

Portfolio Certification

Foot Care Nursing (Canada)

Certification

FCN(C)

APPLICANT PACKAGE

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Overview of Portfolio Certification for Foot Care Nursing (Canada) Certification, FCN(C)

A portfolio certification process is a structured approach for nurses (nurse practitioners [NPs], registered nurses [RNs], registered/licensed practical nurses [RPNs/LPNs], and registered psychiatric nurses [RPNs]) to validate their expertise and commitment to professional development within their specialty domain. The certification process involves the following:

Step 1: Eligibility Criteria

Nurses must meet specific requirements related to their specialty, which include educational qualifications, provincial registration, and a minimum number of 1,950 practice hours in the past five years.

Step 2: Education Criteria

Nurses complete a specialty-focused nursing foot care program that supports the development of competencies for critical thinking and clinical judgment skills to provide safe, competent, and ethical foot care nursing (see Appendix for full guidelines for education program content expectations).

Step 3: Portfolio Submission

Nurses submit a comprehensive portfolio that includes evidence of professional development, such as continuing education hours, academic credits, presentations, publications, research, preceptorship, and/or professional service.

Step 4: Evaluation

The submitted portfolio is reviewed and scored by specialty-trained peer reviewers assessing for specific evidence which meets all the criteria elements listed in the portfolio competency outline for the specialty.

Step 5: Certification

Successful candidates are awarded Canadian Nurses Association (CNA) certification in their specialty area. This certification is renewed every five years.

Step 6: Maintenance and Continuing Competence

Nurses are expected to maintain ongoing professional responsibility by obtaining, integrating, and applying current knowledge and skills required to practise safely, effectively, and ethically within their specialty domain as per CNA certification [renewal policy and guidelines](#).

Description of Specialty Domain: Foot Care Nursing (Canada) Certification, FCN(C)

A specialty domain refers to a particular field, branch, or area of expertise in which a nurse possesses a high level of knowledge, skill, and proficiency. It signifies a focused area of specialization within a broader discipline and is characterized by deep understanding and capabilities. Foot care nursing is considered one such domain. In the context of certification with the CNA, foot care nurses must be RPN/LPNs, RPNs, NPs, RNs, or advanced practice nurses with specific training.

A nurse holding **Foot Care Nursing (Canada) Certification, FCN(C)**, from the CNA Certification Program has obtained post-basic education to develop skills and knowledge to provide essential services to maintain foot health, prevent complications, and promote mobility, particularly for individuals with chronic conditions or limited mobility. Foot care nurses often work within home care programs and collaborate with other health-care providers to ensure comprehensive care.¹

The CNA foot care nursing portfolio certification is evaluated through set criteria. A fundamental component of a criterion-based approach to certification is the comprehensive description of the domain content area being measured. In the case of the foot care nursing portfolio certification, the content consists of the competencies of a fully competent practising foot care nurse, with at least 1950 practise hours. Each section will describe the competencies, how they have been grouped, and how they are assessed within the portfolio certification.

Nurses who obtain CNA certification in foot care nursing earn the right to use the credential **FCN(C)** for five years, after which they must renew through the certification continuous learning pathway.

Assumptions

In developing the list of competencies for foot care nurses, the following assumptions were made²:

The person

- The person refers to a client, patient, family, communities, or populations.
- The person's support refers to family, friends, community, companion animals, and anyone/anything else identified by the person.
- The person may have unique experiences related to access, consent,

¹ College of Licensed Practical Nurses of Manitoba (2021). *Nursing Foot Care* [Practice Direction]. Winnipeg, Manitoba.

² Please note: Inclusive language respects and promotes all people as valued members of society. In this document, non-binary descriptors are used. For example, "their" and "them" are used in reference to all genders and replace the terms "she/her/hers" and "he/him/his."

capacity/competence, trauma, and stigma. This may include access related issues due to language barriers.

- The person may have multiple conditions (e.g., physiological, concurrent/co-occurring disorders, dual diagnosis).
- The person has the opportunity to participate, collaborate, engage, and partner in their care.
- The person defines what “culturally safe” means to them and how their cultural location, beliefs, and values are to be considered.
- Cultural competence is the ability of the foot care nurse to reflect on their own cultural values and how these impact the way care is provided. It includes the ability to assess and respect the values, attitudes, and beliefs of individuals from other cultures and to respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease and prevalence, and treatment efficacy³.
- Cultural safety is both a process and an outcome whose goal is to promote greater equity. It focuses on root causes of “power imbalances and inequitable social relationships in health care.”⁴ It includes cultural awareness, cultural sensitivity, and cultural competence).⁵

Foot Care Nursing and the Foot Care Nurse

Foot care nursing: a specialized area of nursing practice focused on foot care assessment, intervention, and education. Foot care nursing plays a critical role in preventing complications and promoting mobility, especially for individuals with chronic conditions or reduced mobility⁶.

