been saved in the US by instituting subsidized Podiatry care for at-risk populations; diabetics, neuropathics, etc. Decreasing amputations by on average 75%, Podiatrists are a significant asset to our healthcare system. I say Podiatrist specifically because, although Chiropodists are also very helpful, the superior training and more competent wide-ranging scope of practice make a DPM a real win to society.

6) Consider the addition of the allowing Podiatrists to write for vascular tests (MRA, ABI, etc) in addition to labs/diagnostics (biopsies), controlled substances (codeine, etc), energy (MRI, bovie), bone scan, CT and so on. See the BC/AB or USA models.

Response 6

Comments made by applicant are erroneous and not substantiated with any research or statistics.

Applicant appears to have neglected protection of the public and risk of harm.

Applicant had 7 years to prepare for this submission, the submission is not reflective of the amount of time and money that was spent.

Response 7

Response 8

This legislative change is long overdue.

Ontario is up to date in so many categories, but this is one area (foot care) that it falls behind in.

The current system is inefficient, causes pain and suffering for patients that need acute care, and does not 'keep up with the Jones'.

I am a podiatrist currently practicing a full scope in a liberal state with regards to foot care. I currently perform surgery up to and including the ankle (fracture, gunshot wounds, limb salvage - amputation) with excellent patient outcomes.

Why not bring this type of delivery system to Ontario?

I am willing to help make the transition if I am contacted, administratively, clinically, with regards to treatment algorithms/protocols, education, etc.
Thanks for hearing me out.

Dr. Redacted. Redacted

**Response 9**
The Chiropody Model in Ontario was to evolve to meet the needs of the Ontario public. The applicant does not appear to understand how the Ontario Health care system is changing, or how to regulate the chiropody profession in the public 's interest.

**Response 10**
I think that a change is needed to better help the public.

Chiropodists and Podiatrist can help the health care system be lowering wait times in emergency rooms and operating rooms by helping take the burden off medical doctors. Prevention is key in helping reduce the costs to the health care system. A Podiatrist/Chiropodist can do much more than we are doing now, and we can truly help the system. Not allowing us to perform to our full educational abilities; we are not serving the public or health care system to the best we can.

Chiropodist and Podiatrist should not be penalized or afraid to practice to their full scopes. My overall goal is to help people and make them better. I can prescribe, inject and perform surgery but I can get into trouble when my patient calls me a DOCTOR this is ridiculous. Please provide me with the same respect that I have in every CANADIAN province other than ONTARIO.

**Response 11**
This has been an immense effort to date. It reflects a critical need for the removal of the podiatric cap and the allowance of podiatry to continue to exist.

Now, the profession is being killed off and if allowed to continue, the public will lose an invaluable tool in their overall health care tool chest.

**Response 12**
The sooner the better. I see clients are confused even after 18 years of practice. regarding the current foot care model and I see the harm from other primary care providers not referring to us due to lack of knowledge of what a Chiropodist is and what are scope is.

**Response 13**
The applicant's submission did not involve any town hall meetings as stated in the report. The applicant was determined to address professional interests of the podiatrists.

Serious concerns about the letter sent by current president to HPRAC.

**Response 14**
Currently in Ontario, Podiatrists and Chiropodists are not allowed to address themselves as Doctors.

The Applicant's submission does not address this issue.

**Response 15**
'The HARP Act, as currently written, authorizes any graduate of a 'four year course of instruction in chiropody' to order and take x-rays, operate radiographic equipment and to be designated as a radiation protection officer (RPO). As such, only 14% of current College registrants are eligible to perform any of the authorities under the HARP Act (i.e. members of the podiatrist class, DPMs practising as chiropodists and a very few chiropodists). Qualified podiatrists being able to order or take x-rays.'
This is quote from the Applicant's submission. Of great concern is how the College (Registrar) currently interprets who can order or take an x-ray.

According to this statement and how it is interpreted by the Registrar, only a podiatrist (DPM) or a chiropodist (DPM) - a podiatrist that registered after 1993 is considered to have a 'four year course in the instruction in chiropody'

A chiropodist (DCH, DpodM) that completed the Michener course and then took an additional year of training to total 4 years of training in chiropody, does not qualify due to the fact that they were not consecutive years.

How does a chiropodist DPM - podiatrist from the US qualify as a candidate the had a '4 year course of instruction in chiropody'? This is totally confusing and unfair to Ontario trained chiropodist. Continuing education to achieve a 4 year course in chiropody does not qualify (trained chiropodists) from Ontario to order x rays.

This is one example of how this submission has been focused to entice the US podiatrists to come to Ontario so that the current podiatrist will have someone to sell their practices to.

**Response 16**

Whether now or in the future there needs to be a change in the foot care model in Ontario. Those seeking chiropody/podiatry care in Ontario need to be clear about who and what they are getting. With an increasing aging population and the epidemic of diabetes something needs to be done now. Taking the time to be proactive instead of reactive is important especially in communities that have access to few service providers and health care professionals.

**Response 17**

I believe that the acceptance of this proposal will serve the public in a positive and safe manner with the growing needs in professional foot care services required.

**Response 18**

**Titles and Scopes of Practice**

Today, the professional title 'chiropodist' and the professional descriptor 'chiropody' have been largely displaced in most comparable jurisdictions by “podiatrist” and “podiatry”, but not necessarily triggered by or coincident with scope of practice changes. In all other North American jurisdictions outside of Ontario, the use of “chiropodist” and “chiropody” has been, or is being, phased out (See Figure 1).14

![Figure not available](image)

The above is a quote from the applicant's submission. Let us phase out the term chiropodist as this has happened everywhere else in the world.

