

Annual Report

Navigating the Labyrinth of
Advocacy & Collaboration



**Ontario
Podiatric
Medical
Association**

Fiscal 2018 - 2019

OPMA

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1989-1991

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2002-2004

Lloyd Nesbitt, DPM
1985-1987

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1969-1971

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1999-2002

David Greenberg, DPM
1983-1985

Robert Brain, DPM
1967-1969

Bruce Ramsden, DPM
1997-1999

Robert Goldberg, DPM
1981-1983

Edgar Ryan, DPM
1965-1967

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James Hill
DPM, FACFAS
OPMA President

President's **REPORT**



**We are perceived as a profession
that doesn't play nicely in the
sandbox. We have to fix this.**



This is my third President's Report and I thought I would use it to do a retrospective review on what I have seen and learned as the OPMA President. I would also like to convey some of my ideas for the future of the OPMA.

I know that our membership is dwindling and that we have all worked for a very long time to try to get Ontario to accept a full scope podiatry model of foot care.

Many of us are tired, frustrated and ready to give up and I understand that sentiment. Nevertheless, I think it would be a mistake to do so, particularly in the current political and governmental environments. History is littered with stories of people who gave up too soon.

I firmly believe that we should keep trying as long as there is breath left in us, if for no other reason than we are right. A full scope podiatry model is the best thing for Ontario's healthcare system and for patients.

Ironically, I am thoroughly convinced that someday Ontario will see the light and adopt a podiatry model as other jurisdictions have or are doing.

The question is, "When?"

Despite decades of trying and falling short, there are still a few positive signs. In 2018, we came awfully close. The legislative amendments were drafted for inclusion in the Budget Bill, but we ran into concerns about the capacity of the College of Chiropractors to implement them and to properly regulate a full scope podiatry profession.

The Ontario Society of Chiropractors (OSC) and the Canadian Federation of Podiatric Medicine (CFPM) seem to be onside with us in pushing for a full scope podiatry model.

The Ford government and in particular the Premier's Council on Improving Healthcare and Ending Hallway Medicine have said that they are supportive of scope of practice changes.

The OPMA is now part of a collaborative effort with about a dozen other healthcare professions to push for scope of practice changes as part of the Ford government's red tape reduction exercise.

We continue to try.

I am often asked why the Ontario government, through Conservative, Liberal and NDP administrations, has been resistant to establishing a full scope podiatry model. I can't say I know all the reasons, but I think I have come to know some:

- ➔ Decision-makers in the Ministry don't really understand the benefits of a full scope podiatry model and are reluctant to abandon the chiropody model that the Ministry imposed (even though that occurred nearly 30 years ago) and which it has supported financially for decades.

In fact, the Ministry persists in the misperception that "full scope podiatry" means podiatric surgeons, rather than a more seamless continuum of foot care that includes, but is not limited to, podiatric surgery.

- ➔ Groundbreaking work from Alberta has recently been published, but even with that there is little.... too little research in Canada -- and anywhere else for that matter -- on the cost and benefits of a full scope podiatry model. That is a serious problem in an increasingly evidence-based policy-making environment.



- ➔ We have vacated healthcare delivery venues and streams, leaving other professions to fill the gap.
- ➔ The podiatry profession has not helped its own cause. Too frequently, we have pursued a strategy of exclusion, rather than collaboration or inclusion. The profession tried to exclude chiropodists from practising in Ontario in the 1970s. That strategy of exclusion ultimately forced the government to choose between the two and it chose a chiropody model of foot care.
- ➔ Over the years, we have denigrated chiropodists and refused to even dialogue with the OSC and the CFPM. We are in a state of perpetual struggle with orthopedic surgeons. We question the value of foot care nurses and pedorthists. We constantly spar with each other within the profession and with other podiatry associations. We are perceived as a profession that doesn't play nicely in the sandbox. That's a big problem and it's one that we simply have to fix if we are going to make any progress.
- ➔ We have not taken advantage of opportunities or openings when they presented. As a profession we are small, which compounds the need to collaborate and ally with others to create "force multipliers".

We are concerned that the College might be lulled into advocating only for a title change and removal of the podiatric cap. That is not enough.