Foot care nurse: a regulated nurse “who has completed specialized education in foot and lower limb health. These nurses provide client-centred, culturally competent care across various settings (e.g., acute care, long-term care, community, and private practice). They practice according to their nursing scope, are accountable to regulatory and ethical standards, and contribute to the growth of foot care nursing through collaboration, mentorship, and leadership⁷.”

The foot care nurse

- has a specialized body of practice knowledge related to foot care.
- holds active registration in good standing with a Canadian regulatory body and ensures its validity throughout the duration of their certification period.
- provides care to a complex population and provides services that are within their provincial standards and scopes of practice.
- works autonomously, inter- and intra-professionally. They collaborate with the person, their identified supports, other health-care providers, and partners.
- identifies when an individual’s foot care needs exceed their scope of practice and ensures appropriate consultation and referrals are made to address those needs.
- undertakes professional development and lifelong learning related to this specialty.

³ Canadian Nurses Association (2019). Nurses’ Professional Responsibilities in Partnering with Indigenous Peoples in Improving Health Outcomes: Cultural Competence and Cultural Safety. Canadian Nurses Association, <https://www.cna-aiic.ca>

⁴ Browne, A. J., Varcoe, C., Smye, V., Reimer-Kirkham, S., Lynam, M. J., & Wong, S. (2009). “Cultural safety and the challenges of translating critically oriented knowledge in practice.” *Nursing Philosophy*, 10(3), 167–179.

⁵ Canadian Nurses Association. (2025). *Code of ethics for nurses* (4th ed.). Canadian Nurses Association. <https://www.cna-aiic.ca>

⁶ Wound, Ostomy and Continence Nursing Certification Board (2014). *Foot Care Certification*. Milwaukee, Wisconsin.

⁷ Canadian Association of Foot Care Nurses (2025). *Canadian Association of Foot Care Nurses Competency Framework*

- facilitates ongoing evidence-informed treatment(s) and resources for individualized care (e.g., psychosocial intervention, harm-reduction services, management services, primary care, pharmacological approaches, peer support).
- advocates for the person's care needs within the health-care system.
- is reflective of their personal values, beliefs, and biases.
- applies current evidence-informed specialty education and best practice guidelines in all aspects of practice.

Environment

- Foot care nursing is embedded within an individual's broader physical and social environment, whose organization and characteristics affect care, quality of life, and treatment.
- The foot care nurse works with persons in a variety of settings (including, but not limited to hospitals, schools of nursing, clinics, urgent care facilities, retirement and long-term care homes).
- The foot care nurse promotes healthy environments that support healing.

Domain Competencies

As a domain of nursing, foot care nursing competencies for a portfolio certification encompass a set of skills, knowledge, and behaviours that are essential to nursing practice within a specific domain or specialty. These competencies are designed to ensure that nurses can provide high-quality care and meet the standards of their profession. Foot care nurses use these domain competencies to understand the unique values, preferences, and circumstances of persons receiving care while still adhering to the scientific evidence that supports and informs foot care nursing practice. Foot care nurses inform their practice by gathering samples and applying skills and knowledge that benefit individuals receiving care, families, communities and/or populations.

Using an evidence-informed lens, foot care nursing practice includes:⁸

- **Professional Knowledge**
- **Quality Practice**
- **Advocacy**
- Collaboration, Coordination, and Communication
- **Leadership** and Ethical Practice
- **Self-Reflection**

⁸ Canadian Association of Foot Care Nurses (2025). *Canadian Association of Foot Care Nurses Competency Framework*.

Submitting Evidence for Universal Design for Learning (UDL)-Informed Competency Domain Assessments

To be inclusive of learning, this portfolio process and evaluation follows the principles of UDL by providing multiple means of evaluation⁹.

Each domain will have multiple means of supplying the evidence identified. Candidates may choose to submit multiple forms of evidence within each domain to fully illustrate their evidence of competencies. Candidates may have a choice of:

- **Replication:** Copies of learning certificates and/or proof of attendance.
Written: Written reflections or self-analysis of work completed must be 750-1,500 words. For each written reflection a minimum of 750 words and a maximum of 1500 words per reflection are to be submitted.
Exception: Submissions for the “Reflection” domain are to be submitted as a minimum of 1500 words and no more than 3000 words.
- **Oral:** Oral recording of either reflection or work completed. To be submitted in MP4 format only.
- **Visual:** Visual image and/or recording of either reflection/self-analysis or work completed. Images are to be submitted as a .jpg, .eps or .png file. Visual recordings are to be submitted in MP4 format or link to MP4 video file.