Allow all of our College members to practice their scope with the appropriate diagnostic tools. Let the defamation of chiropodists stop.

The Applicant did not demonstrate the need to lift the podiatry cap. Having has over 6 years to prepare this submission, this is truly shocking. College fees have gone up from $950 to $1700 during this time period to pay for this initiative.

Please note, there were no consultations with College registrants.

**Response 19**

Members of the podiatrist class and any chiropodists who have graduated from a four-year chiropody
education program are also authorized to order and take radiographs, to own and operate radiographic equipment and be radiation protection officers under the Healing Arts Radiation Protection Act (HARP). At this time, among the chiropodist members only members of the podiatrist class and those DPM graduates who have registered in Ontario as chiropodists have registered under HARP.

The College had a total of 637 in-province registrants at the conclusion of 2013; 568 chiropodists, including a number of who have DPM degrees; and 69 members of the podiatrist class. In addition the College has received 23 requests for applications to apply to the College and register from DPM graduates.

The above quote is from the Applicant's submission. This excerpt is evidence how this submissions addresses the interests of current podiatrist profession. 586 Chiropodists no matter what additional education they possess are not able to request x-rays. This possess significant challenges to practice chiropody.

Chiropodists are asking for name standardization and to be able to access diagnostic tests to provide the required foot care for the community.

**Response 20**

The College of Chiropodists believes it self-evident that the podiatric cap must disappear with the move to a North American podiatric model. The Ontario Society of Chiropodists, the Ontario Podiatric Medical Association, the Canadian Federation of Podiatric Medicine and the Canadian Podiatric Medical Association are all in agreement. No current College registrant has expressed opposition to removal of the cap. During the stakeholder consultations, no stakeholder has expressed opposition to removal of the podiatric cap. In fact, a number of stakeholders found the cap peculiar and counterintuitive in an environment of increasing scarcity of healthcare practitioners.

The above statement is a quote from the Applicant's submission. Over the span of 8 years the applicant has limited to no evidence to support the removal of the podiatry cap. There is no supporting evidence in the submission that the Applicant had consulted with current College registrants. No dates of town hall meetings, no emails or correspondence from the registrants that support the claim that no college registrant expressed opposition to removal of the podiatry cap.

A point of clarification - according to the Hansards - the reason for the podiatry cap was that the podiatrist were performing bone surgeries illegally. The podiatrist had 2 options - new legislation Chiropody Act 1991 - either

1. stop performing bone surgery of the foot and no podiatry cap
2. current podiatrist continue to perform bone surgery to the forefoot but a podiatry cap in 1993.

The podiatrists chose the second option, podiatry cap and continue with forefoot bone surgery. Why the change now, why renege not the deal? Professional self interest, not public protection.

**Response 21**

The applicant's submission lacks research, statistics and supporting literature.

The Applicant has been working on this submission since 2006. The content of this submission is an embarrassment to chiropodist registrants of the College. The amount of registrants money that was been spent on this submission is almost criminal considering the content quality.

Most of the references and footnotes cannot be verified, some cannot be found at all. Reference and footnote format puts into question the authors academic background.
Below is a quote from the Applicant's submission.

As will be articulated in greater depth and detail in this Application, the College is recommending an adaptation of the North American podiatry model of care and regulation to better reflect Ontario's present healthcare delivery paradigm, the government’s stated policy objectives and to implement a model that will better address the public interest by closing the gap between the demand for advanced footcare and the supply of competent practitioners.

The above quote violates the Colleges standards. This is one example of a defamatory statement against chiropodists.

The demand for advanced foot care is currently being addressed by chiropodists in CHC, FHT and hospitals working with other health care providers. As registrants of the College we are all competent practitioners.

Response 22

Despite having achieved the practitioner/population target, as stated and explained elsewhere in this Application, the College believes that the growth of the podiatry and chiropody professions in Ontario has been seriously stunted by the podiatric cap and by the limited scope of practice that does not allow many practitioners to perform to the full extent of their competencies, nor to fulfill their patients' expectations or the demands of Ontario's healthcare delivery system. The College is convinced that revocation of the podiatric cap (coupled with an indigenous podiatry education program) will remove huge obstacles to practitioner number growth. As evidence, the College cites the fact that it has received an unprecedented number of inquiries over the past several months from DPM graduates about the prospects of registration as podiatrists in Ontario in light of the HPRAC review. The College is also convinced that an enhanced scope of practice will be attractive and act as an incentive for individuals to follow a career in podiatry in Ontario.

The above quote is from the Applicant's submission.

The statement is an example of provider self interest - podiatrist class. Chiropodist class appears to be excluded.

Statement made by the Applicant are not supported with any facts, research or stats.

Response 23

Chiropody = podiatry, both are foot related terms. One isn't better than the other. Podiatry/podiatric medicine is a modern term that the public understands.

In all the health professions you can only perform acts which you are trained and qualified to perform. Changing the name and scope is not going to open floodgates of practitioners performing acts they are not qualified to do. Public safety will not be compromised. In fact, having solidarity within our profession, one act/one title is a step in the right direction for public safety. The submission changes will help the public weed out the 'foot specialists' who have no formal training or scope of practice.

Response 24

Very thorough and comprehensive submission.

Response 25

D.P.M.'s should have access to the restricted title Doctor. There is no public confusion when a practitioner is operating on your foot, ordering lab testing and using diagnostic techniques and prescribing medications.