A way-ahead strategy that I would like to present to the OPMA is for the OPMA as an organization to look for and realize opportunities to collaborate and work with other foot care professional associations, including the OSC, the CFPM, orthotists and prosthetists and foot care nurses.

We have already entered into a Memorandum of Understanding (shared with Members in this Annual Report) with the OSC that commits the OPMA and OSC to work together to adopt a podiatry model.

In Ontario, we need to talk about jointly-organized conferences and jointly-pursued advocacy efforts for the full range of foot care professionals.

We have consistently had push-back about the capacity of the College of Chiropractors, both currently and whether it has the wherewithal to implement a full scope podiatry model. Whether that is a real concern, or an excuse, we must continue to both challenge and support the College to do what's necessary to get the job done.

We are concerned that the College might be lulled into advocating only for a title change and removal of the podiatric cap. The OPMA has made it clear that it won't support such a strategy.

One of the problems caused by a decreasing membership is that the work of the Association doesn't decrease, but the number of members available to do the work does.

I would like to thank my fellow Board members and individual OPMA members for their dedication to the Association and to the cause and for stepping up when they are needed.

Collaboration is the best tool to advancing podiatry as part of foot health care in Ontario.

Respectfully Submitted,



James Hill, DPM, FACFAS
OPMA President

Foot Health Awareness

REPORT

The OPMA has long recognized the gap in public awareness and understanding of the role good foot health plays in their overall health. This is true in the USA as well as throughout Canada. The APMA did a study, a few years ago, that surveyed 1,000 adults ages 18 and older.

The results? The majority of respondents said they experienced foot pain (77 percent), but only a third of those would seek expert care by a podiatrist.

While foot ailments are widespread, familiarity and experience with the podiatrists who treat them is considerably lower.

Most adults would speak with their primary care physician (60 percent) or do a Web search (48 percent) to answer questions about foot health before considering a visit to a podiatrist.

Foot pain can have a profound impact on quality of life. Half of all adults say that foot pain has restricted their activities—like walking, exercising, working, or playing with grandchildren—in some way.

For those with chronic foot pain, that number jumps to 83 percent. People say they would exercise more (39 percent) and participate in more activities (41 percent) if it weren't for their foot pain.

Feet are literally and figuratively the furthest things from most people's minds.

This is why foot health awareness remains important.

There are more foot care practitioners promoting foot health – pedorthists, nurses, chiropodists and key disease advocates such as Diabetes Canada were busy this past May trying to put those lower extremity digits into a top-of-mind positioning with the health alert. OPMA has chosen to participate in foot health promotion opportunities through its website, through social media such as Twitter and Facebook as well as participating in public health activities.

This year those efforts have revolved around online activities during Foot Health Month, additional activities during October 8 World Podiatry Day and through full participation at Wounds Canada events and having OPMA directors out speaking and making presentations at peer professional venues.

Diabetes Canada and other though leader organizations gave us online “LIKES” and retweets so we were virtually out-and-about promoting foot health.



Did You Know?

Our feet contain:

33 JOINTS
26 BONES
& more than
120 LIGAMENTS, TENDONS, MUSCLES & NERVES

75% of Canadians will experience **FOOT PROBLEMS** at some point in their lives. 

WOMEN ARE 4 TIMES more likely to develop FOOT PROBLEMS than MEN



Wash your feet every day and be sure to dry them completely.

TIPS FOR HEALTHY FEET

Maintain a healthy and balanced diet.



Check your feet daily for cuts, wounds, redness, etc.



Avoid alcoholic beverages and cigarettes.



Check your blood pressure and sugar levels regularly.

Keep an active lifestyle.



Wear appropriate shoes. Ask your Podiatrists for advice.

