



Amanda Laird, BScN RN MN
Team Lead, Practice Quality
College of Nurses of Ontario
www.cno.org
Tel. 416-963-1022

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Good afternoon, Amanda,

Thank you for your response to my letter dated 2022-08-23. I am pleased to be directed to the appropriate person to assist us.

I am reaching out to the CNO and yourself as a representative of our not-for-profit organization *The Ontario Podortho Nursing Association Inc. (OPNA)*. Our Director's of the OPNA are hoping to arrange a meeting to collaborate with CNO policy makers and Practice Consultants to offer our assistance with creating some practice documents specific to nurses who have specialized in **advanced foot and lower limb care** working in private practices across Ontario which many are independently Nurse led. Based on our members experiences many of which have been in practice for over two decades. We believe more clarity is required from our college to support the publics desire to acquire our members specialized care in communities across Ontario. Our Podortho® Nurse members who practice in the specialized area of foot and lower limb care require better recognition throughout our industry in order to support public need our communities. Our members utilize our entry to practice competencies and post graduate continued education and advance knowledge skill and judgement in this speciality area of care.

Podortho® Nurses provide essential foot and lower limb services while meeting the needs of the public in community settings across Ontario.

OPNA as you may already be aware is a supporting organization providing recommendations specific to our members specialized practice. Our directors are working at point of care, researching, publishing practices documents, promoting advanced educational opportunities designed specifically for nurses practicing in the specialized area foot and lower limb health care while encouraging each nurse to work within and to their full scope of practice to meet the needs of the public. Our Ontario population continues to age and grow and is in need of our skills and expertise to ensure our Ontario population remains active, while preventing lower limb complications, mobility issues, wounds and more.

The primary objective of a Podortho® Nurse is to optimize foot and lower limb health, improve client mobility and overall health related quality of life. This is achieved by performing lower leg and foot assessments, which has been known to detect early signs of life-threatening diseases or disabling conditions. In conjunction, Podortho® Nurses use the nursing process to diagnose, develop and implement a plan of care, and evaluate patient outcomes, while working as part of an interdisciplinary health care team or independently to provide quality client care. *(Ontario Podortho Nursing Association Inc. 2017)*

CNO Statement-Nurses Practicing in Footcare in Ontario, Canada;

"Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs) (collectively referred to as "Nurses") are regulated health care professionals who provide foot care in a variety of care settings, long term care homes, hospitals, CCDC's, FHTs, physician offices, and in the community in patients home or in private health clinics. Nurses assess patients, provide preventative care, and educate and refer patients to other practitioners where necessary. Nurses also provide non-invasive foot care services, such as clipping nails, paring calluses and corns, debriding morbid tissue, treating ulcers, providing wound care, monitoring conditions of the foot, prescribing and dispensing orthotics, and wrapping and bandaging the feet."

(College of Nurses of Ontario 2014). HPRAC, stakeholder Feedback on the Chiropody/Podiatry Referral: The current Model of Foot Care in Ontario. Part II(b); Other submissions, 54

Our group of passionate foot and lower limb regulated health care providers (Nurses) are asking our college (CNO) to provide more specific details regarding the Regulated Health Professions Act (RHPA) specific to our members (RNs, RPNs, NPs/Podortho® Nurses) when working in private practice specifically when another college enters our practices and requests client files from CNO members inside our community nurse led private practices. Our members require specific direction and what the CNO's position is in terms of expected compliance of the RN, RPN, NP/Podortho® Nurse to other colleges to release our client files to another college. Our main concern is the protection of our client's personal health information, however, wish to ensure compliancy with CNO and the RHPA. Our members are confused as there seems to be an overlap with the protection of client's personal health information and compliancy when presented with an order from another regulatory body's representative for example the College of Chiropractors of Ontario (COCO) when their members do not practice in our clinics. Our members are concerned with handing client's files to ***"someone who claims to represent a college"*** who attends a nurse's clinic ***without warning and refuses to provide identification***. Many of our members are aware of what occurred at my clinic Feet for Life Medical Foot Care Ltd. October 2020 and November 2020 and are horrified and extremely concerned they will be targeted and face similar egregious acts. Protection of our clients, staff, and the clinic owners (nurses) are of concern as well. Access to documented direction from CNO for reference would assist our members if and when presented with potential similar situations. In my case I was unable to reach a CNO practice consultant by phone in this emergency scenario and used my best judgement based on my knowledge of CNO's independent practice documents and PHIPA regulations. Perhaps a scenario case study with direction from CNO as to how to handle a similar situation would be helpful for our members to access to ensure professional conduct is adhered to.

