

Council Meeting Agenda

Date: Thursday, October 1, 2026 | **Time:** 9:00 am – 4:30 p.m.

Location: 180 Dundas Street West, Toronto – 19th Floor Conference Room

8:30am – 9:00am		Breakfast	Page # N/A
		A hot breakfast will be served in the Conference Room.	

9:00am – 9:10am	1.0	Call to Order – Nicole Zwiers, Registrar and CEO	Page #
	1.1	Call to Order Appointment of Secretary Land Acknowledgement: “The members and staff of the College of Chiropractors of Ontario respectfully acknowledge that we are situated on the traditional territories of the fourteen First Nation peoples of Ontario – the Anishinaabe (A-ni-shi-naa-be), the Haudenosaunee-Onk we hone (How-den-o-sew-knee-Onk-we hone), the Mush ke gowuk Cree (Mush-go-wuk-Cree), the Mohawk, the Tus ca rora (tus-ca-rora), the Seneca, the Cayuga, the Oneida, the Delaware, the Mississauga, the Chippewa, the Pot ta wa tami, the Algonquin and the Odawa peoples. We also acknowledge the presence of the Métis and Inuit as well as Indigenous peoples and First Nations peoples living off-reserve and in urban areas.” Approval of Professional Member Prep Time <u>Motion:</u> <i>That Council approve the preparation time for professional members.</i>	N/A
	1.2	Approval of Agenda <u>Motion:</u> <i>That Council approve the agenda for the October 1, 2026 Council meeting.</i>	N/A
	1.3	Declaration of Conflict of Interest**	1 – 6
	1.4	Approval of Minutes of the May 21, 2026 Council Meeting ** <u>Motion:</u> <i>That Council approve the May 21, 2026 Council meeting minutes.</i>	7 – 11
	1.5	Welcome to Council, Guests and Observers	N/A
	1.6	Welcome to our new Councillor! Gregory Fulton was elected in the 2026 Council Election in District 3 (Central West) – Composed of the counties of Brant, Bruce, Dufferin, Grey and Wellington and the regional municipalities of Haldimand-Norfolk, Halton, Hamilton-Wentworth, Niagara and Waterloo.	N/A

9:10am – 9:20am	2.0	Consent Agenda Items	Page #
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		A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask: 1. Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants board discussion? 2. Is this item for information only? Or is it needed for another meeting agenda issue? Motion: <i>That Council approve consent agenda items 2.1, 2.2. and 2.3.</i>	N/A
	2.1	Survey Results from the May 21, 2026 Council Meeting**	12 – 15
	2.2	Practice Advisor Report**	16
	2.3	Committee Reports	
	2.3.1	OCPDT (Discipline Tribunal) Report**	17 – 19
	2.3.2	ICRC Report**	20 – 22
	2.3.3	QAC Report**	23
	2.3.4	Registration Exam Committee Report**	24
	2.3.5	Standards and Guidelines Committee Report**	25
	2.3.6	Registration Committee Report**	26
	2.3.7	Patient Relations Committee Report**	27
	2.3.8	Fitness to Practise Committee Report**	28
	2.3.9	Technical Committee Report**	29
	2.3.10	Elections Committee Report**	30
	2.3.11	Strategic Planning Committee Report**	31
	2.3.12	Registrar's Performance and Compensation Committee Report**	32
	2.3.13	Audit Committee Report**	33

9:20am – 10:30am	3.0	Decision Items	Page #
	3.1	Election of Executive Committee Members	N/A
	3.2	Prescription Custom Foot Orthoses Standard – Revised** Motion: <i>That Council approve the revised Prescription Custom Foot Orthoses Standard.</i>	34 – 56
	3.3	Surgical Suites Practice Standard – New** Motion: <i>That Council approve the new Surgical Suites practice standard.</i>	57 – 64
	3.4	Providing Medically Necessary Footcare Services Guideline – New** Motion: <i>That Council approve the new guideline on Providing Medically Necessary Footcare Services.</i>	65 – 72

10:30am – 11:00am

Break



11:00am – 11:30am	4.0	Presentation: Supervising Chiropractic Students Standard	Page #
		Nicole Zwiers, Registrar and CEO	N/A

11:30am – 11:45am	3.0	Decision Items (continued)	Page #
	3.5	Supervising Chiropractic Students Standard – NEW** Motion: <i>That Council approve the proposed Supervising Chiropractic Students Standard.</i>	

11:45am – 12:45pm		Lunch Break	
		Committee Composition Framework: Newly Elected Executive Committee Meeting to determine Committee composition and Committee Chairs	N/A

12:45pm – 1:15pm	3.0	Decision Items (continued)	Page #
	3.6	Executive Committee's recommendations for Committee Chairs and Composition Motion: <i>That Council approve the Executive Committee's recommendations for Committee Chairs and Committee Composition.</i>	N/A