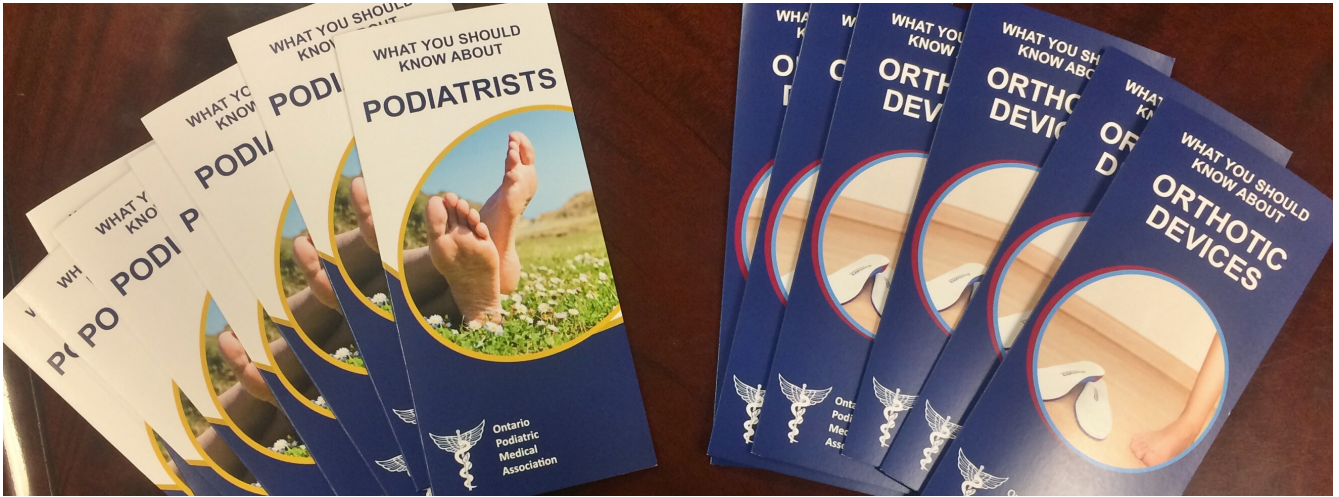


May is FOOT Health Month
#GoodHealthFeetFirst



www.opma.ca

Publications *REPORT*



The OPMA's revised and updated publications promoting the podiatric approach to foot health proved to be a worthy investment last year.

This year, the brochure was in much demand when we took the OPMA booth out to participate in the Wounds Canada event dedicated to advancing diabetic foot and wound care.

In addition, we had over 2,000 copies of the new brochures ordered and paid for by OPMA members who use them in their clinical practices.

Respectfully Submitted,
OPMA Secretariat



Digital Communications

REPORT

The Association has committed to being more engaged in digital communications reaching out to support health and foot health advocacy organizations and events.

The majority of the membership are not that engaged in social media, but the fact is the construction of everyday lives and identities are negotiated through digital media and social networks that influence how we live, the products we produce and consume, the services we seek out and how we connect.

We had considerable success with the annual Knock Your Socks Off campaign during the month of November. The campaign was conceived by the APMA. This was our first year extending the effort into Ontario.

The program is run and promoted using a variety of social media platforms along with a clinician office component that has podiatrists posting Knock Your Socks Off mini posters in offices and including competition forms at reception areas. The diabetic socks were generously donated by INFRACARE. 2-dozen specialty socks values at \$25 per pair were donated.

The two podiatrists with the greatest number of entrants for the weekly draws were Michelle Gill and Millicent Vorkapitch-Hill. Congrats to the women podiatrists and the many patients who benefitted. Other podiatrists who participated were equally pleased although fewer patient forms meant fewer chances to win the socks.

The campaign will be run again in November 2019. The social feeds were Twitter, Facebook, Instagram with channels out to Diabetes Canada, Wounds Canada and a variety of seniors organization digital communication portals.

Infograms were posted and shared digitally during Foot Health Month and again during World Podiatry Day. Facts and stats along with foot health tips are distributed via these digital platforms.

Monthly tweets and postings are maintained to support themed content relevant to foot health and special conditions such as arthritis, women's health, diabetes, cancer, etc. The content gets shared and liked and retweeted and builds the network of health advocates alert to the role of healthy feet in overall good health.