Multiple evidence types required:

Submissions must include more than one type of evidence. Written reflections alone are not sufficient. Each competency domain must demonstrate a combination of evidence types (e.g., written, oral, visual, or replication) to support assessment of competencies.

Exception: The Reflection domain may be completed using written reflections as a standalone form of evidence.

For quick reference to types of evidence to collect for portfolio submission, please refer to appendix A.

Confidentiality:

In all submissions, candidates must be cognizant of the need to maintain people’s privacy and confidentiality. Confidentiality and privacy are paramount in any care environment. Any nursing documentation, health record excerpts, videos, statements, or evidence that could breach an individual’s privacy will be strictly prohibited. Submission of such materials is grounds for immediate disqualification and expulsion from the certification process.

⁹ CAST (2024). Universal design for learning guidelines version 3.0. Retrieved from <https://udlguidelines.cast.org>

Considerations for Confidentiality:

- **De-identify where possible:** Remove names, addresses, health card numbers, and any other personal identifiers.
- **Limit content:** Include only the information necessary to support the case, evaluation, or request—avoid extraneous details.
- **Follow policy:** Adhere to your organization’s confidentiality and privacy guidelines, as well as provincial/territorial and federal legislation (e.g., PIPEDA or provincial health information legislation).

Portfolio Competency Evaluation Outline

Domain	Total Domain Weight
I. Ongoing Professional Development Domain Section A: Completion of a Foot Care Nursing Specialty Education Program Section B: Verification of Employment and Practice	Mandatory
II. Standards of Practice Application Section C: Professional Knowledge (20%) Section D: Evidence Informed/Quality Practice (20%) Section E: Risk Assessment and Health Promotion (20%)	60%
III. Collaboration and Leadership Section F: Advocacy (10%) Section G: Collaboration, Coordination, and Communication (10%) Section H: Leadership and Ethical Practice (10%)	30%
IV. Reflection	10%
Total Weight:	100%

Portfolio Competency Evaluation Framework

I. Ongoing Professional Development Domain (Mandatory)

Ongoing professional development emphasizes continuous learning, skill enhancement, and evidence of professional growth within a chosen field. In nursing, it is crucial to stay updated with advancements in health care, emerging technologies, and best practices to provide high-quality, evidence-based care to patients. Within nursing specialties, this importance is magnified, as specialized fields often require deep expertise in focused areas.

Development in a specialty ensures nurses achieve and maintain proficiency, adapt to innovations relevant to their area of expertise, and uphold the highest standards of care tailored to the unique needs of their patient populations. Verification processes, such as endorsements or proof of learning activities, help confirm an individual's qualifications and dedication to both their profession and specialty area.

The foot care nurse is to provide evidence of this professional development domain in foot care nursing pertaining to their practice area.

Section A: Completion of a Foot Care Nursing Specialty Education Program (Mandatory)

The foot care nurse is to provide evidence of this domain by providing examples of at least one completed foot care nursing specialty education program:

- The nursing specialty education program must be relevant to their practice area and the foot care nursing standards of practice as outlined in the Appendix.
- *This presentation of evidence may take the form of any one or more of the below:*
 - Copy of certification of completion of professional learning relevant to foot care nursing.
 - If no certificate available, candidate may upload a written endorsement from a course faculty and/or facilitator.
 - If candidate is unable to produce a certificate of attendance or a written endorsement for any professional development activity, please contact certification@cna-aicc.ca for further instructions.

Section B: Verification of Employment and Practice (Mandatory)

The foot care nurse is to provide the name of an endorser who may be contacted to confirm employment and 1950 experience hours in the past five years:

- This individual may be a supervisor, manager, physician and/or consultant in the foot care nursing practice specialty who must be able to confirm your specialty experience and endorse your application.

This presentation of evidence must include:

- Name and designation of endorser.
- Contact information (email and phone number).
- The candidate's relationship to the endorser (e.g., employee, coworker).

II. Standards of Practice Application

Section C: Professional Knowledge (20%)

Foot care nurses are specialists with a unique body of professional knowledge, integrating nursing competencies with advanced technical skills and a specialized understanding of foot and lower limb health. They continually pursue ongoing education and professional development to maintain competency and provide person-centred care.