Response 26

Podiatrists (who have completed the 4 year Doctor of Podiatric Medicine program) currently have a much more advanced medical curriculum including a 3 year surgical residency on top of the DPM qualification. The
training is incorporated with other medical professionals within the multidisciplinary acute and sub-acute setting.

The current model in Ontario is very far behind the current training and competencies that DPM graduates must complete today. Allowing Podiatrists to work within their trained scope (including surgery and ordering labs) will make health care much more efficient and accessible to the public.

Most 3 year Podiatric Medicine residency programs in the USA now include PMSR (Podiatric Medicine and Surgery residency) as well as RRA (Reconstructive Rearfoot/Ankle Surgery). The minimum requirement of 7 years of training in the foot and ankle and working with other physicians in the health care setting has vastly advanced since the scope of Podiatry in Ontario was reviewed/modified more than 20 years ago. This new submission exemplifies the advanced training and competencies that are required of Podiatrists today.

**Response 27**

Most other jurisdictions have an evolving foot care model even if the model is not as extensive as we are proposing. Ontario unfortunately has lagged behind for decades. It is imperative that we are allowed to evolve into the modern age of foot care. Every year we delay increases the difficulty with the change over.

All chiropody college members (current podiatrists and chiropodists) understand that there will need to be significant upgrading available to those that want to practice at the new level and restrictions on the licences of those that do not want to upgrade. It will take a generation to move the entire model to the new practice reality with a mix of abilities and scope at the beginning but we can not move forward if we are not all allowed to be called the same thing and eliminate the class system that was originally established.

**Response 28**

Since podiatric foot care has been demonstrated to reduce amputation in people living with diabetes, shouldn't diabetic patients be covered by OHIP for their annual diabetic foot exam in the same manner as their annual eye exam by optometrists?

**Response 29**

All chiropodists need to transition to have the title of podiatrist. Chiropodist is an outdated term, and the general population is not largely aware of what a chiropodist is or what they do. All new podiatrists should also have the title of doctor. All podiatrists/chiropodists can perform soft tissue surgery, perform injections, and prescribe medications, therefore the doctor title should be a given. Many other healthcare practitioners such as chiropractors and optometrists have a scope of practice that is far less invasive than that of a podiatrist/chiropodist, yet they are still provided with the doctor title. It is time to move the podiatry profession forward. Failure to do so will result in inadequate foot care for the public and increased healthcare costs.

**Response 30**

In Ontario we have waited far too long for our healthcare system to attain what other patients in other jurisdictions already benefit from. As a pharmacist I continously struggle to help patients encouraging them to find a podiatrist after poor treatment results from their family practioner. In our multi-disciplinary model there is a place for a 'foot specialist'. Feet, we all use them all day every day, it's how we get around and yet for some patients they are unfairly not able to get the podiatric care they so desperately need. The Pharmacy Act is continually being updated to reflect current scope of practice to streamline and update in line with other provinces. How does the current podiatric Act, which is over 20 years old, reflect current podiatric needs of Ontario residents?

**Response 31**

The College of Chiropodists have not demonstrated that they have been diligent in policing members who have violated the current regulations. There needs to be a process in place that demonstrates the above to the satisfaction of HPRAC.

The College of Chiropodists has had 7 years to develop transparent policies above and failed to do so.
To quote reviews of practice changes in other jurisdictions in Canada and the world without demonstrating the changes in curricula, education and acquisition of skills is not adequate to expect HPRAC to change their scope of practice. The same criteria of education and acquisition of skill sets must be present for members to be permitted a change in scope of practice for chiropodists.

It is time to allow the Podiatric Professional to have their own separate regulatory body from Chiropodists and to permit them to develop the appropriate criteria outlined in this questionnaire to be met to facilitate a subsequent change in scope of practice.

I retired 4 years ago; however, foot surgery constituted 10% of my orthopaedic practice for 40 years.

Response 32
It is hoped that in consideration of this change that cost to the end user will be considered. There are many patients that require such important services, however due to cost of device/service they cannot afford the required care resulting in necessary treatment not being performed. As a result, they become more of a burden and expense to the system because issues were not dealt with early enough.

Response 33
No

Response 34
I believe the people that will be effected by this change in scope of practice will be primary be the diabetic patients. There are over 2.4 million Diabetic patients living in Canada*. 15% of them will have an ulcer at some point in their lifetime. 80% of the time the etiology of diabetic ulcers are improper footwear. The cost of wound management, treatment, amputation, hospital time, rehab, etc is ridiculously expensive. Not to mention dreadful for patients and obviously affecting their quality of life. All of this can be prevented! We are the ‘foot specialist’ and we can be the people that makes this change. We can reduce amputations by over 50% IF WE ONLY TRY! It will be written in history for years to come...

I truly believe that if we change this scope of practice and be come one, we can make a huge change in diabetic patients.


Response 35
This HPRAC review is much needed. When examining the evolution of podiatry around the world Ontario has fallen behind. I should be allowed to practice my trade in any province in Canada. Why can an Ontario foot specialist be discriminated from working in some of the other provinces? Am I safe in Ontario but not safe in British Colombia?

Simple changes in legislation will allow me to safely practice at my full scope. This will improve wait times and lessen the overall burden on the health care system. The current level of Chiropodists are more than qualified. Beside the surgical component as you are aware are doing surgery and prescribing designated drugs. Our profession has been unable to perform at its full potential. We need a favorable response to provide the best quality of care to our patients. This is the right profession and the right time. We can make a measurable difference quickly for all Canadians. Thank you. Looking forward to your response.

Response 36
We need to work together to provide the best outcomes to patients.

Response 37
This is a step in the right direction.