FOLLOW US!
@OPMAssociation

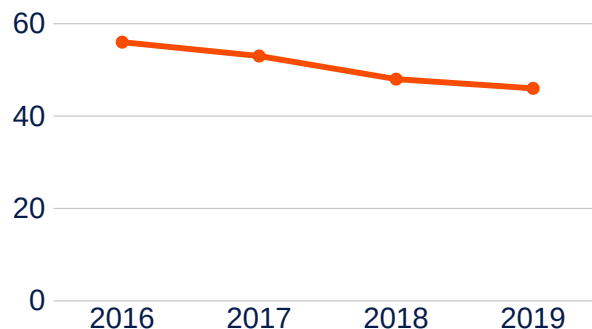


CHECK THE CAMPAIGN!
www.opma.ca/Diabetes



Peter Higenell
DPM
OPMA Treasurer

Treasurer's *REPORT*



**DECLINING
MEMBERSHIP**

A consultant was hired to organize the 2018 Conference for the OPMA. The Conference generated \$44,109.82 in gross revenues.

There is an unexpected outstanding HST payable and accounting subsequent fees totaling somewhere in the range of \$7,500 relating to the 2018 Conference for which the OPMA is liable.

The OPMA Board decided to take a different approach to the annual conferences on a go-forward basis, most importantly including cooperating with other organizations.

Accordingly, there was no conference in 2019, which resulted in a notional loss of gross revenues of approximately \$40,000, but there will be a conference in 2020 and in future years, but with management, sponsorship, exhibitors, revenues and expenses shared with other organizations in order to minimize risk and maximize revenues.

The Executive has mounted a membership drive to attract practising DPMs who have never joined the OPMA, or who have not renewed their registrations, in order to increase revenues.

We are also looking at introducing a Market Place feature on our website to increase revenues.

By-Law changes have been approved by the Board to add a "Part-Time" Class of Members that will have a lower annual membership fee in order to retain those members who have given invaluable service to the OPMA over the years and who can continue to do so, but who have transitioned to part-time practise.

Ratification of those By-Law changes at the AGM is required. MNP LLP Chartered Professional Accountants were appointed at the last AGM to prepare the Financial Statements for the Year ending December 31, 2018. Those statements are available for review and acceptance at the AGM.

Respectfully Submitted,

Peter Higenell, DPM
OPMA Treasurer

Government Relations

REPORT



overnment Relations (GR) remains important to all regulated health professions.

As per the OSC/OPMA Memorandum of Understanding, the Association worked with Santis Health (the OSC's GR firm) to push the Ford government to adopt a podiatry model in Ontario that is asking to the British Columbia and Alberta models.

The OPMA, either with the OSC or on its own, has met with the Premier's Senior Policy Advisor for Health, with the senior staff of Dr. Devlin's Premier's Council on Improving Health Care and Ending Hallway Medicine and twice with the senior staff in Minister Elliott's office.

We maintain continuous contact with those individuals, by telephone and e-mail. In the third-quarter of 2019, the OPMA re-engaged The CG Group to advance GR efforts to support the OPMA's commitment to the membership and clients served by OPMA members to advance the podiatric foot health model.

Advocacy is a renewed priority.

The OSC and OPMA are also part of an ad hoc coalition of like-minded healthcare professional associations that are pushing for scope of practice changes as part of the Ford government's red tape reduction initiatives.

It is little solace to the podiatry profession in Ontario, but all healthcare professions have experienced enormous obstacles in achieving their scope of practice changes.

As a consequence, Ontario has fallen behind most other comparable jurisdictions in terms of professional scopes of practice and governmental "red tape" has become a serious obstacle to innovation, system efficiency, patient access and satisfaction in Ontario.



All healthcare professions have experienced enormous obstacles in achieving their scope of practice changes, including podiatry.



Predicting what the Ford government in Ontario wishes to do and what it will actually accomplish is a mug's game.

"On paper", the Ford government is committed to scope of practice changes that allow professions to practise to the full extent of their competencies and in the best interests of their patients and Ontario's healthcare delivery system. This position was reiterated in the November, 2019 Fall Economic Statement.



Enhancing professional scopes of practice is key to easing pressures on hospitals and helping doctors, nurses and other healthcare providers deliver better, faster healthcare for patients and their families.



November, 2019 Fall Economic Statement

Last May, Minister Elliott gave the go-ahead for scope of practice changes for six professions that had been in the pipeline for some time.

One of those scope of practice changes (which really isn't a scope of practice change) was to agree finally process the College of Chiropractors' updated drug regulation.

That exercise is still underway.

The government is highly unlikely to bring forward the necessary legislation to convert to a podiatry model on its own, because the professions are so small.