1:15pm – 2:00pm	5.0	Discussion Items	Page #
	5.1	Registrar's Report** – Nicole Zwiers	73 – 74
	5.2	2025 Annual Report: www.cocoo.on.ca/annual-report (click to view)	N/A
	5.3	President's Report (verbal)	
	5.4	Third-Party Council Assessment Report**	75 – 86
	5.5	College Privacy Policy**	87 – 93
	5.6	Key Performance Indicators (KPIs) Dashboard**	94 – 95
	5.7	Preview: New College Logo	N/A

2:00pm – 2:45pm	7.0	In-Camera	Page #
	7.1	Motion to move in camera Motion: <i>That Council move in camera pursuant to section 7(2)(b) and (e) of the Health Professions Procedural Code on the basis that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public and on the basis that instructions will be given to or opinions received from the solicitors for the College.</i>	
	7.2	Approval of in camera Minutes of the May 21, 2026 Council Meeting**	



		Motion: <i>That Council approve the in-camera minutes of the May 21, 2026 Council meeting.</i>	
	7.3	In-Camera Discussion Items	
	7.3.1	Legal Updates	
	7.3.2	System Partner Updates	
	7.3.3	Government Relations Updates	
	7.4	In-Camera Decision Items	N/A

2:45pm – 3:00pm	8.0	Next Meeting	Page # N/A
	8.1	- Thursday, January 28, 2027 - Thursday, May 20, 2027 - Thursday, September 30, 2027	
	8.2	Council Survey Reminder	
	8.3	Proposed Agenda Items for Next Council Meeting	

3:00pm	9.0	Adjournment	Page # N/A
		Motion: <i>That Council adjourn the meeting.</i>	

3:00pm – 4:00pm		Council Education Session <i>This is a closed session for Councillors.</i>	Page # N/A
		Nicole Zwiers, Registrar and CEO	



Conflict of Interest Disclosure Form

Meeting Date:

Council/Committee:

Meeting type: ☒ Plenary ☐ Panel

I acknowledge and agree that an actual or perceived conflict of interest can undermine confidence in the College and its ability to fulfill its public interest mandate. I have read and understood the [College's by-laws](#) on conflict of interest, the [Code of Conduct for Members of Council and its Committees](#), the **Conflict of Interest Worksheet** and the **Process for Considering & Declaring a Conflict of Interest**.

I agree to take all reasonable steps to avoid any actual or perceived conflict of interest from arising and, if one cannot be avoided, I undertake to declare any real, perceived, or potential conflict of interest and to recuse myself from any consideration of the matter at issue.

☐ I have NO conflict of interest to report regarding any of the agenda items to be discussed at the above noted meeting.

☐ I declare a conflict of interest with one or more of the agenda items to be discussed at the above noted meeting.

I certify that the information above is true and complete to the best of my knowledge.

Signature:

Date:



Code of Conduct For Members of Council and Its Committees

Preamble

For the College to command the confidence of the government, the public and the profession, it is necessary that Council, as the profession's governing body, adopt appropriate standards of conduct for members of Council and its Committees in order to ensure that they properly perform their duties with integrity and in a manner that promotes the highest standard of public trust.

Each member of Council and its Committees is therefore required to comply with the following Code of Conduct (Code) understanding that a breach of the Code could result in the Council member being removed from Council or the Committee member being removed from all Committees, in accordance with the By-laws of the College.

The Code

1. Council and Committee members shall be familiar with and comply with the provisions of the Regulated Health Professions Act, 1991 (RHPA), its Health Professions Procedural Code and its regulations, the Chiropody Act, 1991 and its regulations, and the by-laws and policies of the College.
2. Council and Committee members, when acting in that capacity, shall act in a diligent manner, including preparing for meetings/hearings, attending meetings/hearings on time, and actively participating.
3. Council and Committee members, when acting in that capacity, shall participate in all deliberations and communications in a respectful, courteous and professional manner, recognizing the diverse background, skills and experience of members on Council.
4. Council and Committee members, when acting in that capacity, shall conduct themselves in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in their decision making.
5. Council and Committee members shall place the interests of the College and Council above their personal interests or any other interests. Council and Committee members shall avoid engaging in conduct that interferes with the ability of the College to achieve its public protection mandate.
6. Council and Committee members shall avoid any appearance of or actual conflict of interest or bias.
7. Council and Committee members shall uphold the decisions made by Council and its Committees, regardless of the level of prior individual disagreement. Council and Committee members shall not publicly oppose or speak against a policy, position, decision, by-law or other matter made or adopted by Council or a Committee.
8. Council and Committee members shall refrain from engaging in any discussion in relation to the business of Council and/or Committees with other Council or Committee members that takes place outside the formal Council/Committee decision making process.
9. Council and Committee members shall refrain from communicating with Committee members on Statutory Committees in circumstances where this could be perceived as an attempt to influence a member or members of a Statutory Committee, unless he or she is a member of the panel or, where there is no panel, of the Statutory Committee dealing with



the matter. This would include, but not be limited to, matters involving the Registration of applicants and matters involving members involved with the Inquiries, Complaints and Reports Committee, the Quality Assurance Committee, the Disciplinary Committee or the Fitness to Practise Committee.

