



January 18, 2023

Mr. Matthew Anderson
Chief Executive Officer
Ontario Health
525 University Avenue
Toronto, Ontario, M5G 2L3

By email matthew.anderson@ontariohealth.ca

Dear Mr. Anderson,

Re:- Enhancing Capacity of Community Surgical and Diagnostic Centres, Lift the podiatry cap to lower rates of foot surgery and ease pressure on hospital ERs

The announcement made by the Premier and the Minister of Health on January 16 to increase the capacity of community-based surgical clinics has prompted us to Implore you to take advantage of the underutilized, community-based surgical capacity offered by Ontario's podiatrists and chiropodists. Incidentally, we were gratified that the Premier specifically referred to "foot surgeries" during the media conference on the announcement.

In keeping with Bill 106 and the current labour shortage in healthcare workers, as well as the known increased rate of costly lower limb amputations in the absence of sufficiently accessible treatment by podiatrists and chiropodists, we believe it incumbent upon this government to allow the College of Chiropodists of Ontario to register more podiatrists immediately. This will help to alleviate the surgical backlog on foot surgeries, reduce the overall number of foot amputations and decrease the stress on Emergency Rooms in hospitals as well as reducing the pressure on GPs. In short, there is no plausible argument against the adoption of the podiatry model, particularly at this time.

Even more critically, the recent LHIN-based data in Ontario shows a healthcare crisis particularly among First Nations and Indigenous communities with a clear correlation between triple the rates of lower limb amputations among First Nations and Indigenous peoples without access to the services provided by chiropodists and podiatrists compared to other Ontarians with access to chiropodists and podiatrists . (See link to study below.*)

100% of podiatrists and about 80% of chiropodists operate or work in community-based clinics that are already equipped and staffed, meaning that the surgical infrastructure for foot surgery already exists in Ontario. But it is substantially underutilized.

Full utilization of that infrastructure requires two initiatives for which this College, the OPMA and the OSC (and over 80% of stakeholders who participated in a 2014 survey) have advocated for years:

* Kassandra Loewan, et al., "Rates of diabetes-related lower-limb amputation in northwestern Ontario: an incidence study and introduction of a standardized diabetic foot ulcer management protocol" (2017) 100-107 Canadian Journal of Rural Medicine, online:<pg100.pdf (srpc.ca)



- Immediately remove the prohibition against the registration of new members of the podiatrists class, in order to allow more podiatrists (particularly those who were or are residents of Ontario) to practise podiatry in Ontario. The College estimates that this would immediately add somewhere in the range of 50 highly-qualified podiatrists to Ontario's HHR. To do otherwise is inconsistent with the intent of Bill 106.
- Expand the scope of practice for members of the College of Chiropodists by the adoption of the podiatry model to replicate the podiatry model of foot care adopted or being adopted in most comparable developed countries, including elsewhere in Canada such as Alberta, British Columbia and Québec.

Podiatrists and chiropodists represent the only regulated professions in Ontario that specialize in the diagnosis and treatment of feet, including surgical and other procedures. They are the frontline practitioners whose expertise includes the diagnosis and treatment of diabetic conditions of the foot. When that expertise is fully and properly applied it substantially reduces the costs of treatment of and complications from Diabetic Foot Ulcers, including reducing the number of amputations. Chiropodists and podiatrists are also instrumental in keeping seniors ambulatory so they can attend to their activities of daily living and maintain the highest-possible quality of life. It is noteworthy that several podiatrists have been approached by orthopedic and vascular surgeons to partner with them and use their podiatry clinics to perform day surgeries on the lower limbs that would otherwise be conducted in hospitals. In short, chiropodists and podiatrists are qualified and in a position to obviate and perform many surgical procedures that otherwise tie up hospital emergency rooms, beds and operating facilities.

The College assures the government that it is both able and committed to effectively regulating the podiatry profession within a full-scope of podiatry model of care, including the performance of surgical and other procedures in community-based clinics to ensure complete patient safety and satisfaction and we are fully committed to working with the Ministry of Health and Ontario Health to contribute to the solution.

Yours sincerely,

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