Foot care nurses maintain and develop professional knowledge through:

1. Understanding the anatomy, physiology, pathophysiology, and psychosocial factors impacting the foot and lower limb health, and using this knowledge to provide care across the lifespan.
2. Drawing on knowledge of comorbidities to recognize their influence on lower limb and foot health, including circulation, nerve function, and structure.
3. Demonstrating knowledge of lower limb and foot health requirements for clients with complex conditions encountered in foot care practice.
4. Recognizing how key determinants of health and health inequities affect lower limb and foot health.
5. Participation in workshops, seminars, and training sessions focused on foot care techniques and best practices.
6. Maintaining knowledge of infection prevention and instrument management, and abiding by current provincial/territorial regulatory/jurisdictional guidelines for foot care practice. If no provincial/territorial regulation is in place, practice should be based on the **highest level of evidence** and guidelines available.
7. Staying informed on federal, provincial and territorial legislation as well as business, regulatory, and professional standards for self-employment in nursing foot care.
8. Dissemination and review of evidence-informed research related to lower limb health and nursing foot care.
9. Engagement in **interdisciplinary collaboration** and community networking with health-care professionals and resources.
10. Commitment to specialty education on topics such as infection prevention, instrument management processes, and workplace safety standards.
11. Integration of specialized assessment tools and evidence-informed practices into foot care interventions.

Examples of how foot care nurses may apply professional knowledge include (but are not limited to):

- Performing complete and person-centred foot health assessments.
- Delivering care for common pathologies (e.g., corns, calluses, fungal infections).
- Engaging in consistent observation and assessment of care interventions.
- Referring individuals to relevant health practitioners and community resources to ensure holistic care.
- Maintaining and securing documentation in compliance with legal, ethical, and privacy standards.
- Implementing current infection prevention and control guidelines including cleaning, instrument management, and the safe use of instruments and equipment in routine practice.

- Regularly review and update policies to align with best practices.

The foot care nurse is to provide evidence of this domain by providing at least one example of the following:

- *Evidence of specialty education and competency in infection prevention, control, and instrument management*

Additionally, the foot care nurse is to provide evidence of this domain by providing examples of at least two of the following:

- *Evidence of participation in workshops, seminars, or training sessions.*
- *Evidence of the dissemination and review of evidence-informed research.*
- *Evidence of collaborative engagements and community partnerships.*
- *Evidence of specialty education and competency in specialized foot care practices.*
- *Evidence of implementation of evidence-informed assessment tools and practices.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Copies of written collaborative agreements and/or partnerships.
- Copies of certificates of completion (specific to instrument management practices, workplace safety standards, etc.,).
- Presentation of work engaged in, including education developed, projects completed, policies developed, etc.
- Reflection of actions and activities undertaken to demonstrate maintenance and dissemination of professional knowledge. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Peer or mentor written evaluation of this domain and work completed.

Section D: Evidence Informed/Quality Practice (20%)

Foot care nurses are dedicated to fostering quality practice through reflective evaluation, evidence-informed care, and policy development. They strive for continuous improvement in nursing foot care services, ensuring the highest standards of person-centred care and outcomes.

Foot care nurses promote quality practice through:

1. **Critical self-appraisal:** Regularly evaluating their own foot care practices to identify areas for enhancement in clinical competence and service delivery.
2. **Ongoing professional development:** Maintaining competence through continuous education and dedicated practice within the scope of nursing foot care.
3. **Outcome measurement:** Designing tools and engaging in processes to monitor care outcomes, such as improvements in the person's quality of life and satisfaction levels.
4. **Evidence-based evaluation:** Continuously assessing nursing foot care practices against evidence-informed data to validate and improve interventions.
5. **Peer collaboration:** Engaging in mentoring and collaborative learning with colleagues to

- support mutual growth and enhanced quality practices.
6. Accurate record-keeping: Ensuring precise documentation of clinical hours, care outcomes, and ongoing professional development activities.

The foot care nurse is to provide evidence of this domain by providing examples of at least two of the following:

- *Evidence of reflection through insights into their practices and continuous improvement strategies.*
- *Evidence and/or records of tools developed for quality measurement and evaluation processes.*
- *Evidence of continuing education activities and hours within nursing foot care.*
- *Evidence of peer feedback, collaborative engagements, and/or mentorship agreements with peers and colleagues.*
- *Evidence of how their nursing skills and interventions were refined based on the best available evidence.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Reflection on implementation of quality, evidence informed practice. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Copies and/or examples of quality improvement initiatives and documented results.
- Peer or mentor evaluations of the nurse's practices and collaborative engagements.

Section E: Risk Assessment and Health Promotion (20%)

Foot care nurses are dedicated to ensuring a person's safety and promoting health through the careful identification and management of risks to lower limb health. They utilize critical thinking and clinical judgment to minimize potential negative health outcomes and provide education to empower persons receiving care in managing and mitigating risks effectively.