10. Council and Committee members shall respect the confidentiality of information identified as confidential and acquired solely by virtue of their Council/Committee member position.
11. Council and Committee members shall ensure that confidential information is not disclosed except as required for the performance of their duties, or as directed by Council or the Executive Committee acting on behalf of Council.
12. Council and Committee members shall not use their positions as members of Council or any Committee to obtain or attempt to obtain employment at the College or preferential treatment for themselves, family members, friends or associates.
13. Council and Committee members shall not include or reference Council or Committee titles or positions held at the College in any business promotional materials, advertisement or business cards.
14. Council and Committee members shall respect the boundaries of staff, recognizing that a staff member's role is not to report to or work for individual Council or Committee members. Council and Committee members will, therefore, not directly contact staff members, other than the Registrar, except on matters where the staff member has been assigned to provide administrative support to that Committee, without the prior approval of the Registrar or the Executive Committee.
15. Council and Committee members shall be respectful of each other and staff and not engage in conduct or behaviour towards fellow Council or Committee members or staff that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

Adopted by Council: December, 2016

Amended by Council: May 31, 2024

WORKSHEET: Conflict of Interest

What is a conflict of interest?

A conflict of interest is defined as any financial, personal, professional or emotional interest that could reasonably be perceived as interfering with the exercise of a person's public duties, for example as a COCOO Council, committee or panel member.

Self-screening Questions

Not sure if you are in a conflict of interest? In assessing for conflicts of interest, know that each situation will vary and have its own specific context. Consider the following questions & examples:



Financial interest

Do you stand to be affected financially by the outcome of this decision?

Example: Council is discussing whether it would find College-provided iPads mounted in the meeting room for each Council member to be helpful. One Council member owns a small number of shares of Apple, Inc. Since the financial implication for the Council member is negligible or non-existent, they do not declare a conflict of interest.



Personal or professional relationship

Have you had a personal or professional relationship, e.g. friend, family, instructor, student, supervisor, supervisee, employer, employee, colleague, with any of the individuals involved in the matter?

Example: A Registration Committee panel member taught at the education program from which an applicant obtained some of their education. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel member attended a two-day workshop seven years ago with the respondent's clinical supervisor. Since the contact was brief and occurred long ago, they do not declare a conflict of interest.



Professional bias

Do you have a private or publicly stated opinion that could reasonably be perceived as interfering with your ability to consider one or more of the issues with an open mind?

Example: An Inquiries, Complaints and Reports Committee panel member has published work about the harms of breaching therapist-client boundaries. They are reviewing a complaint involving an alleged breach of boundaries. Since there is no reasonable disagreement within the profession, and assuming they are not emotionally biased, they do not declare a conflict of interest.



Emotional bias

For whatever reason, do your ideas or emotions prevent you from considering one or more of the issues with an open mind?

Example: Based on personal experience, an Examination Committee member has an emotional reaction to a candidate's rationale for needing to extend the normal timeframe within which to write the exam. They declare a conflict of interest.

Example: A panel of the Inquiries, Complaints and Reports Committee is dealing with serious allegations of misconduct. After discussing and processing the emotional impact of reviewing the materials, they all reassure themselves that they can consider the situation with an open mind.



Interests of Related Persons

Are you aware that your parent, child, spouse or sibling has any of the about interests respecting Council, committee or panel business?

Example: A Registration Committee member's child is attending a program coming before the Committee to seek recognition. They declare a conflict of interest.

Example: An Inquiries, Complaints and Reports Committee panel is considering a complaint by a firefighter. One panel member's spouse is also a firefighter. Assuming there is no emotional bias, the profession of the panel member's spouse would not reasonably be seen as interfering with the panel member's duties. They do not declare a conflict of interest.



Threshold analysis

Would a reasonably well-informed person perceive that the above interest could interfere with the exercise of your public duties?

Example: A Discipline Committee panel member was employed at the same large clinic at the time the alleged misconduct occurred. While the panel member had no prior knowledge of the alleged events, the panel member is close colleagues with a key witness in the case. There was a reasonable apprehension of bias on the part of the panel member.

Example: A complainant appeals a decision of the Inquiries, Complaints and Reports Committee taking no action against a registrant. Through Google, the complainant discovered that a panel member was a LinkedIn contact of the respondent. The panel member clarified they only met once briefly three years ago. Even though it may have been preferable for that panel member not to participate, this was not found to be a conflict of interest.

Process for Considering & Declaring Conflicts of Interest

The following are steps taken by the College in addressing conflicts of interest.



Staff pre-screening

- Staff will pre-screen agenda items for obvious conflicts of interest on the part of Council, committee or panel members.
- If a conflict is identified, staff will alert the Chair and materials will not be sent to the conflicted member.
- The matter will either be assigned to a different panel, or the conflicted member will be alerted in advance that they will not be present for the entire meeting.



