



### PREVENTATIVE HEALTHCARE INSTEAD OF SICK CARE ANALYZING PRIVATE NURSING FOOTCARE PRACTICES IN WESTERN SOCIETIES

DO GOVERNMENT ADMINISTRATIONS TRULY ACCEPT SUPPORTATIVE & ACCESSIBLE COMMUNITY HEALTHCARE DELIVERED BY NURSES IN PRIVATE PRACTICES OR DO THEY STILL BELIEVE WE SIMPLY BELONG IN TRADITIONAL PUBLIC INSTITUTIONS?

DOES MEDICAL FOOT & LOWER LIMB CARE MATTER TO THE PUBLIC AND WHERE DOES IT FALL INTO OUR HEALTHCARE LANDSCAPE?

*As the first nurse in Canada to open my very own physical independent private footcare clinic, I reflect this week on how fast my community practice has grown over these twenty-four years and how much footcare has changed over the decades. I often wonder if my esteemed colleagues, students, our association members and readers have asked themselves the same questions I do almost every day?*



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- Should all healthcare services be publicly funded by the government (visive the taxpayer)?
- Can it be done in a fiscally responsible manner without waste?
- Who is invested financially and who bears the responsibility of cost containment?
- Can our healthcare system afford to fund all healthcare services the public needs?
- Does private healthcare already exist, and does our society accept private healthcare services?
- Where does private healthcare insurance coverage fit into our healthcare landscape?
- Why are nurse entrepreneurs who own private healthcare clinics being overlooked and, in some cases persecuted for establishing their own professional community practices in Canada?
- Why is there so much controversy surrounding medical footcare in Ontario and Canada?
- Are nurses responsible enough to undertake providing medical foot and lower limb care?
- Does the public have the right to decide the healthcare provider they wish to receive their healthcare services from and in the appropriate location decided by the practitioner and the client?

***As per the Ontario Minister of Health we most certainly do have this right as we currently reside in a democratic society and have freedom of choice***

*Ontarians and Canadians should be afforded the right to receive publicly funded healthcare services we've all become accustomed to benefit from but, what about essential medical foot and lower limb care services that deliver upon a preventative model of care that is not generally covered?*

*Many Canadians benefit through having private extended health insurance coverage by either paying a monthly fee to an insurance company or if fortunate enough one's employer may pay on behalf of the employee, or some have pension plans covering benefits. Either way these are "benefits" earned or paid into and therefore should be self-directed by the benefactor and based on one's own individual healthcare needs. Correct? There is no question a "benefactor" should have the right to choose the location they wish to spend their benefit coverage and the right to choose the healthcare service and provider. This is often not the case these days and it's getting worse. The public have expressed to our members how angry they are and feel victimized and confused by their insurers. As advocates of both our members and the public I believe unethical insurance practices should be exposed and appropriately regulated free of bias beliefs and unethical influences.*



### ***Do Insurance companies actually support a preventative care model or are they more interested in funding sick-care?***

Community Healthcare Providers (HCPs) assess their client's healthcare needs, collaborate with various other community HCP and the client themselves to formulate an individualized plan of care. HCP utilize their knowledge, skill and judgement based on their education, and competencies as responsible members of their self-regulating healthcare professions working within the legal framework of the regulated health professions act (RHPA) respective to the province they practice in and **hopefully soon across provincial boards.**

Any logical ethical person would question is it acceptable for private health insurance companies to make arbitrary non-sensical decisions on who may or may not be qualified to provide various types of healthcare?

In fact, we know Regulated Healthcare Providers (RHCP) earn their licenses in their respective discipline and engage in quality assurance practices through continuing post graduate education to ensure they are compliant with their regulatory colleges and in order to meet evolving public need that considers advancement and innovation in healthcare practices.