Response 38
The Applicant's submission should be strongly considered. A title change is necessary. The impact of this change can only be positive. It will create less confusion amongst not only the public but other health professionals. In my experience a majority of the general public, family physicians, medical specialists and paramedical health professionals are not familiar with the term Chiropodist/Chiropody and our scope of practice. As such, many patients cannot be advised as to where to go for foot care or seek care themselves - they don't know where to go because they don't know who to go to. Instead patients either continue on without care or the health care system is burdened by patients being sent to see various medical specialists or going to the emergency room- often times for conditions that can be easily and readily addressed by a Chiropodist.

These are common situations we encounter:

- A chronic, non healing diabetic ulcer that is complicated with infection - there are resources available to help these patients receive dressing changes but dressing changes alone will not heal a wound - it requires debridement of tissue regularly and offloading. We can help heal wounds or prevent wounds completely if the medical professionals know to include a Chiropodist in care. If every diabetic was sent to a Chiropodist and was seen regularly - we could be saving a limbs instead of using health care dollars to hospitalize these patients and amputate limbs. Simple things as callusing or friction from shoes are the start of most diabetic wounds - we can take care of these things before wounds develop.

- A patient who has a simple wart on their foot - their family doctor referred them to a dermatologist - they waited months and months for an appointment and the wart has either become more painful or has spread.

- A fungal nail, a broken bone, or a infected wound - we are limited in how we can help in these situations because we have to send them back to their family doctors for diagnostic tests that we cannot request - resulting in delayed care.

A title change is a simple way we can improve access to care. People will often do better if they know better. It's time to align Ontario with the rest of the world who has already abandoned the outdated, Chiropodist title.

Response 39
The single professional name of Podiatrist will be a great asset to the public's understanding of the care that is available.

Designating ordering rights for appropriate labs, x-rays, and other diagnostics makes the system more seamless and reduces delays and ultimately makes a better experience for the patient.

Response 40
I find it very difficult to help the patient when I can not communicate a diagnosis, order x-rays and blood work to help diagnoses the issue. I have to send them to a walkin clinic or family doctor to get the necessary tests (wasting ohip money). Each patient that I send out will be billed for the assessment and the follow up by the doctor.

Also, when a new medication comes out (ie Jublia-topical used for fungal nails), we have to wait till it is approved which takes over 1-2 years to be able to prescribe it. We need our drug list to be on a class system like family doctors so when a new anti-fungal medication comes out or new anti-inflammatory medication we can prescribe it right away, so we do not have to send back to the family doctor (who will charge ohip for the visit!).

Response 41
Podiatrists from the older podiatry class, i.e. graduates from the 70's and 80's who have a title of DPM are in no way comparable to the new grads of Podiatry from the US or even Chiropody in Ontario. Increased medical education, including pharmacological education, as well as surgical training (both soft-tissue and
bony) is far advanced in the newer curriculum and chiropodists graduating after 2009 should not be considered inferior to a DPM since they are not allowed to shift a bunion back into place. It is this bony surgery which has given such undeserving superiority to the DPMs, it has completely overlooked how much they lack in all other aspects in podiatric medicine, especially prescription writing, which many DPMs can't effectively do. They are allowed to cut into bone, but are unaware what antibiotics to give to prevent infection. That's a real safety hazard to the public. Grandfather Chiropodists into the Podiatry program as they did in Temple University, but the old-school Podiatrists holding DPMs should be going through the same transition. The only course I could see them being exempted from is Principles of Surgery of the Boney Forefoot; but everything else should remain the same.

Response 42
It will end public confusion re: professions of Chiropody and Podiatry. It will provide public with decrease wait time and better services. More education means less harm to public. Let us help people in need

Response 43
Thank you for your time!

Response 44
I believe what is proposed accurately addresses the gaps in the current model.

Response 45
I am a Chiropodist working in private and public sector. I recognize the need of foot and ankle specialists is ever increasing. In both fields I have seen an increase in need and demand but the supply has been decreasing. In government funded organizations, there is back log, wait time varying anywhere from 4 weeks to 12 weeks. I work with homeless shelters, refugee, and low income clients and have first hand knowledge of demand of our increasing scope of practice. I feel my hands are tied up when I have to wait for an x-ray report, USG or simple lab test for fungal and bacterial infections. Wait times are anywhere from 3 days to 3 weeks. In every scenario I have chance of saving these patients limb or even life if my scope of practice increases.

We, Chiropodists have been working in Community Health centres, Family Health Teams and Shelter clinics from the beginning and saving patients limbs from amputation, serious deformities and death. Its time we ask and stand up for what we deserve and that is a change in Scope of Practice, Increasing our scope of practice is only going to benefit our patient care and reduce gaps in health care system.

All other controversial agendas, statements do not matter, since we Canadian foot and ankle specialists are only demanding for what we deserve and in return want to serve our communities to the best of our knowledge, skill and scope of practice.

Response 46
The changes in the scope of practice for chiropodists/podiatrists that have been proposed are necessary to providing proper patient care. By allowing chiropodists/podiatrists to increase their controlled acts, we will be minimizing the amount of patients that have to unnecessarily be routed back into the provincial medical system (e.g. for a referral for an x-ray). I also believe that having one unified title of 'podiatrist' will help clarify treatment options for the public.

Response 47
I feel there should be one title one scope in Ontario. There has always been too much confusion around the difference between Chiropodists and Podiatrists. If Ontario wants to move forward as other provinces have along with the majority of other countries, we all need to be called Podiatrists and practice with an expanded scope. Diagnostic testing, bone surgery, x-ray standardized name 'Podiatrist' etc.etc. will improve patient quality of care along with access to care. I believe Ontario has the potential as being a world leader in foot care with the proposed changes.