To get there, we have to ride the coattails of other professions and be a part of the omnibus legislation that deals with a number of professions.

We anticipate there will be at least one and perhaps two opportunities to do so in this government's current mandate (i.e. before 2022).

For a number of reasons, some of which are alluded to in the OPMA President's Message, and despite support at the political level, there is still considerable resistance within the Ministry of Health to adopting a podiatry model in Ontario.

For some time, the Ministry of Health has been pushing to reduce the number of Colleges from the current 26 to a number around 20 or so.

That would be accomplished through the amalgamation of some Colleges and the "deregulation" of others.

Any College that has less than 1000 registrants is "on the bubble". Any College that has no controlled acts is also "on the bubble".

Chiropractors and podiatrists will likely continue to be regulated by a College in Ontario because of the controlled acts the professions are authorized to perform.

The question is whether the professions will continue to be regulated by their own, independent College, or whether the professions are moved to another regulatory College or Colleges.



Podiatry will have to ride the coattails of other professions and be a part of the omnibus legislation dealing with a number of professions expected before the end of this government's mandate in 2022.



One way to ensure the continuation of an independent College is to increase the membership and the best way to increase the membership is to reach out to other professions in "foot care" who currently are not regulated under the Regulated Health Professions Act, but would like to be, and for whom there is a risk of harm and a compelling public interest cases for regulation.

Doing so, however, requires the podiatry (and chiropody) professions to put aside concerns about competition and turf protection in favour of the future of the profession.

 **The WSIB spends \$500,000 million annually on health care services provided to Ontario injured workers, including significant foot health care funding.** 

There is on-going concern that podiatrists in Ontario are vacating healthcare delivery streams and venues where they should be at least present, if not dominant.

The podiatry profession in Ontario is small and getting smaller, but there are business and delivery models that would allow podiatrists to maintain meaningful footprints and visibility in the venues and delivery streams in which they belong.

Not being there adds to the marginalization of podiatrists in Ontario's healthcare paradigm and begs the question: "Who needs them?"

One example is the lack of podiatric engagement in injured workers covered by the WSIB.

The treatment of non-surgical foot injuries sustained in the workplace is a source of many WSIB claims for healthcare.

Virtually no podiatrists in Ontario treat WSIB worker claimants, so the vacuum is filled by foot care nurses, physiotherapists and by some chiropodists.

In the past, many podiatrists may have had bad experiences with the WSIB, in terms of payment, paperwork and so on.

The WSIB has worked very hard to fix those problems and has become much more practitioner-friendly.

Other professions, such as chiropractic and physiotherapy, have realized the opportunity and have moved aggressively into the WSIB space. Podiatrists have not and appear resistant to doing so.

Submitted by,



Donald Gracey



Joel S. Alleyne
Executive Director, CPMA

CPMA Executive Director's *REPORT*



Canadian Podiatric Medical Association § L'association médicale podiatrique canadienne

A

number of initiatives have been moving forward in Canada during this past year.

At the moment, we are coordinating efforts to raise awareness for Diabetes Awareness month in November, focusing efforts on World Diabetes Day - November 14. We will be joining our US counterparts on social media platforms to raise awareness with the public on the causes of and precautions against diabetes.

We participated in International Podiatry Day on October 8 with the FIP-IFP and the other FIP country members. Activities for the Day were based on social media – Facebook, Twitter and Instagram. We continue to recognize Foot Health month in May of each year.

We continue to work at advocacy and promotion of the profession within Canada, forging alliances with relevant associations and industry leaders.

CPMA representatives attended various provincial associations' conferences and meetings / AGMs in British Columbia, Manitoba, and are gearing up for representation in Québec.

In the Spring, James Hill DPM FACFAS attended the 2019 UQTR Graduation ball. At that event graduates were invited to join the CPMA.

The CPMA will be represented at the FIP-IFP AGM in Miami in November.

Additionally, we have made improvements to our member benefits, including strengthening our extended health and dental benefits and have made significant enhancements to the malpractice insurance coverages.

We continue to follow up with action items on the multi-year strategic plan.