#### **Colloques let's contemplate the following**

- Are insurance representatives even qualified to make a determination on the care provided when they are not present at point of care?
- Do these unknown insurance people have the knowledge, skill and judgement to appreciate the practice-to-practice concepts various individual clients seek? Who is actually influencing their decisions?
- Are insurance company representatives even qualified to be the judges and jurors of which type of healthcare provider an individual must use and where the care is delivered in order to cover their client through a policy "benefit"?
- Are these decisions made ethically that considers what is in the best interest of the public or are they actually politically motivated?

In addition to our many concerns here, we have learned over Zellis regulatory colleges and unrelated, seemingly authoritative associations absent of any legislative mandate have arbitrarily decided they have the right to interfere with and circumvent insurance coverage the public seeks from many HCP working in the field of medical foot and lower limb care.

In fact, those organizations who have never taken an interest in footcare until recently have actually gone out of their way to attempt to disqualify various HCP through communicating misinformation regarding who is qualified to deliver medical foot and lower limb care.

I have yet to find any legislation that gives these colleges and associations the legislative mandate to interfere with public choice and influence insurance providers in an effort to disqualify qualified HCPs. Further, it has also been brought to our attention these regulatory colleges absent of mandate wish to "regulate" a long-standing healthcare practice (conservative footcare) that does not fall under the RHPA (therefore proving this is not an area of healthcare to regulate). Given the practice of footcare (with the exception of wound care if performed below the dermis) falls within the public domain.

If our members (who are RHCP) initiate a controlled act (legislated by the RHPA) obviously ensure they are working within their designation with respect to controlled acts and do so competently. RHCP have earned the credentials and autonomy to perform various controlled acts and are permitted and licensed to do so.







*As President of this association, I will continue to challenge unethical, nefarious and unprofessional bias levied against our members and assist in the protection of the clients our members serve across our provinces and our country through, analysis of relevant healthcare legislation, advocacy, support. I will continue to seek top level education opportunities for all of our members, who have worked tremendously hard to establish their practices and positively influence foot health and wellness across Ontario and Canada.*

*Professional regulator's, associations, colleagues, allied HCP have the responsibility to conduct themselves with professionalism and integrity. We note regulatory colleges are not above following the same professional regulations they are responsible to enforce. Further, in no way should the public become collateral damage due to bias behaviors, politicalization and professional jealousy.*

*Our members have worked very hard to establish not only busy and successful practices but, have ventured into entrepreneurship which is not for the faint of heart. We all continue to take financial risks to grow our practices meeting the needs of the public. We are responsible business owners who contribute to not only healthcare needs but also our economy and should be celebrated and respected.*

### **Footcare matters and is equally as important as oral healthcare**

#### **Population Foot Health Needs**

*Our feet are a complex structure that consists of 26 (28) bones per foot. These bones account for approximately a quarter of the bones in our body. The foot and lower limb also rely on muscles, joints, ligaments, tendons, nerves, lymphatic vessels and blood vessels to function. Our feet allow us to live healthy lives through healthy mobility, thus aiding in the optimal function of all body systems. So why have feet been seemingly left behind in the healthcare system? Fortunately, over three decades ago nurses mostly RPN's, then RN's and various other healthcare providers organically transitioned into this field of care through recognizing public need. These intuitive entrepreneurial nurses recognized gaps in accessible medical foot and lower limb care and furthered their education in foot, lower limb and wound care in, an effort to improve population health thus supporting our aging, growing and active population. The practice of footcare is essential for the public in order to remain active and healthy and live independently in their communities.*

#### **Importance of Quality & Qualified Medical Foot & Lower Limb Care**

*The foot can withstand approximately one thousand tons of force with every step. Our feet are susceptible to trauma (compressional, tensile, tortional and rotational stressors), disease processes and/or congenital and hereditary factors that may cause other conditions that impact one's overall health related quality of life. Conditions such as diabetes, vascular diseases, musculoskeletal conditions and nail and skin complications are some of the conditions that can be prevented and/or treated conservatively and is performed by many HCP as most procedures can be delivered with "little to no risk of harm" thus enhancing overall public health.*



There has been much debate and unfortunately controversy over many decades as to who is “qualified” to perform medical foot and lower limb care and the various services that fall within a HCP independent scope of practice in Canada and western society.