Response 48
There is no podiatry school in Ontario, only a Chiropody program. I would love to see equality between Ontario trained chiropodists and US trained podiatrists by having one name and one scope of practice. Why
should we give all the benefits to international practitioners and undervalue our locally trained practitioners?

Thank you for your time!

Response 49
I think the HPRAC should consider changing the model of foot care in Ontario since we are the only one in the world still using the title 'chiropodist' and most people don't even know what that is or means. Also, we should provide the best health care to our public by improving and expanding our current foot care model.

Response 50
I think it's great that a change of scope is finally on the drawing board... It is much needed, and would be greatly appreciated by the patients I and other Chiropodists/Podiatrists see every day.

The current scope limits the services available, and puts up huge barriers to getting proper health care. My profession deals with many high risk patients, who's limbs have developed serious ailments which are life threatening, and not having easy access to the proper resources increases their wait time, suffering and risk tremendously.

What's most frustrating is when family physicians refer patients to myself for a diagnosis and treatment, but due to the limitation in my ability to communicate a diagnosis, I am unable to fulfill that request. I can easily diagnose the condition, leading to my high success rates in treating them, but it is pathetic that I cannot communicate that diagnosis with the patient or other health care practitioners.

Further, by giving us access to lab work and imaging, patient safety will increase, and risk of harm will decrease. Currently, if a patient presents with a suspicious appearing lesion (a possible malignancy), I would either have to refer back to their GP to refer to an oncologist, or biopsy the lesion, place it in a specimen jar, give it back to the patient hoping that they return it to their GP with the correct instruction to send it off for pathology. By that time, the specimen can be compromised, misplaced, or tampered with, leading to an increase risk of error and most likely a mis-diagnosis.

We are primary health care providers who deal with extremely high risk patients, and we are highly trained at servicing these patients in a safe environment... We should not have barriers or access to our line of services, and it is important that these changes be put in place now!

I am in 100% agreement with the proposed change of scope of practice.

Response 51
As a health care practitioner who works in FHT, hospital, long term care, and private practice settings on a daily basis I am afforded a different perspective in each setting. The needs in each setting differ drastically and the dynamic and collaboration in care for my patients do as well. I have learned to be both resourceful, tactful and engaging when it comes to providing comprehensive, efficient, collaborative and full effort care as well as education for my patients. An expansion of my scope of practice would reduce a lot of pressure put on the health care system. It would allow me to requisition the appropriate tests, provide a comprehensive diagnosis, plan an implement appropriate treatment, collaborate with other professionals, and provide care in a more comprehensive, cohesive and time efficient manner. My seven years of academic training, continuing education credits, extracurricular health related studies and additional certifications all help towards my commitment to providing the best possible care. Unfortunately because of a lack of awareness and limitations in my practice I am able to provide the patient with information about what is going on with them but am helpless in being able to provide the care myself. I am forced to request help from a physician, forced to refer to the emergency department, forced to not be able to do anything apart from consult and in the end fall short of helping my patients. With the help of an expansion I would be able to communicate my diagnosis, send for the appropriate radiography and lab tests (without having to explain to a physician why a certain angle of a
radiograph would be more beneficial, or begging for blood chemistry). I could prescribe the appropriate topical antibiotic or wound care dressing in a long term care home for my vulnerable residents without having to go through the floor nurse and almost absent physician to approve my recommendations in the long term care. In private practice I can help the chronic foot pain patient understand why he/she has arthritis and save time with in house x-ray imaging, injection at the rear foot, and a more efficient and comprehensive health care plan. These are just some everyday examples of how I can better help my patients and provide best practice. The positive outcomes possibilities are endless, the government just has to recognize that there are many people we have the power to help but turn away everyday because we have to go through obstacles and the patients health thus falls short. Please help me reach my full potential as a practitioner and let me help the residents of Ontario.

With great hope,

Redacted Redacted

B.Sc., D.Ch.

Response 52

A change in the title from chiropodist to podiatrist specifically will eliminate much confusion experience by the public. It will also update the profession to be more in line with all other jurisdictions in the rest of the world frankly. The term chiropody is outdated.

Thank you

Response 53

Having had the opportunity to have worked in various countries across the globe (mainly english speaking) has allowed me to experience the profession of Podiatry and particularly how their systems compare with Canada. This gives me a good basis for comparison and form my own opinion as to where the Ontario system is failing with public care.

The changes proposed are not only necessary, they are required in order to allow the profession of Podiatry grow in being the first line of care for the public in treatment of lower limb pathology. Current restrictions not only limit the current profession they are potentially causing health concerns within the general public in terms of adequate care.

Along with a need for change to the scope of the profession, individual health plans need to be well informed as to this change and how it will benefit not only patient treatment outcomes but potentially reduce the incidence of fraudulent billing from unregulated professions posing as foot and ankle specialist.

Response 54

I had already completed the survey, but came across a common issue that many Chiropodists and Podiatrists in Ontario experience with their patients, and felt that it would be appropriate to share here... This is a great example of the barriers which Ontario citizens face when it comes to proper foot care services; especially high risk patients, such of those with diabetes and peripheral vascular disease.

I had the pleasure of meeting a very high risk, poorly controlled diabetic patient who was initially referred to be by his Endocrinologist. He was referred for a diabetic foot risk assessment. During his visit, I had noticed a small dark wound on his big toe, which appeared to be an ischemic ulcer with a necrotic, gangrenous centre.
I immediately knew that this patient has acute gangrene, and from my in office assessment, determined that the patient had an impaired vascular system (peripheral vascular disease) leading to the inability to heal the wound. This pathology was confirmed via doppler vascular assessment, which was not completed by any of the physicians that the patient had seen prior to myself. However, due to the limitation to my scope of practice, I was unable to communicate these findings to the patient.