Over the past year:

- Extensive work was done to review the malpractice insurance
- We have built a new group benefits plan;
- The CPMA was proud to co-sponsor in the first joint Symposium on May 31: CPMA / Wounds Canada New Perspectives on Limb Preservation in Toronto. This event was well attended by podiatrists and provided a chance to work alongside vascular surgeons, surgeons, physicians, surgical podiatrists, nurse practitioners and pharmacists to name a few. This event was attended by government representatives and allowed us to bring Podiatry to the forefront.
- We are a founding member of the Pan Canadian Diabetic Foot Task Force, an alliance of medical, paramedical, governmental and other organizations working towards improving access to preventative diabetes footcare. The Diabetic Foot Task Force working group kicked off late in 2018 bringing together various groups and organizations in conjunction with Wounds Canada to advocate with Government and other stakeholders on relevant/related issues. The Task Force held their second meeting in conjunction with the Wounds Canada Fall conference in Niagara Falls in October.
- We participated in D-Foot International.
- We attended and exhibited at the Wounds Canada conference in April in Halifax and in October in Niagara Falls.
- We embarked on a major initiative to establish a clear Pan-Canadian Competency Framework for podiatrists.
- We supported the BCPMA in their Podiatry Surgical Survey in an effort to gather information on performing surgical procedures in office settings. This information may be used to present to Colleges, government's insurance companies.
- We have struck a Government Relations working group to strive towards advocating to the federal government and to be more visible amongst other national organizations involved in footcare.
- We attended, exhibited, and presented at the Canadian Health and Life Insurance Association (CLHIA) conference in Vancouver, BC in May where we networked with management, insurers and representatives from other foot care groups. Our past President, Joseph Stern DPM, presented on the topic of Innovations in Podiatry and the need for Interprofessional Footcare Teams.
- We met with CHLIA earlier in the year. This meeting was attended by myself and our third-party insurance committee representative (Lloyd Nesbitt). These meetings are important and allow us to discuss issues as they arise.
- James Hill attended the APMA House of Delegates annual session in March representing the CPMA. We continue to strengthen our relationship with our US counterparts.
- James Hill and Brendan Bennett represented the CPMA at the College of Podiatry (UK) Conference in November 2018. Brendan Bennett is scheduled to return to the College of Podiatrists (COP) UK conference and meetings.

- We met with leaders of the CFPM and have struck a joint working group to discuss common issues. We continue to work on the relationship to achieve a better understanding with our counterparts to promote podiatry in a unified voice.
- Peter Stavropoulos, DPM and James Hill, DPM FACFAS spoke at the Canadian Association of Foot Care Nurses' conference on Offloading.
- Scott Schumacher, DPM spoke at the Wounds Canada fall conference in Niagara Falls, and participated in the Diabetic Foot Task Force meeting.

We continue to support our provincial members in their efforts and issues on a regional level. At the individual level, we are happy to help our members navigate business and policy issues.

We are pleased to be here to serve you.

Respectfully Submitted,



Joel S. Alleyne
Executive Director

Canadian Podiatric Medical Association

FIP-IFP *REPORT*



FIP **FÉDÉRATION INTERNATIONALE
DES PODOLOGUES**
IFP **INTERNATIONAL FEDERATION
OF PODIATRISTS**

The Federation has been very busy the last months in strengthening its strategic alliances. We know that working collaboratively with strategic partners supports our effort to put podiatry on the global political agenda. The continuity of the actions put in place since a few years are crucial. The partnership with EWMA, the European Wound Management Association is key in showing the work of Podiatry in wound care.

The strong partnership with D-Foot International and the publication of the POINT project (staged podiatric skills for Diabetic Foot care) is just another example. An important meeting in attendance of the President was organised by D-Foot International in November, followed by a participation of the president to meet the North African countries and especially the Moroccan delegates of the FIP-IFP.

Podiatry is so needed in the MENA Region and in joint collaboration the first steps has been taken to bring awareness. Moreover, the Federation supported national associations in the advocacy efforts like in Poland where a meeting with the Ministry of Health gave the impetus to the National Association for an increased recognition of our field of competence. The European Council of Podiatrists chaired by Carles Verges Salas has put together a 100 page grant application in collaboration with the European Network of Podiatry in Higher Education to align podiatry in Europe. Despite the fact that the application wasn't accepted it scored so well that the ECP and its partners will try to again.