*Foot care nurses promote **risk assessment** and health promotion through:*

1. Identification of Risk Factors: Recognizing physical, psychosocial, and environmental factors impacting lower limb health, including aging, mental health, and developmental conditions.
2. Consideration of **Health Determinants**: Evaluating how the social determinants of health contribute to the development of complications in lower limb health.
3. Guideline-based Assessments: Applying current clinical practice standards to identify risk factors associated with conditions such as diabetes mellitus, peripheral vascular disease, and neuropathy.
4. Comprehensive Risk Analysis: Identifying contributors to ulceration, wounds, and amputation risks, including skin changes, structural abnormalities, temperature variations, and evidence of infection.
5. Health Promotion Strategies: Recognizing and implementing benefits of health promotion, community resources, and personal self-care management to enhance lower limb health.
6. Person-centred Education: Reducing risks by delivering tailored teaching and resources to support individuals receiving care.

7. Validated Tools for Risk Stratification: Utilizing standardized assessment tools to evaluate an individual's risks, followed by implementing specific nursing interventions to mitigate those risks.

The foot care nurse is to provide evidence of this domain by providing examples of at least two of the following:

- *Evidence of the application of validated risk assessment tools and nursing interventions.*
- *Evidence and/or documentation of use of educational strategies and person-centred resources aimed at promoting health.*
- *Evidence of engagement with community resources and support programs.*
- *Reflection narratives on risk identification and management practices.*
- *Evidence of peer/mentor evaluations highlighting competency in risk assessment and health promotion practices.*

This presentation of evidence may take the form of (See [UDL Assessments](#) for formats):

- Reflection on approaches to risk identification and health promotion. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Documentation or reports detailing risk management strategies.
- Peer or mentor evaluation of practices and outcomes achieved.

III. Collaboration and Leadership (30%)

Section F: Advocacy (10%)

Foot care nurses are committed to advancing the specialty of nursing foot care and ensuring equitable access to nursing foot care services for all Canadians. They leverage their expertise to empower individuals, influence policy, and advocate for evidence-informed practices that benefit individual and community health.

Foot care nurses foster advocacy through:

1. Education: Informing people receiving care about the qualifications, credentials, and competencies required for nursing foot care services to enhance understanding and expectations.
2. Resource Advocacy: Promoting resources and initiatives to improve the accessibility and quality of nursing foot care across Canada.
3. Public and Stakeholder Engagement: Educating the public, government representatives, and stakeholders about the significance of nursing foot care.
4. Evidence Advancement: Contributing to and participating in research efforts to strengthen the evidence base of nursing foot care practice.
5. Representation in Policy Development: Advocating for the profession by representing nursing foot care at governmental and health-care authority levels.
6. Professional Community Engagement: Attending and participating in meetings and events hosted by local, provincial/territorial, and national groups related to nursing foot care.

The foot care nurse is to provide evidence of this domain by providing examples of at least two of the following:

- *Evidence of participation in advocacy efforts, including public education or stakeholder engagement.*
- *Documentation of contributions to research or advancements in the field.*
- *Records of professional development initiatives supporting colleagues.*
- *Reports of attending professional group events and meetings.*
- *Reflection on advocacy actions and their impact on the specialty and outcomes for persons receiving care.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Reflection narratives detailing advocacy initiatives. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Documented engagement with research, stakeholders, or mentorship.
- Peer or mentor evaluations highlighting advocacy efforts and impact.

Section G: Collaboration, Coordination, and Communication (10%)

Collaboration is a fundamental element of health care, involving seamless partnerships and interactions among multidisciplinary teams, persons receiving care, and their families to

provide comprehensive, coordinated care. Collaboration is a collective, interdisciplinary effort that prioritizes the person's perspective and respects their informed decisions, aligned with ethical and legal standards.

Foot care nurses foster collaborative networks to ensure seamless and holistic care. They balance maintaining professional boundaries with cultivating effective partnerships to optimize the outcomes of the person receiving care and promote lower limb health. Foot care nurses understand the need to develop collaborative networks and relationships to coordinate care that supports the overall health of individuals. They actively engage with health-care teams and utilize available resources to provide seamless, person-centred services.

Collaboration extends to the people cared for by the foot care nurse. They ensure their care is delivered within the framework of professional and therapeutic care. They recognize the importance of maintaining appropriate boundaries to safeguard individuals and uphold ethical practices in all care settings.

Additionally, foot care nurses encourage professional communication and collaboration through other interactions such as preceptor/preceptee or mentor/mentee relationships. Mentoring is an ongoing reciprocal and collaborative relationship between at least two individuals who have shared or mutual goals and an agreement to support each other in meeting their goals.^{10, 11} It is traditionally a very nurturing relationship that is longer-term than a preceptorship period within an academic institution. However, for the purposes of this foot care nurse certification, both mentorship and preceptorship relationships are accepted.