Council, committee or panel member self-screening

- Go through the above self-screening.
- If a concern is identified that does not rise to the threshold of a conflict of interest, consider making a courtesy declaration at the meeting to reassure the Council, committee or panel that you have considered the issue.
- If unsure, consult with staff, legal counsel or the Chair. It is preferable to consult with staff or legal counsel before the Chair to avoid the risk of tainting the Chair.
- In close cases, consider the potential benefit of declaring a conflict to avoid later disputes about whether or not there was a conflict of interest.
- If you identify a conflict of interest, do not review the meeting materials further and securely delete them. Alert the Chair and support staff in advance of the meeting. Always declare in a general manner so as not to cause emotional bias on the listener's part.
- Subsequently, declare the conflict at the meeting itself. Do not take part in or attempt to influence the deliberation and leave the room while deliberation is taking place. The general nature of conflict will be recorded in the minutes.



Council, committee or panel discussion of possible conflicts of interest

- Occasionally, you may become aware that another member may have a conflict. If that member does not declare a conflict, or if they are unsure, all members are responsible at the meeting for raising the concern and discussing whether it constitutes a conflict of interest.
- In rare cases of disagreement, a majority of those present can vote to find there is a conflict and exclude the conflicted member from considering the matter.
- Post Meeting Conduct: After recusing yourself on a matter, use professional discretion and avoid revisiting the issue with colleagues, even if the decision is on the public register or you have seen the meeting minutes.¹

¹ Council minutes are public documents (aside from in camera portions). Regarding committee and panel minutes, normally it be considered that viewing minutes by a panel member who has declared a conflict poses a risk of improperly affecting the College's decision. However, occasionally confidentiality and risk management may require that panel minutes not be viewed by a member who has declared a conflict of interest.



**Minutes of the Council Meeting
Thursday, May 21, 2026, at 9:00 a.m.
180 Dundas St. W., 19th Floor Conference Room**

Council Members Present:

- Itraf Ahmad, Public Appointee
- Jessica Badyal, Professional Member
- Chad Bezaire, Professional Member
- Jinyu Gu, Professional Member
- Allan Katz, Public Appointee
- Mary Ellen Mitchell, Professional Member
- Andrew Klayman, Professional Member
- Tomy Kokkat, Public Appointee
- Tobi Mark, Selected Member
- Chad McCleave, Public Appointee
- Murtuza Najmudin, Professional Member
- Reshad Nazeer, Public Appointee
- Jannel Somerville, Professional Member
- Peter Stavropoulos, Professional Member (Chair)

Regrets:

- Edward Chung, Professional Member

Staff in Attendance:

- Nicole Zwiers – Registrar and CEO
- Meghan Clarke – Deputy Registrar and Director, Professional Conduct (recorder)
- Erin Simpson – Manager, Registration and Regulatory Programs
- Shruti Tantry – Manager, Communications and Engagement

Guests:

- Erica Richler, Legal Counsel, Steinecke Maciura LeBlanc
- Jessica Harding, Senior Policy Analyst, Ministry of Health
- Sasha Kozera-Faye, President, Ontario Society of Chiropodists
- Nanci Harris, Governance Review Consultant (via Zoom)

1. Call to Order

1.1 Call to Order, Appointment of Secretary, Land Acknowledgement, Approval of Professional Member Preparation Time

The Chair, P. Stavropoulos, called the meeting to order at 9:07 a.m., confirmed that notice was properly given and quorum was present, and welcomed Council members and guests.

M. Clarke was appointed as Secretary.

P. Stavropoulos delivered a land acknowledgement to honour and remember the original inhabitants of the land Council is meeting on today.

J. Badyal proposed three hours of preparation time for professional members of Council.

Motion: To approve three hours of preparation for professional members.

Moved by: J. Badyal | **Seconded by:** T. Mark

Status: CARRIED

1.2 Approval of Agenda

Motion: To remove item 3.8 from the agenda for further review.

Moved by: P. Stavropoulos | **Seconded by:** C. Bezaire.

Abstention: A. Katz

Status: CARRIED.

A. Katz requested that item 3.8 be returned to Council at the October 2026 meeting.

1.3 Declaration of Conflict of Interest

T. Mark identified a conflict of interest with item 5.0. N. Zwiers clarified that the presentation (item 5.0) will be on standards of practice generally, so no conflict exists. No other conflicts were declared.

1.4 Approval of Minutes – January 29, 2026 Council Meeting

Motion: To approve the minutes of the January 29, 2026 Council meeting.

Moved by: M. Najmudin | **Seconded by:** J. Gu

Status: CARRIED.

1.5. Welcome to Council, Guests and Observers

P. Stavropoulos welcomed N. Harris who is independently evaluating Council. This is part of fulfilling the requirements of the College Performance Measurement Framework.

N. Zwiers welcomed Erica Richler, legal counsel, Jessica Harding from the Ministry of Health and Sasha Kozera-Faye, President of the OSC.

2. Consent Agenda Items

Motion: To approve consent agenda items 2.1 and 2.3.

Moved by: M. Mitchell | **Seconded by:** A. Katz

Status: CARRIED

M. Najmudin asked that item 2.2 be removed from the consent agenda.

Motion: To approve consent agenda item 2.2.

Moved by: P. Stavropoulos | **Seconded by:** J. Gu

Status: CARRIED

M. Najmudin provided feedback that it may be helpful if more detailed Practice Advisor statistics could be included in future reports. Discussion was had regarding the additional burden of providing greater detail versus the benefits, recognizing that the position is not full-time.