The World is changing and so will the Federation too.

Kind regards,
Caroline Teugels
Executive Director, FIP-IFP

Memorandum of Understanding



Ontario
Podiatric
Medical
Association

Ontario Society



of Chiropodists

MEMORANDUM OF UNDERSTANDING

BETWEEN

The Ontario Podiatric Medical Association (OPMA);

AND

The Ontario Society of Chiropodists (OSC).

WHEREAS it is the objective of the OSC and the OPMA to expand substantively the legislated scope of practice of chiropody and podiatry in Ontario, in order to be able to provide a more seamless continuum of foot care and to respond better to the growing demand for quality foot care in Ontario;

AND WHEREAS it is also the objective of the OSC and the OPMA to change the name of the profession to "podiatry" and authorize all registered members of the profession to call themselves "podiatrists", abbreviations thereof and equivalents in other languages;

AND WHEREAS it is also the objective of the OSC and the OPMA to enhance the attractiveness of "podiatry" as a profession in order to grow the size of the profession so that it may be able to respond to the growing demand for quality foot care in Ontario.

Memorandum of Understanding



Ontario
Podiatric
Medical
Association



NOW THEREFORE THE PARTIES TO THIS MEMORANDUM OF UNDERSTANDING HEREBY AGREE TO:

1. Support the College of Chiropodists of Ontario in its work with the Government Ontario and other parties to expand the scope of practice of the profession in Ontario in as expeditious a manner as possible.

2. With the College and independently as required, advocate to the Ontario Government and to stakeholders legislative changes, as follows:

- Adopt the professional descriptor "podiatry" for the profession and the protected titles "podiatrist" and "extended practice podiatrists", abbreviations thereof and equivalents in other languages for members of the profession.
- Revocation of subsection 3 (2) of the current *Chiropody Act, 1991*, which is a condition precedent for changing the name of the profession to "podiatry" and the titles of members to "podiatrists".
- Make the controlled act of "communicating a diagnosis" as defined by section 27 (2) 1. of the *Regulated Health Professions Act* an authorized act for the podiatry profession.
- Make the controlled act of setting or casting a fracture of a bone or dislocation of the joint in the foot an authorized act for the podiatry profession.
- Delete the limitation of " into the foot" in the current authorized act of " administering by injection of a substance designated in the Regulations"
- Amend Regulation 682 and 683 under the *Laboratory and Specimen Collection Centre Licensing Act* to authorize members of the profession to order laboratory tests within the podiatry scope of practice and authorized acts.
- Amend Regulation 107/93 under the *Regulated Health Professions Act* to enable members of the profession to apply and order the application of diagnostic ultrasound and MRIs within the podiatry scope of practice and authorized acts.
- Include wording in the regulations being drafted under the *Oversight of Healthcare Facilities and Devices Act, 2017* to authorize members of the profession to prescribe and take radiographs within the podiatry scope of practice and authorized acts.

Memorandum of Understanding



Ontario
Podiatric
Medical
Association

Ontario Society



of Chiropodists

- Authorize members of the profession to "dispense and sell", as well as "prescribe" drugs as designated in the regulations

3. Establish by regulation or statute a class of members within the podiatry profession known notionally and for the time being as "extended practice podiatrists" to be granted the authority to perform surgery on the bones of the entire foot, plus whatever incidental authorities are required. Membership in this class will be voluntary for those having the competencies required.

4. In situations where either the OSC or the OPMA arrange to meet, or have the occasion to meet, with any official or officials of the Government of Ontario or with any third parties pertaining to matters within the sphere of this Memorandum of Understanding, the Party making the arrangements or having the occasion to meet will provide a reasonable opportunity to the other Party to attend the meeting and, if the second Party is unable or declines to attend, the first Party will provide to the second Party with a full and accurate briefing on whatever transpired at the meeting as soon as possible after the meeting ends, preferably in writing.

5. Written communications to any official or officials of the Government of Ontario or to any third parties pertaining to matters within the sphere of this Memorandum of Understanding will be prepared, signed and sent jointly by the OSC and OPMA. Where joint communications are not feasible, the Party initiating the communication will consult with the other party during preparation of the written communication and send a copy of the final communication to the other Party as soon as possible after the communication has been transmitted.

