



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

August 16, 2018

Ms. Denise Cole
Assistant Deputy Minister
Health Workforce Planning and Regulatory Affairs Division
56 Wellesley Street West
12th floor
Toronto, Ontario
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Dear Ms. Cole:

We are writing to follow up on your letter of April 26, 2018 and ours to you of July 5, 2018 wherein we indicated Council's interest in "pursuing discussions with the Ministry to flesh out the Ministry's concept of an "advanced practice chiropodist", the additional authorities and controlled acts that might be authorized to an advanced practice chiropodist and the eligibility criteria to become an advanced practice chiropodist." We therefore submit the following for your consideration.

1. INTRODUCTION

In keeping with our duty to serve and protect the public interest, the College has pursued changes to the outdated legislation that applies to the chiropody profession. The core objectives of these changes are to:

- Enable practitioners to devise cost-effective and safe treatment plans for patients and to deliver cost-effective and safe treatment to patients;
- Provide the public with improved access to quality foot care that is provided by trained, competent and publicly accountable practitioners;
- Provide access to a more extensive and seamless continuum of foot care that reduces patient inconvenience, improves the timeliness and effectiveness of treatment and enhances system efficiency by reducing the need for and cost of circular referrals to physicians to order diagnostic tests or to perform procedures that a substantial cohort of the profession is fully trained and competent to conduct;
- Reducing pressures on hospital resources, including emergency and out-patient facilities, hospital beds and operating rooms by managing conditions that can be dealt with competently by appropriately-qualified members of the professions in non-hospital settings.

Ancillary objectives include improving regulatory efficiency, ameliorating public confusion and making fuller and more efficient use of health human resources.

It is our understanding that the Ministry has in mind several limitations that it perceives or wishes to impose on any legislative changes for the profession, for the time-being: The name of the profession will not be changed from "chiropody" to "podiatry". Whatever legislative changes are agreed to will be authorized or assigned selectively, or in a "laddered" fashion, to those members of the profession who

have acquired the relevant competencies and have demonstrated having them. The prohibition against the registration of new or additional members of the podiatrist class of members (Subsection 3 (2) of the *Chiropody Act, 1993*) will stay in place.

As we understand further, the Ministry also wants to apply a ladder approach to the requisite legislative changes, dealing first with those that can be implemented by regulation, hopefully (from the College's perspective) followed at a later point by statutory changes to effect those changes that can only be made by statute.

The Ministry has mooted the concept of creating within the chiropody profession a class of members known as an "advanced practice chiropodists", following the precedents established by other professions such as Nurse Practitioners and physiotherapists.

Consequently, the College has prepared this 'discussion paper' to advance discussions with the Ministry so that together we can flesh out what an extended class chiropodist class of members would look like and how it would function.

2. STEP ONE: ADVANCED PRACTICE CHIROPODISTS

The College wishes to discuss with the Ministry the preparation of a regulation under subsection 95 (1) (e) of the Code to establish a class of members within the chiropody profession known as an "advanced practice chiropodists". The College would bring forward amendments to the Registration Regulation specifying the eligibility criteria for membership in the class. The College would also reconfigure its public Registry to separately identify members of the Class.

Authorities Enabled for Members of the Advanced Practice Chiropodist Class

The College proposes that the following authorities be enabled for members of the Class to perform within the chiropody legislated scope of practice. It is assumed that all authorities enabled for members of the advanced practice chiropodist class will also be enabled for members of the existing podiatrist class of members:

A. Ordering Laboratory Tests

A long-standing priority for the College is to authorize appropriately-qualified members of the College to order laboratory tests within the chiropody legislated scope of practice. Without the authority to order laboratory tests, members of the chiropody profession cannot appropriately and effectively identify patients' conditions, plan or evaluate treatments or monitor diseases or treatment outcomes. The College has heard anecdotally of chiropodists having to mark the boundaries of an infection pattern with a Sharpie pen to be able to monitor the effectiveness of an antibiotic they have prescribed. The College believes that it is anomalous and puts patients at a significant risk of harm that members of the profession are authorized to perform surgical procedures on the subcutaneous tissues of the foot but are not authorized to order the laboratory tests necessary to identify or quantify pathogens, viruses and blood clotting times and factors.

In the absence of being able to order laboratory tests, members of the professions must refer patients to their family practitioner, whether a physician or Nurse Practitioner, or to the local hospital for those many patients who do not have their own family practitioners. Such circular referrals generate unnecessary

costs for Ontario's health care system, subject patients to unnecessary inconvenience and delay diagnosis and treatment. Members of the profession report 1) unacceptably long delays in obtaining the results of laboratory tests from family practitioners, 2) family practitioners refusing to order the tests they request, and/or 3) family practitioners not forwarding the results at all or advising them of the test results.

To give the Ministry an impression of the types and numbers of laboratory tests involved, the College has the following tests in mind, including, but not limited to: electrolytes, BUN, creatinine, INR/PTT, platelet counts, nicotine, urinalysis, urine hCG, pulmonary function tests; and infection profiles such as CBC with differential, blood cultures, antibiotic blood levels; and Arthritis Panel such as rheumatoid factor, erythrocyte sedimentation rates, anti-nuclear antibody profiles, HLA-B 27 genetic markers and C-Reactive protein.

To this end, the College wishes to discuss with the Ministry the preparation of amendments to Regulations 682 and 683 under the *Laboratory and Specimen Collection Centre Licensing Act* to authorize members of the Advanced Practice Chiropractor Class to order laboratory tests.

B. Applying and Ordering the Application of Certain "Forms of Energy"

Section 2 of Ontario Regulation 107/96 already authorizes (by exemption) members of the College of Chiropractors to apply electricity for electrocoagulation or fulguration. The College wants to discuss with the Ministry expanding that exemption to include applying and ordering the application of diagnostic ultrasound and ordering MRIs within the scope of practice of the professions.

MRIs and diagnostic ultrasound are increasingly used in the identification of, and development of treatment plans for, tendon injuries, serious sprains and ligament tears, tumours and masses, bone and soft tissue infections, subtle fractures and major injuries. In addition, diagnostic ultrasound is increasingly used as an adjunct to a procedure, for example, an ultrasound-guided injection. It is anticipated that most members of the Class who utilize diagnostic ultrasound will purchase their own equipment to do so.

Eligibility for Membership in the Advanced Practice Chiropractor Class

The College would rely on the competency-based analysis conducted by Professional Examination Service (now called ProExam) for the College in 2013. Pursuant to discussions with the Ministry, the College may commission an updating of the analysis in order to incorporate changes made to the Chiropractic Program at the Michener Institute since 2013. The College would prepare an examination to be taken by applicants for the Class, or some type of assessment, similar to what was undertaken in relation to the prescribing of drugs and other substances in 2008, to confirm their competencies.

The College anticipates that membership in the Class would be entirely voluntary.

3: STEP TWO: STATUTORY CHANGES

Should discussions with the Ministry result in implementation of the Advanced Practice Chiropractor Class as described herein, the College would like to engage in follow-up discussions with the Ministry around additional and more far-reaching reforms to the chiropractic legislative model, which changes can only be implemented by statute.

We look forward to further discussions in relation to this submission. I will contact you shortly to arrange a follow-up meeting.

Yours truly,

A handwritten signature in black ink that reads "Millicent Vorkapich-Hill, DPM". The signature is written in a cursive style with a large initial 'M'.

Millicent Vorkapich-Hill, DPM
President

c.c Allison Henry