3. Decision Items

3.1 Amendments to By-Law 1: General to add clarity to election terms

Motion: That Council approve the amendments to By-Law 1: General that provide clarity to Council election terms.

Moved by: J. Gu | **Seconded by:** C. Bezaire

Status: CARRIED.

3.2 Extracorporeal Shockwave Therapy Guideline - Revised

Motion: That Council approve the revised Extracorporeal Shockwave Guideline.

Moved by: A. Katz | **Seconded by:** R. Nazeer

Status: CARRIED.

3.3 Office Medical Emergencies Guideline - Revised

Motion: That Council approve the revised Office Medical Emergencies Guideline.

Moved by: M. Mitchell | **Seconded by:** J. Somerville

Status: CARRIED.

3.4 Safety and the Practice Environment Standard - Revised

Motion: That Council approve the revised Safety and the Practice Environment Standard.

Moved by: I. Ahmad | **Seconded by:** J. Gu

Status: CARRIED.

3.5 Administering Inhaled Substances and the Use of Sedation Standard - Revised

Motion: That Council approve the revised Administering Inhaled Substances and the Use of Sedation Standard.

Moved by: C. Bezaire | **Seconded by:** J. Somerville

Status: CARRIED.

3.6 Laser Guideline - Revised

Motion: That Council approve the revised Laser Guideline.

Moved by: M. Najmudin | **Seconded by:** C. Bezaire

Status: CARRIED.

3.7 Patient Relations Standard – Revised

Motion: That Council approve the revised Patient Relations Standard.

Moved by: A. Katz | **Seconded by:** R. Nazeer

Status: CARRIED.

3.8 Removed from Agenda

3.9 College Website Revamp Project – Light Brand Refresh

Motion: That Council approve the proposed change order for a light brand refresh for the College website.

Moved by: A. Katz | **Seconded by:** J. Somerville

Status: CARRIED.

3.10 Approval of the 2025 Audit Report and the draft Audited Financial Statements

Motion: That Council approve the audited financial statements for the year ended December 31, 2025.

Moved by: C. Bezaire | **Seconded by:** C. McCleave

Status: CARRIED.

3.11 Approval of the RFP for the Auditors for the College's 2026 Audit

Motion: That Council approve a request for proposals for the auditors for the College's 2026 audit.

Moved by: A. Katz | **Seconded by:** T. Kokkat

Status: CARRIED.

N. Zwiers noted that Hilborn LLP has served as the College's auditor since at least 2021. C. McCleave advised that best practice is to rotate auditors every three to five years.

4. Presentation: Role of the Office of the Fairness Commissioner in Health Regulation

I. Glasberg, Fairness Commissioner, presented to Council on the role of the Office of the Fairness Commissioner in health regulation. Mr. Glasberg highlighted the College's notable achievements in its fairness practices and congratulated the College on its EDI practices that are expected of regulators.

5. Presentation: Regulatory Standards

N. Zwiers presented to Council on the process of developing a new standard of practice, including the fact that there is no requirement on the College to circulate proposed standards for feedback. The College is granted legislative authority to pass standards for chiropractors and podiatrists without any circulation. N. Zwiers discussed the expectations of the College from any system partners submitting feedback for Council's consideration of a proposed standard which includes good faith submissions that are accurate and contain no misstatements. She also explained the difference between standards of practice, guidelines and policies.

6. Presentation: New Continuing Education Modules – Communication Series

N. Zwiers and S. Tantry introduced Council to two new continuing education modules on patient care and professional and interprofessional relationships.

7. Discussion Items

7.1 Registrar's Report

N. Zwiers advised that her report was included in the meeting package. She highlighted that chiropractors were not included in the recent scope expansion announcement; however, the College has not received any rationale or explanation from the Ministry of Health. She noted that the College was disappointed with this decision but the College was not involved in any respect in this request.

No questions were raised regarding the Registrar's written report.

7.2 President's Report (verbal)

P. Stavropoulos thanked Council, committee members, and staff for their ongoing contributions to the College.

7.3 Health Professions Discipline Tribunal 2025 Annual Report

N. Zwiers encouraged Councilors to review HPDT's Annual Report.

7.4 Key Performance Indicators (KPIs) Dashboard

Council reviewed the new KPI dashboard.

8. In Camera

Motion: That Council move in camera pursuant to section 7(2)(b) and (e) of the *Health Professions Procedural Code* on the basis that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public and on the basis that instructions will be given to or opinions received from the solicitors for the College.

Moved by: C. Bezaire | **Seconded by:** J. Gu

Status: CARRIED.

Motion: That Council move out of camera at 2:48 p.m.

Moved by: J. Gu | **Seconded by:** T. Kokkat

Status: CARRIED.

9. Next Meetings

- Thursday, October 1, 2026
- Thursday, January 28, 2027
- Thursday, May 20, 2027
- Thursday, September 30, 2027

9.2 Council Survey Reminder

9.3 Proposed Agenda Items for Next Meeting

None identified.

10. Adjournment

Motion: That Council adjourn the meeting.