We have conducted our own research and reference the RHPA.

Authority of the RPHA and with discretion specifically, s. 76(2) empowers an investigator to “enter at any reasonable time the place of practice of the member and may examine anything found there that is relevant to the investigation”. However, the provision itself is limited in the scope of that power to the “place of practice of the member”. It is also limited in the statute and by case law to only those materials “relevant to the investigation”. (STIEBER BERLACH LLP Grant W. Ferguson, November 13th, 2020).

Additional research has been conducted by our director’s and have learned the following with respect to the power of an appointed investigator.

Regulations of the Private Security and Investigative Service Act, 2005 (PSISA) and the Code of Ethics-Counsel of Professional Investigators of Ontario (CPIO)

Code of Ethics

<https://www.cpiontario.ca/resources/Documents/CPIO-Code-of-Ethics-2018-1.pdf>

1. g) Members shall respect the requirements of human rights and constitutional laws in force in Canada and in its provinces and territories.

Code of Conduct

[https://www.mcscs.jus.gov.on.ca/english/PSIS/BasicTesting/PrivateInvestigatorStudyGuide/ThePrivateSecurityandInvestigativeServicesAct2005/PI_PSISA.html#:~:text=Code%20of%20Conduct,-This%20regulation%20defines&text=For%20instance%2C%20private%20investigators%20must,persons%20equally%20\(without%20discrimination\).](https://www.mcscs.jus.gov.on.ca/english/PSIS/BasicTesting/PrivateInvestigatorStudyGuide/ThePrivateSecurityandInvestigativeServicesAct2005/PI_PSISA.html#:~:text=Code%20of%20Conduct,-This%20regulation%20defines&text=For%20instance%2C%20private%20investigators%20must,persons%20equally%20(without%20discrimination).)

This regulation defines what kind of behavior is appropriate or inappropriate for private investigators to display while they are working. Private investigators will find that respecting the Code of Conduct is, in most cases, a matter of common sense – private investigators are expected to treat members of the public in a **respectful and professional manner**. For instance, private investigators must:

- Act with honesty and integrity.
- Comply with all federal, provincial, and municipal laws.
- Treat all persons equally (without discrimination).
- Avoid using profanity or abusive language.
- Avoid using excessive force.
- Not be under the influence of alcohol or drugs while working.

General Rules and Standards of Practice

These are some of the rules that private investigators must be mindful of during their day-to-day activities. They can be found between sections 34 and 40 of the PSISA. • Private investigators must always carry their licence with them when they are working. ***They must also identify themselves as private investigators, and show their licence, if a member of the public asks them to do so.***

The specific regulations highlighted in yellow were not followed by the private investigator appointed by the COCO in my specific case.

