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March 3rd, 2023

Ms. Meghan Clarke
Deputy Registrar and Manager, Professional Conduct and Hearings
College of Chiropodist of Ontario
180 Dundas Street West, Suite 1901 Toronto, Ontario M5G 1Z8

Dear Ms. Clarke:

I am in receipt of your letter dated **February 15th, 2023**. I am responding as a representative of our provincially registered organization the Ontario Podortho Nursing Association Inc.(OPNA) and not in my personal capacity as the concerns you have expressed are in direct relation to titles and designations of our Nurse members.

I have instructed my lawyer to respond to the other professional concerns you have raised in your letter regarding a misrepresentation on the web not done by me incorrectly referencing my credentials.

As you should be well aware the (OPNA) represents nurses (RN's, RPN's and NP's) who have engaged in continuing education initiatives and who have acquired the knowledge, skills and judgement to practice safely and competently in the field of **Advanced Foot and Lower Limb Care.**

In no way have any members of our organization been encouraged or authorized to use the COCOO's protected designation "Podiatrist" or "Chiropodist" and I can assure you that in no way would any of our members wish to belong to the **College of Chiropodist of Ontario** or wish to carry your members designation "**Podiatrist**" or "**Chiropodist**". **Nor have any of them done so in contravention of the Chiropody Act 1991 as you have wrongly alleged.** Referencing Nurses working in a "field" of care using the term "podiatry" **not the designation "Podiatrist"** is not in any

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way a legal contravention of the foregoing Act. Nevertheless, to address your concerns that this reference could be misunderstood or misconstrued we will agree and have in fact already removed the reference you are concerned with from the OPNA website to ensure there will be no suggested public confusion. I believe the rest of our OPNA website makes it crystal clear **our members are NOT purporting themselves to be “Podiatrists or Chiropodists”**.

We respectfully disagree however, with your assertion that the title “**Podortho**®” Nurse is confusing or misleading to the public in this regard and will continue to use this title, which was ironically **created specifically to distinguish our Nurse members to differentiate their role from those of Podiatrist and Chiropodists.** This career “title” was approved by the College of Nurses of Ontario (CNO) practise consultants some time ago and in fact list our association on their Nursing Links section of their website.

“Podortho®” Nurse title is not intended to or purporting to be a professional “designation” or specialty recognized under the Nursing Act. The OPNA established the title “Podortho®” as a **Canadian Registered Trademark (Registration RMA 978950)**, used since 2016 to describe (as specified in our TM registration) as: **“provision of educational services, namely the teaching of techniques of assessing patients’ requirement for the nursing treatment of feet and lower limb conditions; the teaching of the care and treatment of wounds to lower limbs and feet; and the teaching of biomechanical assessments of feet for the design of orthotics and orthopedic shoes”**.

As such the term or title “Podortho®” Nursing describes an area of health care education a Nurse has studied beyond their entry to practise competencies consistent with their CNO quality assurances in continued education and have developed Podortho Nurse Core Competencies communicated on our OPNA website to deliver this specialized “Nursing” care, while working within their **professional**

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designation as either an RN, RPN, or NP. No matter what area of care Nurses provide, they are always Nurses first and accountable to their own governing body, the CNO, and are held to account in all Nursing actions and must adhere to the regulations set out by the CNO. As you should be aware considering you were previously employed by the CNO, as indicated on your own personal LinkedIn page.

OPNA in fact appreciates your recognition that our members are not members of your college and therefore would kindly suggest that you no longer have an interest in our members practices, and that you and your organization **refrain from communicating false information to insurance companies and the Canadian Health and Life Insurance Association** suggesting that **“nurses are not qualified”** to deliver advanced nursing foot and lower limb care in our communities across Ontario, as it has been acknowledged and approved by the CNO for many decades. Nurses are absolutely qualified and entitled to provide foot and lower limb care within their designated Nursing scope of practice through obtaining the knowledge, skill and judgment as self-regulators.

The false and defamatory information that has been communicated or initiated by your organization to health insurers has resulted in claim denials submitted by our clients that significantly compromises care and delays essential care that is not in the best interest of the public. Under the regulations set out by the Financial Service Regulatory Authority of Ontario (FSRA), they have recognized insurance providers make decisions based on arbitrary information, rather than focusing on research and proven best practices in health care. The FSRA also recognizes that barriers for innovation need to be removed to ensure decisions are not against the best interests of consumers and that insurance decisions are not unfairly discriminatory, anticompetitive, or not considering the best outcomes for consumers.