Recently in the last few years many regulatory governing bodies have been expressing their desire to control and even limit practitioner entry into medical foot and lower limb care due to political bias and lack of fully recognizing public need to this essential care thus attempting to limit accessibility to qualified care to the detriment of public need.

When considering regulation or in this case over-regulation we must look at **risk of harm** and relevant legislation. The majority of foot and lower limb care treatments our members deliver fall within the **public domain** meaning this care poses little to no risk of harm and therefore regulation is irrelevant. The Canadian/Ontario Foot Care Association has conducted a risk analysis study that validates the care our members provide that is deemed conservative in nature and methodologies utilized by our members pose little to no risk of harm respectively.

Risk analysis determines need for regulation and therefore provided the RHCP is working within their legal designation they are permitted to perform controlled acts. It is relevant to note RHCPs are considered **self-regulating** professionals meaning they possess the knowledge, skill and judgement to autonomously determine need for care and initiate care procedures. Nurses are RHCP. Therefore, healthcare decisions made by the RHCP collectively with their clients is in relation need and/or want that considers point of care concepts. Every RHCP is a professional and an adult who is trained and educated to conceptualize the work they undertake within relevant legislation communicated within the regulated health professions act (RHPA) and within their developed independent scope of practice (ISOP).

## Post Graduate Educational Concepts

When HCPs consider speciality areas of healthcare practices and set their individual learning outcomes, they also consider their entry to practice competencies obtained through their foundational healthcare training. Foundational healthcare education may include various “disciplines”. Many practitioners are attracted to post graduate education programs that are shorter in length in order to complete training quickly and to re-enter the workforce to service essential and growing public need.

Many HCP appreciate the opportunities to complete their training conveniently and efficiently as they are of the income earning age and often do not have time or the funds to engage in lengthy and costly foundational programs. This is where micro-credentialing has become a popular choice for many HCP.

When HCPs are determining which program is right for them, they should consider the following.

- **Overall program content to ensure competencies are obtained**
- **Resources**
- **Hands on components**
- **Supporting association connections**
- **Continuing Education (CE) ongoing opportunities given healthcare is forever evolving, and new technologies are always surfacing**
- **Considers the legal context in which they are permitted to practise such as their provincial regulated health professions act (RHPA)**
- **Regulation-guidance on controlled versus non-controlled acts**
- **Career opportunities**
- **Client Safety**
- **Professional Conduct**
- **Ethics in Practice**



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### Who Determines who is Qualified to Deliver Healthcare?

*We all know the RHCP is expected to understand their designation, and legal role and responsibilities when delivering care to the public. RHCP are expected to decipher the RHPA and distinguish what is deemed a controlled act versus an act that is not controlled that falls within the public domain posing little to no risk of harm.*

*The RHCP has the responsibility to analyse the needs of their client and determine if they have the knowledge, skill and judgement to initiate and deliver care competently.*

*The RHCP effectively determines if they are “qualified” given, they work autonomously through their license they have earned within the constructs of being deemed members of a self-regulating profession.*

### Regulatory College’s Mandate as per the Ministry of Health is to protect the public through

1. Regulating Entry to Practice Competencies
2. Enforcing their Quality Assurance Program
3. Enforce and Investigate members Professional Conduct in their member’s practice

*What they are not legally mandated to do is instruct a member what continuing education they wish to acquire, where they can or cannot work or what field of healthcare the member wishes to specialize in provided, the member is working within the legislation communicated within the Regulated Health Professions Act (RHPA) however, not limited to developed independent scopes of practice (ISOP).*

*Colleges do not regulate your business unless your business is registered as a **healthcare cooperation** under a college, and the member pays their college an annual fee.*

*Healthcare providers businesses are not required to registered as a health corporation and therefore this business decision is left to the discretion of the entrepreneur who is working in a separate role from that of the HCP. We advise our members to speak with a professional accountant, lawyer/paralegal for advice on specific business needs.*



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