I then sent a letter to his GP to get further vascular work done, and recommended that he get registered with CCAC for wound care as the patient cannot afford to visit myself for weekly wound care visits ($40). It turns out that the patient now needs a femoral-popliteal bypass surgery to establish blood flow to that limb, following my investigation into his condition.

The wound care nurses with CCAC have been having difficulty healing this wound. The wound care clinic and his GP keep on referring him back to myself for proper care, which gets the wound back on track, however, once out of my care, it seems to quickly deteriorate. I fear that this patient will develop wet gangrene, with the poor prognosis, leading to amputation.

This week, the patient was scheduled for a follow-up visit and reassessment of the wound. However, he cannot afford my services ($40), and is worried that the wound will become infected again. He must visit the CCAC clinic again, but without proper debridement of this wound, they will never heal it.

This exemplifies the barriers face by patients with diabetic foot wounds. They are referred by practitioners with OHIP provider number, just to find out that our services are not covered, then have to settle for inadequate services which ultimately prove detrimental to their well being.

We need to remove these barriers now, and give us, Ontario’s Foot Specialists (Chiropodists and Podiatrists) the ability to refer directly, order lab work, etc. to better our health care model.

### Response 55
The College of Chiropodists of Ontario proposes adopting the highest level of the podiatric model in Canada: The North American podiatry model. I am in support of adopting and evolving the profession to include an advancing scope of practice. There has been a gradual expansion and evolution of the profession of Chiropody and the educational program has reflected these changes. I believe that Ontario should adopt a model that best suits the publics unique health care needs.

### Response 56
It is important to address the confusion between 'chiropodist' and 'podiatrist' amongst the general public. With a transition to a unified title, by adopting the more commonly recognized title of 'podiatrist', the profession as a whole, can continue to progress forward as a recognized medical profession within the clinical and educational spheres. This change would reflect many of the other changes that have already taken place in other commonwealth nations.

### Response 57
Ontario is the only place in the world to use the antiquated title of chiropody. People do not know what we are or what we do. Podiatry is much more recognized and will allow those who need us to find us better. The new scope will low the practice of podiatry to grow and allow for the same standard of excellence to be provided by Ontario trained providers as that found around the world. Please support these changes.

### Response 58
n/a

### Response 59
The term chiropodist should be replaced with podiatrist so that the public is not confused and understands where they can go for their foot care needs.
Podiatrist and chiropodists need to be designated the doctor title. Podiatrists and chiropodists perform procedures that are highly invasive and have the potential to cause serious harm if not executed correctly (i.e. surgery, injections, medication prescription). Podiatrists and chiropodists are primary health care professionals and they are not under supervision. As a result they need to be called doctors like chiropractors, dentists, and optometrists.

Chiropodists and podiatrists need the ability to be able to order x-rays and laboratory tests in order to perform their job fully. Chiropodists and podiatrists have more knowledge than most physicians regarding the feet, however at this point, patient's must be referred to their physician to obtain imaging/lab requisitions. This process is not efficient and can have costly consequences.

More publicly funded foot clinics need to be available to the public. The population is aging and diabetes is running rampant. Foot care needs will only increase in the future and at this point we do not have the resources to handle an increase in demand. Most practitioners now work in private clinics due to the lack of public clinics that are available.

Response 60

I am perplexed that this review unlike other reviews undertaken by HPRAC has incorporated 'foot care' as the benchmark. I was of the belief that the RHPA stood for regulated health 'professions', and I am unable to determine that 'footcare' is a licensed and regulated profession. It appears that on the whole the submission has positive merit in attempting to remove the convoluted policy that has hampered the collective delivery of professional regulated 'Chiropody' (as defined under the current Act) care. Chiropody 1993 was a policy experiment that has only served to create confusion and subjugate the largest stakeholder of the College, that being Ontario trained Chiropodists to a second class status in their own Province, and country. But of greater concern is the current policy limits Ontarians from timely cost effective footcare. Yes, the name needs to be standardized to current and universally recognized podiatry. The barriers that currently exist against Ontario trained and educated chiropodists must be removed and the system needs to catch up with the rest of the world. The population is aging and mobility with good health in cornerstone in keeping Ontarians independent, active and productive. Furthermore individuals with good foot health have fewer chronic health related pathologies that saves the government monies.

Response 61

I think this was a great survey, and am hopeful that my feedback helps in making the right decision.

Response 62

Following your invitation for comments on the proposal submitted by the Applicant I submit my comments below. I bring to the attention of HPRAC that I am a graduate of the UK and am registered with COCOO to practice chiropody in Ontario.

Comments:

In their submission, the applicant COCOO suggest that “understanding the history and evolution of chiropody and podiatry is….. vital to understanding the College’s recommendation to adopt a podiatry model of regulation and care in Ontario” (also referred to as the “North American Podiatry Model”).

In this aim, it appears that COCOO seeks to emphasise the differences, rather than overwhelming similarities, between chiropodists and podiatrists in such a way as to imply that chiropodists and UK, South African or Australasian podiatry equivalents, are less able, by suggesting, for example, that graduates from the UK (including Master’s degree graduates) “experience great difficulty passing the College of Chiropodists of Ontario’s registration exams that include pharmacology. In fact, many are unsuccessful even after many attempts….”.
For clarity here I feel it is worth highlighting for HPRAC that graduates of any program are able to fail the COCOO registration examination, which would include the DPM graduates who fail. This is a stark reminder to all that it is individuals that pass, or fail, examinations not their qualifications or ‘educational models’.