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I reiterate, RN's, RPN's and NP's that have advanced their knowledge, skill and judgement as self-regulators who have engaged in continuing education in advanced foot and lower limb care programs are in fact "qualified" to deliver this care competently and effectively. This is not something the COCCO has any authority to determine, dictate or control. Our Nurse members have continued to advance their nursing careers and education in a particular chosen area of care under the approval, authority and regulation of the CNO. Furthermore, **"Our Ontario population has the right to access health care services by the health care professional of their choice".** **Duty of the Minister from the following article; Regulated Health Professions Act, 1991, S.O. 1991, c. 18.**

Furthermore, the illegal entries into our member's business/practice locations facilitated by the COCCO and yourself obtaining warrants from justice of the peace under false pretenses, police escorted with hostility and threats of arresting nursing staff, is an abuse and breach of your regulatory powers as communicated to you in a letter dated November 11th, 2020, authored by Mr. Grant Ferguson LLP (attached here for you to refresh your memory and for ease of reference). As a result of those specific unethical intrusions, you and your representatives initiated and compromised patient care particularly when police walked right into treatment rooms aggressively dismissing patient care thus compromising patient care, distressing both the patients and the Nurses for a non-urgent matter that had already been addressed in a cooperative manner months prior by our lawyer Mr. Ferguson documented in writing. These actions directed by you and the COCCO was a contravention of the Ontario Human Rights Code of Conduct, and the Employment Standards Act.

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I have included in this response informative CNO reference documents, quotes and links so you may educate yourself on the practise of Nurses who engage annually in the CNO's Quality Assurance program, adhering to our college's promotion of quality care and continuing education. CNO's Quality Assurance Program [Quality Assurance \(cno.org\)](http://cno.org) permits and encourages a Nurses lifelong learning and skill development that reach beyond a nurse's entry to practise competencies in order to meet the needs of our population in a forever changing and challenging health care environment. The significant need for regulated health care providers in various specialty areas of health care continue to grow with an active, growing and ageing population. Providing foot and lower limb care and preventative health care interventions at the community level ensures less strain is placed on the public health care system which we trust you should agree to promote the best possible health outcomes for our clients. To the detriment of the public our members have concluded the COCCO membership is not large enough to meet this public need in Ontario and therefore many Nurses recognized this at the grassroots level over thirty plus years ago and stepped in for the greatest good of their communities. **Nurses should be praised and commended for doing so rather than suppressed and villainized by another regulatory college** that seems not to be concerned about public health but rather more, concerned with their own political agenda through unprofessional attitudes that does not serve the public's interest and only the interest of the COCCO and its members.

OPNA maintains RN's, RPN's, NP's, Podortho Nurses are well positioned to fill the gap in our communities efficiently and competently with a Nurses already comprehensive education and a multitude of practice skills and knowledge in health care and advanced post graduate education in foot and lower limb care while recognizing the significant need for this care everywhere. An RN, RPN, NP, Podortho Nurses role is to meet the needs of the public at the community level to service our active, growing and aging populations in Ontario and Canada.

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See the following stakeholders statement provided by the **CNO in the model of foot care in Ontario** for your refence;

“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.

The OPNA and our members expect and demand that no further illegal intrusions, harassment, or defamatory remarks will be initiated by you and/or your representatives of the COCOO against the OPNA and our members in future through the misuse of the RHPA. We reiterate these actions by the COCOO compromises our member’s practices who are providing quality comprehensive care to our clients and are very much “qualified” to do so.

Should you or any of the COCOO representatives or members choose to pursue any such further negative, damaging and defamatory actions towards our organization or our members, we will have no choice but to consider pursuing all our available legal remedies against you, COCOO, members or representatives.

Sincerely,

Erin King

Erin King
OPNA President

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CNO Reference Documents;

Quality Assurance Program

[Quality Assurance \(cno.org\)](http://cno.org)

“QA is important because it keeps nurses accountable in making sure they are staying up to date with the changing environments that happen in health care. For instance, changes in nursing scope of practice, **increasing patient care needs, and advances in health care technology**”.

Scope of Practice Statement

[RHPA: Scope of Practice, Controlled Acts Model \(cno.org\)](http://cno.org)

Each regulated health profession has a scope of practice statement that describes in a general way what the profession does and the methods that it uses. The scope of practice statement is not protected in the sense that it does not prevent others from performing the same activities. Rather, it **acknowledges the overlapping scope of practice of the health professions.**

Professional Standards-Guiding Principals

[Professional Standards, Revised 2002 \(cno.org\)](http://cno.org)

“All nurses continually enhance their knowledge through education, experience and self-assessment. **Nurses can become experts in an area of practice** within their category”.