Foot care nurses foster collaboration, communication and coordination through:

1. **Maintaining Professional Boundaries:** Upholding ethical boundaries in all interactions to protect people receiving care from harm or exploitation as described in the Code of Ethics for Nurses.¹²
2. **Resource Advocacy:** Promoting resources and initiatives to improve the accessibility and quality of nursing foot care across Canada.
3. **Therapeutic Communication:** Selecting communication strategies that prioritize therapeutic benefits and individual well-being
4. **Evidence Advancement:** Contributing to and participating in research efforts to strengthen the evidence base of foot care nursing practice.
5. **Person-Centred Education and Support:** Employing personalized communication and using knowledge to educate and support people receiving care and their identified support systems in achieving optimal lower limb health
6. **Accurate Documentation:** Recording care provided, interactions with people receiving care, and health outcomes using current documentation systems.
7. **Role Clarity and Advocacy:** Clearly defining and communicating the roles and responsibilities of foot care to individuals receiving care, vested parties, and team members.
8. **Resource Identification:** Researching and utilizing local resources to support a person's needs and promote comprehensive care

¹⁰ Academy of Medical-Surgical Nurses. (2012). AMSN mentoring program: mentor guide.

<https://www.amsn.org/sites/default/files/documents/professionaldevelopment/mentoring/AMSN-Mentoring-Mentor-Guide.pdf>

¹¹ Canadian Nurses Association. (2004). Achieving excellence in professional practice: A guide to preceptorship and mentoring.

¹² Canadian Nurses Association. (2025). *Code of Ethics for Nurses*.

9. Collaborative Relationships: Building interdisciplinary partnerships with other health-care providers to enhance the quality and scope of care.
10. Holistic Care Coordination: Liaising and coordinating with other professionals to provide integrated and person-centred lower limb health services.
11. Delegation and Professional Judgment: Applying sound judgment when delegating tasks to other health-care team members.
12. Conflict Resolution: Addressing conflicts within the health-care team using respectful communication, professional techniques, and joint decision-making processes.

The foot care nurse is to provide evidence of this domain by providing examples for each of:

- *Documentation of therapeutic and person-centred communication and education strategies.*
- *Evidence of interdisciplinary collaboration and resource utilization.*
- *Reports or reflections detailing role clarification, delegation, or conflict resolution efforts.*
- *Evidence of participation in a mentorship/preceptorship program as evidenced by confirmation from that program (example: CNA mentorship program), a letter of mentorship or contract, evidence of a preceptorship relationship as evidenced by a letter from a preceptee/preceptor and an evaluation of goals.*
- *Evidence of ongoing peer support.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- Reflection on how collaboration, coordination and communication is implemented in nursing practice. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Presentation of work engaged in.
- Peer/mentor evaluation of this domain and work completed.
- A written representation of the mentorship or preceptorship.
- Copy of enrolment in a mentorship program.
- Audio presentation of a mentorship/preceptorship agreement and evaluation.
- A written reflection from a peer.

Section H: Leadership and Ethical Practice (10%)

Foot care nurses lead by example, blending their commitment to ethical principles with a dedication to fostering professional growth and improving outcomes. They advocate for safe, competent, and evidence-informed clinical and business practices, while guiding others through mentorship, collaboration, and empowerment. Their leadership reflects integrity, accountability, and a focus on promoting equitable and person-centred care.

Foot care nurses embody leadership and ethical practice through:

1. Adherence to Standards: Practising within established guidelines, nursing standards, and policies to ensure safe and competent care.
2. Guiding Ethical Relationships: Upholding respect, empathy, trust, honesty, and integrity in all interactions, while maintaining professional boundaries.

3. Exemplifying Beneficence and Non-maleficence: Leading with a commitment to doing good and avoiding harm in clinical practice, care relationships, and business operations.
4. Upholding Business Ethics: Conducting practice and business operations with fairness, accountability, and integrity, including transparent billing, honest marketing of services, and compliance with all legal, financial, and regulatory obligations.
5. Conflict Resolution: Identifying and managing potential conflicts of interest in their practice and business operations.
6. Mentorship and Collaboration: Providing guidance, support, and development opportunities for peers and colleagues, fostering growth within the foot care nursing community.
7. Advocating for Evidence-based Practice: Disseminating and contributing to research that strengthens the field, ensuring interventions align with current evidence.
8. Empowering Teams and Individuals Receiving Care: Building collaborative networks and fostering education to improve outcomes and promote lower limb health.
9. Innovative Leadership: Taking initiative in advancing the field of foot care nursing through active engagement in policy development, professional community events, and research efforts
10. Equity, Diversity, and Inclusion (EDI): Ensuring that care delivery, business practices, and workplace culture respect, promote, and embrace diversity of clients and colleagues; actively work to remove barriers to equity, and ensure inclusive, culturally-safe care and policy.