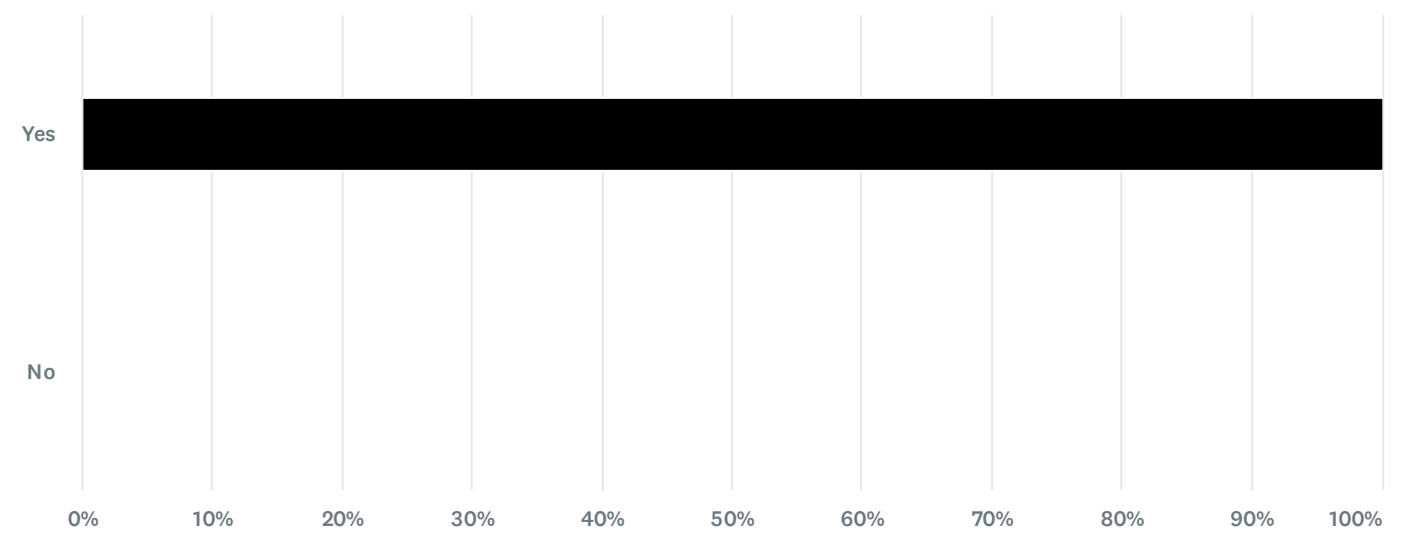
Moved by: C. Bezaire | **Seconded by:** J. Gu

Status: CARRIED.

The meeting was adjourned at 2:52 p.m.

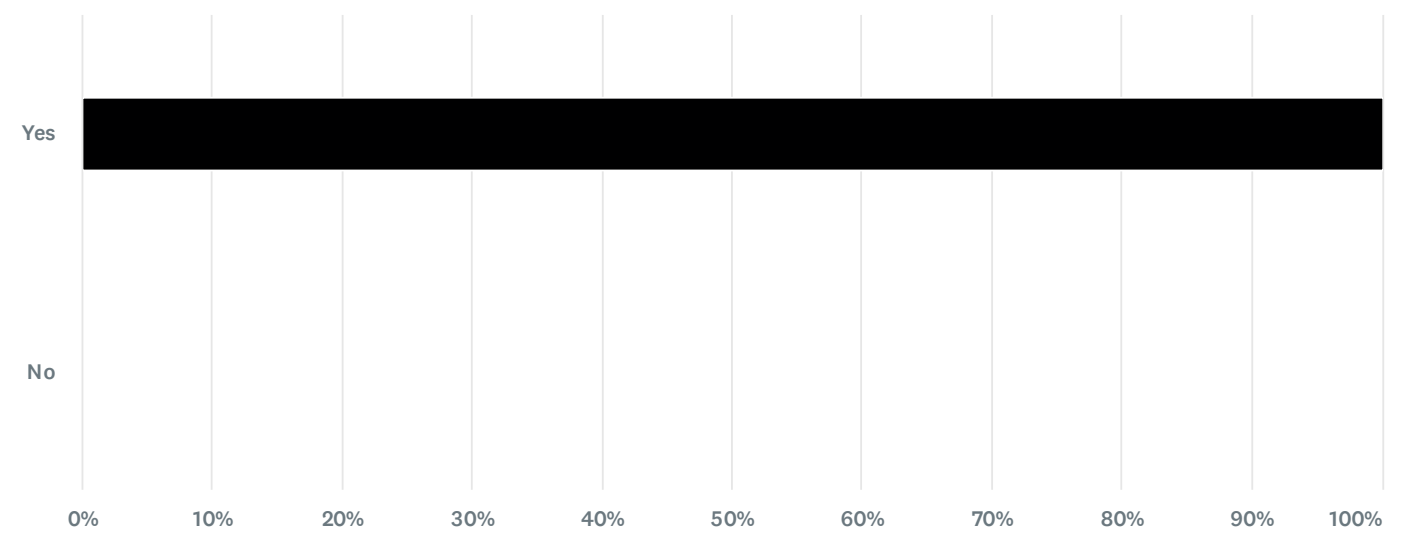
Q1 10 responses

Was the meeting effective in achieving the goals of the meeting?