6. To the extent possible, the OSC and the OPMA will collaborate in support of creation of a four-year, post baccalaureate, podiatry educational program at an Ontario University that provides graduates with the competencies required to practise the scope set out in #2.

7. The OSC and OPMA will explore other areas and avenues of collaboration, such as a joint annual conference.

8. The OSC and the OPMA will meet regularly, either in person or by teleconference, to share information and to discuss strategy.

9. The OPMA and the OSC will jointly endeavor to engage the Canadian Federation of Podiatric Medicine (CFPM) in frank and open discussions about the matters within the sphere of this

Memorandum of Understanding



Ontario
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Ontario Society



of Chiropodists

Memorandum of Understanding and, if feasible, bring the CFPM into this Memorandum of Understanding as a full partner.


10. This Memorandum of Understanding may be amended at any time with the mutual consent of the OSC and the OPMA expressed in writing, each to the other.

11. This Memorandum of Understanding shall terminate one (1) calendar year following its execution by the parties hereto, but may be extended for an additional period with the mutual consent of those parties, expressed in writing, each to the other.

SIGNED:

On Behalf Of The OPMA:  [James Hill, President]

Signed this 26 day of Nov, 2018, in the City of Windsor, ON

On Behalf Of The OSC:  [Alexandra Elliott, President]

Signed this 16 day of Nov, 2018, in the _____

The Ontario Podiatric Medical Association

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OPMA

PUBLIC AWARENESS ADS

GOOD HEALTH FEET FIRST

FUNGAL NAILS

Besides being ugly to look at, fungal nails, should not be left untreated. There are many species of fungi that can affect nails. The most common is called Trichophyton Rubrum. Fungal nails are caused by fungus that is caught from moist, wet areas. Creams are not effective. Some of the topical medications may be effective. Laser, when used, will produce an improvement in the condition. Ontario's registered Podiatrists are specially trained to treat this and other foot conditions. Good health requires healthy feet. Act now.

For the Podiatrists nearest you go to www.opma.ca

 Ontario Podiatric Medical Association

MAY IS FOOT HEALTH MONTH

GOOD HEALTH FEET FIRST

CORNS

Corns and calluses are annoying and sometimes painful thickenings that form in the skin in areas of excessive pressure. Corns are often painful, even when they are small. Corns can be found on the tops of the toes and between toes. Common locations for calluses are on the sole of the foot, over the metatarsal arch or "ball" of the foot. Corns can be treated with non-medicated pads or surgery. Ontario's registered Podiatrists are specially trained to treat this and other foot conditions. Good health requires healthy feet. Act now.

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WARTS

Warts are viral infections of the skin. At least one-half of adults will be infected during their lifetime. Foot warts present usually on the sole of the foot in all age groups. Wart treatments may include new laser technology, cryotherapy or freezing of warts with liquid nitrogen or surgery anaesthetic following injection of a local anaesthetic. Ontario's registered Podiatrists are specially trained to treat this and other foot conditions. Good health requires healthy feet. Act now.

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BUNIONS

The common bunion is a localized area of enlargement of the inner portion of the joint at the base of the big toe. The enlargement represents a misalignment of the big toe joint and, in some cases, additional bone formation. Treatment of bunions can include alteration of footwear, orthotics or surgery. Ontario's registered Podiatrists are specially trained to treat this and other foot conditions. Good health requires healthy feet. Act now.

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GOOD HEALTH FEET FIRST

HEEL PAIN

Heel pain is an extremely common complaint with several common causes. It is important to get a correct diagnosis for effective treatment. The causes may include: Plantar Fasciitis due to irritation and inflammation of the tight tissue that forms the arch of the foot, Tarsal Tunnel Syndrome that causes a large nerve in the back of the foot to become entrapped or pinched, and stress fractures. Ontario's registered Podiatrists are specially trained to treat this and other foot conditions. Good health requires healthy feet. Act now. May is Foot Health Month.

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 Ontario Podiatric Medical Association

MAY IS FOOT HEALTH MONTH

**Ontario Podiatric Medical Association**

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Navigating the Labyrinth of Advocacy & Collaboration

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