OPNA is also asking for support from CNO in terms of clearly communicating updated practice information for nurses who have specialized in Podortho® Nursing care and met the core competencies consistent with the OPNA. As mentioned, other colleges and insurance companies are falsely communicating to our clients that **“nurses are not qualified to provide foot care and supportive therapeutic modalities”** which are all within our scope of practice as per CNO and OPNA’s Podortho® Nurse Core Competencies consistent with post graduate education offered to our members. Our director’s are seasoned in this speciality area of care and are confident we can assist the CNO with detailed practice concepts that will help eliminate public confusion as we have the ability to appreciate all practice-to-practice concepts working directly at point of care. This potential collaboration will hopefully help create some stronger supportive guidelines for our nurse members and ensure our members are able practice peacefully and confidently while in compliance with CNO’s expected professional conduct of their member RNs, RPNs, NPs. Other RHCP, insurers and stakeholders also require more details and accurate, information regarding our nursing speciality area of practice to circumvent any misconceptions they may have that has been causing a great deal of public confusion which continues to circulate in our industry to the detriment of the public.

Many of our member Podortho® Nurses have had communications with unhappy clients who want their care to be provided by OPNA nurse members and be reimbursed by the private insurance they pay into.

Our association, OPNA, is advocating for our patients to have better access to private health care services from the health practitioner of their choice, as mentioned by the Duty of the Minister from the following article;

Regulated Health Professions Act, 1991, S.O. 1991, c. 18. Our Ontario population has the right to access health care services by the health care professional of their choice.

Insurance companies and specifically the College of Chiropractors of Ontario (COCO) either directly or indirectly are communicating false and misleading information to the public about a nurse's "**qualifications**", continuing education, and competencies in our specialized area of care. This has a direct impact on **public perception** who seem to be sadly losing confidence in nurses who provide and have provided this quality care for decades dating back to the civil war days. Unfortunately, some clients become upset with the nurse who is providing this essential care due to insurance claim rejections who have communicated verbally and in writing that "**nurses are not qualified**" which in turn damages trust and the therapeutic relationship between the nurse and their client.

An updated statement provided by CNO regarding a Podortho® Nurses speciality area of practice could essentially set the record straight once and for all so that insurers will cover our excellent quality care. Our members (Podortho® Nurse's) and the clients we treat can gain better access to the care they require through their private health insurance in an underserviced area in all communities across Ontario.

Our Nurse members have recognized the public requires our specialize care and as Nurses do, we rise to the challenge to support clients through obtaining post graduate continuing education and training while recognizing the landscape of health care continues to evolve and health care needs have become greater and necessary to keep our communities healthy and well.

We believe with the support of our governing body CNO we can continue to meet this need while practicing within our scope to our full scope of practice and competencies without limitations or discrimination. We need our colleges help to improve this area of care for the betterment of all communities across Ontario.

In terms of private insurance OPNA Directors have made some headway in our industry over the many years of lobbying and some insurance companies are now covering our care both in a clinic setting and in a home care setting when previously they have only covered a nurses care in the home however, some have dug their heels in such as Sunlife regarding a Podortho® Nurse prescribing and dispensing orthotics when our members have proven we have acquired the post graduate education, skills and competencies to do so. Manulife continues to flat out deny all foot care coverage when provided by a our Podortho® Nurse members who have the additional training required to competently deliver this care all within our scope of practice. I note orthotic therapy is a central component intervention recommended and provided by our members as a non-invasive treatment modality to prevent more serious foot and lower limb complications for example a keratotic condition such as a callous or a corn

that has the potential to create a foot wound or imbalance issues resulting in gait abnormalities and potential falls in our senior population. Orthotic therapy is non invasive as mentioned and not deemed a controlled act.

Many letters have gone out to regulators, stakeholders and influencers authored by our board of directors. Many meetings have been conducted including to all insurance regulators however, our voice continues to be unheard. This is why we are calling on our college to help us so we can continue to provide this essential care we are passionate about and really good at.

We believe a collaboration between CNO and OPNA would greatly benefit the public in many ways in our communities preventing more serious foot and lower limb complications while keeping our population active, mobile, and free of discomfort to improve their health-related quality of life.

Hopefully this is a bit clearer Amanda.

I look forward to your response and direction as do my colleagues and our OPNA director's.

Warmest Regards,



Erin King
OPNA President, RPN, Podortho® Nurse
erin@opnassociation.ca
www.opnassociation.ca