The foot care nurse is to provide evidence of this domain by providing examples for each of:

- *Documentation of leadership initiatives that integrate ethical practices and promote professional standards.*
- *Evidence of research and innovation leading to transformation.*
- *Evidence of equitable fee structures and advocacy for accessible foot care services.*
- *Reports detailing contributions to research, EDI advocacy, or policy advancements.*
- *Evidence of ethical decision-making and accountability.*
- *Self-reflection on leadership, ethical practices, and fostering diversity within the profession.*

This presentation of evidence may take the form of (See [UDL Assessments](#) for formats):

- Reflection on leadership, ethical practices, and EDI initiatives. This reflection must be unique and cannot duplicate or reuse any written reflections submitted as evidence in other domains within this portfolio.
- Documentation showcasing mentoring, collaboration, or EDI advocacy efforts.
- Peer/mentor evaluations emphasizing leadership, equity, and cultural inclusion in care.

IV. Reflection (10%)

The ability to be reflective as a practitioner in a self-regulated profession is essential. Reflection is a cognitive process requiring a conscious effort to analyze their own values, beliefs, biases, and practices to enable growth and learning from experiences, incorporating this learning into future practice.

Reflection in action is the type of reflection that occurs while an individual is in a situation. It is often linked to clinical reasoning due to reflection that happens in the moment. This type of reflection is important because it leads to a change in a person's view of themselves, their values, their beliefs, and/or their biases. This type of reflection aims to change their perception or gain a new one.

Reflection on action is reflection that happens after a situation or event. Being a foot care nurse requires stepping back and evaluating the situation from all angles and analyzing for meaning after the situation has occurred. This type of reflection often takes significant time and attention, which can be demanding for nurses. It is exceptionally important and essential in foot care nursing to ensure ongoing learning and growth; this learning is necessary for quality improvement and the creation of practices to reduce biases and barriers.

Reflection for action is reflection that happens to improve future actions or to plan for future actions. Many times within foot care nursing, there is a need for future planning for risk reduction or for advocacy. As much of the role involves collecting and analyzing data, foot care nurses are often at the centre of identifying patterns and utilizing them in future planning for prevention and risk reduction.

When engaging in reflection, it is important to maintain confidentiality by avoiding the use of any identifying patient, colleague, or organizational information. See UDL for more information on maintaining confidentiality throughout the portfolio process

The foot care nurse is to provide evidence of this domain by providing examples for each of:

- *Evidence of reflection in their actions. Demonstrated by reflection and self-analysis showing the growth of critical reasoning or change in perception at the moment of care.*
- *Evidence of reflection on their action. Demonstrated by reflection and self-analysis showing the growth of ongoing quality improvement and the creation of practices to reduce biases and barriers.*
- *Evidence of reflection for actions. Demonstrated by reflection showing future plans for preventing and reducing risk.*

This presentation of evidence may take the form of (see [UDL assessments](#) for formats):

- A written reflection of a minimum of 1,500 words, but no more than 3,000 words. This may not be a repeated submission of any written self-reflection submitted as examples

for other domains within this same portfolio certification submission.

- An audio reflection that is a minimum of 10 minutes in length, but no more than 20 minutes.
- A video reflection that is a minimum of 10 minutes in length, but no more than 20 minutes.

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Canadian Association of Foot Care Nurses / Association canadienne des infirmières et infirmiers en soins de pieds

[CAFCN](#)

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Glossary of Terms

Advocacy: The act of promoting equitable access to foot care services, influencing health policy, supporting persons receiving care in decision-making, and advancing the specialty of nursing foot care.

Best Practice Guidelines: Evidence-informed recommendations that guide safe, effective, and consistent foot care nursing practice.

Certification: Formal recognition by CNA of a nurse's knowledge, expertise, and competence in a specialty area of nursing practice.

Competency: The integrated application of knowledge, skills, judgment, and personal attributes required to provide safe, ethical, and effective nursing care. A nurse's competency is evidenced by their ability to practise safely, ethically, and skillfully within their scope of practice, demonstrating professional responsibility and growth.

Competency Domain: A cluster of related competencies organized into a thematic category that collectively describes a professional area of practice.

Health Determinants: Social, economic, cultural, and environmental factors that influence a person's health outcomes and access to foot care.

Highest level of evidence available: The most reliable (scientific or empirical information that has been rigorously collected, analyzed, and peer-reviewed) and relevant (is applicable to the specific context, population, or issue being addressed) information available at a given time to inform decision-making. Also known as highest quality available evidence.

Interdisciplinary Collaboration: Partnership with other health-care professionals (e.g., physicians, chiropodists, physiotherapists) to deliver coordinated care.

Jurisdictional: Refers to rules, policies, or laws that apply within a specific region or authority.

Leadership: The demonstration of integrity, accountability, mentorship, innovation, and ethical decision-making in advancing the specialty and supporting colleagues.