Q2 10 responses

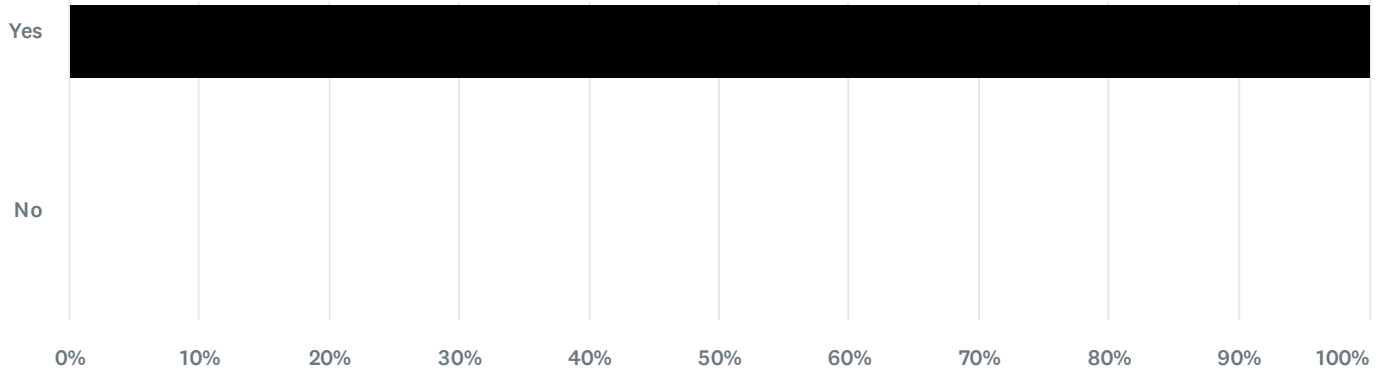
Did the chair run an efficient and effective meeting?



Q3 10 responses

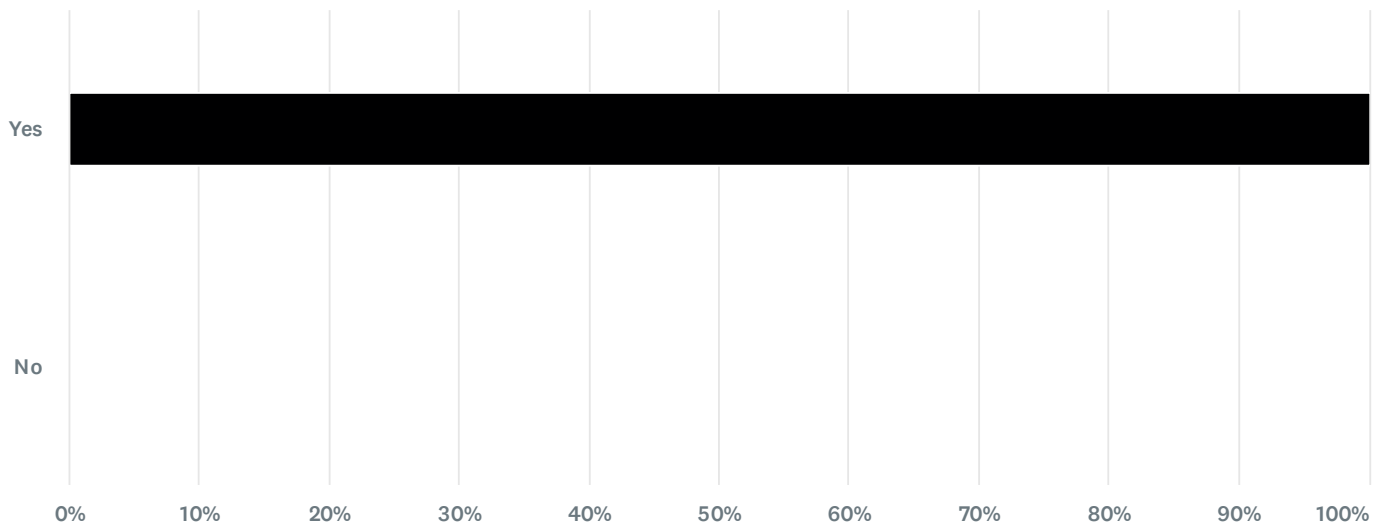
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Did you receive the materials in sufficient time to be adequately prepared for the meeting?