I give can give personal testimony to HPRAC on this matter. I trained in the UK and (per the application under review) hold a “first degree in podiatric medicine”. I have both written and passed the COCOO registration examination in the recent past. I passed first time. Whilst others in my examination cohort passed, others in my examination cohort, including holders of DPM designation, also failed. I reiterate that this is the nature of examinations which should be used to objectively assess an individual. Drawing further inferences over and beyond an individual’s pass or fail is deliberately misleading.

With respect to the proposed ‘podiatry model’, It is unfortunate that in its application COCOO attempts to establish a distinction between chiropodists and podiatrists (or the UK and Australasian equivalents) in a bid to promote the claim that a ‘North American’ model of education is preferable to a ‘UK model’. Other agencies including the CFPM have stated that they do not recognize either term – that there is no unified ‘North American’ model. Indeed, I suggest the ‘UK model’ is not immediately relevant, given that it is unique to the United Kingdom based on the UK’s specific medical-political landscape. There are no doubt similarities between the educational programs in Ontario, Australia, New Zealand, South Africa and UK. Most pressing, however, is to consider the right needs for Ontario and Ontarians and developing the right solution for Ontario, rather than adopting one ‘model’ over another per se.

In my reading the COCOO application it does somewhat undermine the value of what it refers to as the ‘UK model’ of education. By implication this also would refer to its comparative equivalents of Ontario, Quebec, UK, Australasian – all robust, high standards of podiatric education. Although not specified I do not agree with the resonance that the US podiatry DPM degree is the gold standard of podiatric education, and thus and other programs are in some way educationally inferior. This is most starkly indicated on pages 82-83, where most points of comparison are factually incorrect. For example:

- The ‘North American’ model includes the ankle, whilst the ‘UK’ model does not. In fact the UK Department of Health offered to recognise the title ‘podiatrist in foot and ankle surgery’ for UK podiatric surgeons in 2012.

- The UK chiropody model does not include bone surgery. For clarification here, the UK educates and trains podiatric surgeons at post Bachelor’s / post registration level. This safeguards the public by ensuring only highly experienced and qualified practitioners are deemed capable of independent surgical practice. Therefore, bone surgery is not carried out at Bachelor’s level by all podiatrists, but only by specialist practitioners who have undertaken further training, similar to much in medicine. In my experience this both reassures the public and safeguards public safety.

With regard to training and access to advanced skills, a “skills escalator” model allows for the recognition of benefits by highly skilled practitioners in surgery.

- The UK chiropody model does not include the ability to prescribe drugs or order diagnostic tests independently.

Again, this is somewhat incorrect and therefore misleads. UK podiatrists are able to undertake full prescribing of medicines following postgraduate training and enables specialist practitioners to prescribe medicines in their specialist field. This builds upon their bachelor’s level training, where they have the ability to both sell and supply prescription only medicines, whereas in Ontario “Chiropodists and podiatrists are currently….not to
dispense or sell”.

Advanced specialist practitioners in the UK may also order and access diagnostic tests relevant to their podiatric speciality. It is important to also point out in since it is not mentioned in the COCOO application that chiropody class members in Ontario who possess a 4 year degree are also able to order radiographs. I submit that the ‘UK model’ (a term I use for continuity) is therefore not an inferior system (I believe this was cited in a CFPM submission in in respect to NARIC evaluation), but rather just a different system - one which is structured to promote workforce flexibility and the appropriate care at the appropriate level and at the right time. Once again, a ‘skills escalator’ approach would enable a ladder of achievement in which practitioners could utilise expanded skills such as these via further education and training appropriate to their role. Given the rise in demand for a variety of forms of service, from rehabilitation care to surgery, I feel this approach would be most appropriate to the needs of the Ontarian public.

The education programs under the UK chiropody model tend to be three-year diploma or baccalaureate programs (compared to the ‘North American’ model of 4 year programs at post-baccalaureate level). I refer the reader once more to the first the NARIC comparison submitted by CFPM. I would like to reiterate having studied in the UK, and practiced in both the UK and Ontario, the fact that programs in the UK and Australia are Bachelor’s degree level (and therefore reiterate the academic equivalency to the US DPM); many are 4 years in duration, and the Ontarian program currently is a graduate entry program. This demonstrates further purely the differences in training based on the medical-political needs to deliver region-specific healthcare training, rather than demonstrating any tangible differences in quality or patient care delivery. A flexible, ongoing educational system achieved through a stepladder approach based on competency frameworks would be inclusive, utilise existing resources in Ontario, and provide the spectrum of podiatry services most needed by the public of Ontario, especially where need is at its greatest, among Ontarian seniors.

In discussing education COCOO draws attention to National Occupation Classification but fails to advise HPRAC that in NOC 3125 “Other professional occupations in health diagnosing and treating” the Human Resources and Skills Development Canada states “Chiropodist and podiatrist titles are used interchangeably in some provinces, although the title podiatrist is becoming more common. The use of the podiatrist job title does not necessarily refer to doctors of podiatric medicine (D.P.M).”

Therefore with respect to mobility, the Human Resources and Skills Development Canada gives recognition to the globally skilled podiatric workforce where podiatrist does not equate to D.P.M. In addition, as previously pointed out, individual internationally trained podiatrists have demonstrated they meet COCOO benchmarking with regards to writing and passing entrance examinations. When discussing impediments to mobility t is pleasing that COCOO appears to give assurances that “conversion to a podiatry model as proposed by the Applicant will remove these impediments”, it is however unclear the steps that will be taken to ensure fair access and the facilitation of skilled migration for all applicants including international podiatrists.