Mentorship: A reciprocal, long-term professional relationship in which an experienced practitioner guides and supports the development of a less experienced colleague.

Portfolio Certification: A structured process of demonstrating competence through submission of evidence such as continuing education, practice hours, reflection, and professional contributions.

Preceptorship: A structured, short-term teaching and learning relationship where an experienced practitioner provides direct supervision to a learner in a clinical setting.

Professional Knowledge: A specialized body of knowledge that integrates nursing science, anatomy and physiology, pathology, and assessment skills.

Quality Practice (Evidence-informed): The consistent application of the highest level of available evidence, reflective practice, and continuous quality improvement to ensure safe and effective foot care.

Reflection: A deliberate process of analyzing one's own practice, values, biases, and experiences to foster growth, reduce barriers, and plan for improved care outcomes.

Regulated Nurse: A nurse who holds active registration in good standing with a provincial/territorial regulatory body (RN, NP, LPN, or RPN).

Risk Assessment: The systematic identification and management of factors contributing to potential complications, combined with health education and preventive strategies.

Scope of Practice: The roles, responsibilities, and accountabilities of nurses as defined by legislation, regulation, and professional standards.

Therapeutic Communication: Purposeful, respectful, and supportive communication strategies used to promote trust, safety, and effective care relationships.

Appendix A: Submission Checklist

Foot Care Nursing (Canada) Portfolio Submission Checklist

This checklist is intended to help certification candidates ensure their portfolio submission is complete, organized, and includes all required components. Use this list as a guide to the types of documents you can prepare and collect prior to submitting your application.

General Submission Requirements (Mandatory)

- Proof of current nursing registration (RN or equivalent)
- Minimum 1,950 hours of trauma-related nursing practise
- Proof of completion of at least one post-basic foot care nursing education program (Appendix B).
- Completed endorsement/verification form from a supervisor or administrator

Ongoing Professional Development (Mandatory)

- Certificates of foot care specific continuing education
- Evidence of related learning beyond basic eligibility
- Documentation or reflection of participation in specialty related learning activities (e.g., conferences, research, mentorship)

Standards of Practice Domains

- Documentation of specialty-related clinical knowledge and procedural skills
- Case-based exemplars or self-reflections demonstrating evidence-informed nursing care
- Description or example of clinical judgment in patient related scenarios
- Evidence of effective interdisciplinary communication (written or verbal)
- Leadership experience in simulation, education, or advocacy
- Examples of culturally safe or equity-oriented nursing care

Reflection and Accountability

- A reflective narrative (1,500–3,000 words) examining personal practise and growth
- Documentation of performance feedback or improvement efforts
- Examples of self-assessment or goal setting

Optional Supporting Materials

- Letters of recommendation or support
- Documentation of committee participation or policy contributions
- Involvement in foot care nursing networks, registries, or professional groups

Appendix B: Education Criteria for an Advanced Foot Care Nursing Education Program

An advanced foot care nursing program is defined as one that:

- Builds beyond basic nursing scope
- Fully incorporates the Canadian Association of Foot Care Nurses (CAFCN) national **competency domains**¹³ and learning outcomes as identified by CAFCN
- Includes robust clinical content, assessment skills, and safety protocols.
- Embeds evidence-based practice and continuous quality improvement.
- Aligns with professional ethics, regulation, mentorship, and leadership development.

Due to the number and varied topics of available foot care nursing courses, nurses may complete multiple education programs to fully develop the knowledge, skills, and competencies required.

If multiple courses are used to meet the requirements, nurses must submit certificates from each program along with a clear description, transcript, or agenda detailing the content covered, and the culmination of these courses must meet the education requirements below:

1. **Post Licensure Requirement**

Must be completed as a current regulated nurse (RN, LPN, RPN, NP) and explicitly build upon entry-level competencies with specialized advanced foot care education

2. **Competency Aligned Curriculum**

The program must fully **map to the competency domains** established by the Canadian Association of Foot Care nurses: *Professionalism, Knowledge-Based Practice, Quality Practice, Communication, Collaboration and Partnerships, Leadership and Advocacy*

3. **Specialized Clinical Content & Skills**

Education must include lower limb/foot anatomy and pathophysiology, comprehensive assessments, management of common foot conditions, infection control, and safe instrument reprocessing

4. **Evidence-Informed and Quality Practice Integration**

Must teach the application of best practices and current research, plus participation in reflective practice, quality improvement processes, data collection, and outcome measurement

5. **Collaborative Leadership and System Advocacy**

Education must embed opportunities for mentorship/preceptorship and training in interprofessional collaboration, delegation, and public education.

¹³ Canadian Association of Foot Care Nurses (2025). *Canadian Association of Foot Care Nurses Competency Framework*.