Considering training and education for all podiatrists, which would result in rights to independent surgical practice by all podiatrists after 4 years of education and training and a surgical residency, I draw attention to other agencies, including the CFPM (2014), who argue that this is not appropriate for the needs of Ontarians, since the evidence does not support the need for universal surgical practice. Certainly my podiatry and chiropody experience in different jurisdictions indicates to me that non-surgical podiatrists, specialist podiatrists and surgical podiatrists delivering together as a profession are able to deliver universal podiatric care without necessarily the need for a universal surgical practice. In considering that “new registrants and grand-parented registrants wishing to perform the more complex surgical procedures authorized within the proposed scope of practice will be expected to complete or have completed surgical residencies” a competency-based “skills escalator” model would once again allow for both accessible, affordable generalist podiatry practice supported by highly skilled, trained specialist practitioners in a variety of fields required to meet the future foot health needs of Ontarians, including podiatric surgeons, diabetes specialist podiatrists, and others.
The COCOO document appears to reassure HPRAC that the risk of harm to the patient would be minimized by ensuring a system of competency based grand-parenting and that “terms, conditions and limitations will be applied to all grand-parented registrants”. However, whilst new applicants and most current chiropody class registrants will be required to demonstrate competency, it makes no specific reference to the kind of terms, conditions and limitations for those in the podiatrist class where they “may have acquired these competencies as part of their education” but may “have not exercised those competencies for a considerable amount of time” and “may require refresher or upgrading programs”.

Furthermore, the COCOO application suggests that Ontario has at present “about 75” podiatrists. However it is fair to reiterate points made by other agencies such as the CFPM (2014), who state that as many as 10 are now over 70 years of age, and thus unlikely to be part of the active workforce, and as many as 14 (16.6%) do not actually practise in Ontario, although they are registered here (based on primary site of practice data).

I thank you for consideration of these comments.
Redacted Redacted, BSC (Hons) Pod.
British Trained, Ontario Chiropodist

Response 63

I do not believe that the Podiatric Cap should be lifted till Canadian/Ontario trained Chiropodists have a chance to upgrade/bridge their educationn if needed. There should be a transitioning in place that will not interrupt patient care especially in underserviced or rural areas. Making a two tier system will only add to confusion to the medical/health care community and the public. Perhaps the college of chiropodists should learn from the Ontario College of Physicians and only register new foreign trained podiatrists in rural and underserviced areas to help service those areas. I believe this step would help the patients of Ontario get good quality foot/health care.

Response 64

Dear Group,

I would like to take a moment to address several concerns that were raised by some of the stake holders in the initial consultation - Model of Foot Care in Ontario. One of the concerns that were raised by other related professions was the Chiropodists/Podiatrist ability to prescribe and dispense an orthoses (orthotics) or related devices. As we know an orthotic is a medical device unregulated in the province of Ontario, which many professions work with including physical therapists, chiropractors, orthotists and pedorthists to name a few. An orthotic can treat numerous alignments and enhance quality of life but an orthotic can cause significant harm to an individual. As a primary health care professional practicing podiatric medicine I have extensive didactic and practical skill set unique to my profession the world over. There should be no question to my qualifications and medical ethics to design, manufacture, and dispense an orthotic to my patients when needed. Orthotics (orthoses) are similar to other medical aids such as dental braces, eye glasses, contact lenses, hearing aids. Related medical professions such as dentist, optometrist, ophthalmologist, otolaryngologist, and audiologist will prescribe and dispense similar medical aids without question. I will mention that the Ontario College of Chiropodist’s is uniquely focused on it members ability to prescribe and dispense orthotics, with scope of practice guidelines and legislation in place. Many times in my practice I have seen falsely and inappropriately designed, dispensed orthoses that have caused harm to an individual such as a diabetic ulcers and I often wonder why orthoses are not treated with the respect as some of the other devices I spoke of in Ontario. Frequently an individual that has very little education, training or the ability to provide continuum of care dispense orthotics. Please do not think I am putting any profession or individual down. I believe and have seen that an orthotic can cause serious harm. Chiropodist/Podiatrist provide many services for the people of Ontario, orthotics are one aspect. I don’t claim to be the best and only profession that should produce and dispense orthoses but we are competent, qualified and regulated profession that has rights and obligations. One of our rights is to have the ability to treat our patients in a safe and effective manner. Providing continuum of care around orthotics is very important in patient safety.
Yes. From my experience a change is needed. Some of the questions of this survey are convoluted. The Podiatric cap? If you restrict the chiropodist it is giving preference to a foreign trained individual, and repressing your own. The survey states foot care practitioners without defining who or what that is? Very confusing. Does the government have accurate costs for what it spends on people having foot problems? What are the costs of going to your family doctor then being sent to someone who takes forever to get into, and yet you could go to someone who is trained specifically in the foot. I mean you see a cardiologist for your heart problems. They are the experts. You don't go to your family doctor if you have teeth problems -you go to the dentist. Why would I want to go to a nurse, then physio, then back to my family doctor then be sent to a dermatologist--wait forever to be told to go see a chiropodist. Only to have to go back to family doctor to have a test done that the chiropodist felt was in my best interest to check before proceeding with my care.

Change the name of chiropodists to podiatrists. Let them order the necessary tests for their patients, and care for them properly. The government should eliminate these barriers.
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