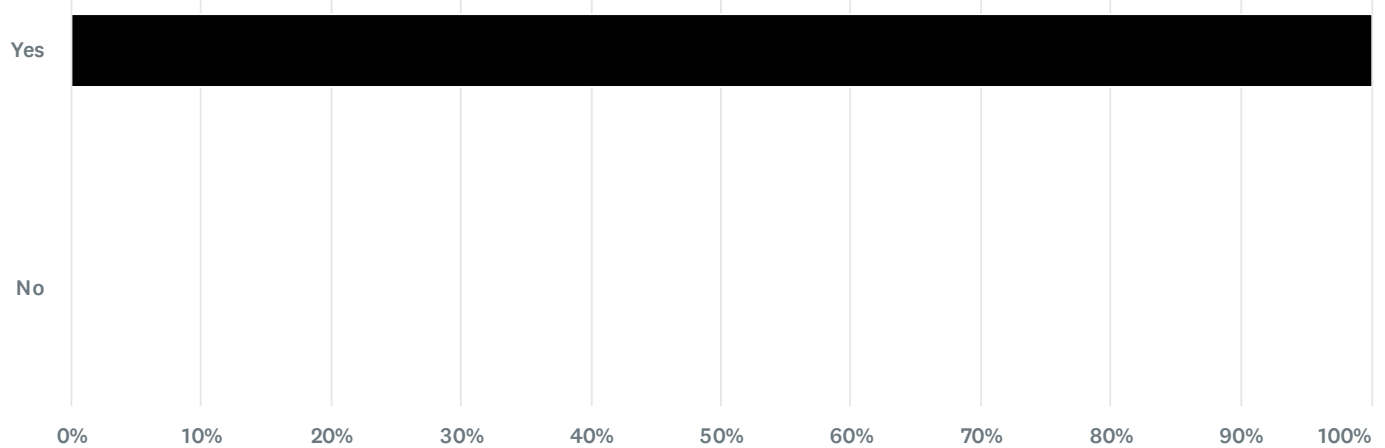
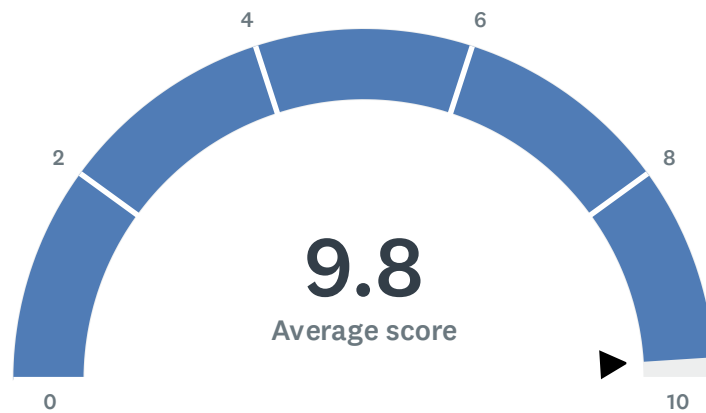


Q4 10 responses

Did all members appear reasonably prepared for the meeting?



10 responses

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Basic statistics				
Minimum	Maximum	Median	Mean	Standard Deviation
9.00	10.00	10.00	9.80	0.40

#		DATE
1	10	5/25/2026 9:47 AM
2	9	5/23/2026 7:58 AM
3	10	5/22/2026 12:19 PM
4	10	5/22/2026 11:49 AM
5	9	5/22/2026 11:29 AM
6	10	5/22/2026 10:45 AM

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7	10	5/22/2026 10:42 AM
8	10	5/21/2026 11:52 PM
9	10	5/21/2026 3:18 PM
10	10	5/21/2026 3:11 PM

Q7 Please provide any comments, questions, concerns, or feedback that we can do differently at the next meeting.

Answered: 10 Skipped: 0

#	RESPONSES	DATE
1	N/A	5/25/2026 9:47 AM
2	Thank you very much	5/23/2026 7:58 AM
3	Good job	5/22/2026 12:19 PM
4	Enjoyed the educational and governance (standards) sessions from the meeting.	5/22/2026 11:49 AM
5	Very productive meeting. Looking forward to discussing the supervising standard in our fall Council meeting.	5/22/2026 11:29 AM
6	I'm wondering if the meeting can start half an hour early at 8:30 to allow me to leave a bit early without driving at night. Thank you.	5/22/2026 10:45 AM
7	Seems all good!	5/22/2026 10:42 AM
8	Well run meeting. Respectful discussions. Good food.	5/21/2026 11:52 PM
9	None.	5/21/2026 3:18 PM
10	Well organized and educational meeting	5/21/2026 3:11 PM

Q8 Please provide your name

Answered: 10 Skipped: 0

#	RESPONSES	DATE
1	Allan Katz	5/25/2026 9:47 AM
2	Tobi Mark	5/23/2026 7:58 AM
3	Reshad	5/22/2026 12:19 PM
4	Peter Stavropoulos	5/22/2026 11:49 AM
5	Jessica Badyal	5/22/2026 11:29 AM
6	Jinyu	5/22/2026 10:45 AM
7	Itraf Ahmad	5/22/2026 10:42 AM
8	Mary Ellen Mitchell	5/21/2026 11:52 PM
9	Jannel Somerville	5/21/2026 3:18 PM
10	Andrew Klayman	5/21/2026 3:11 PM



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.2

PRACTICE ADVISOR REPORT
October 1, 2026 Council Meeting

Acting Practice Advisor:
Peter Stavropoulos, DPM – Podiatrist

Purpose:

To provide Council with an overview of the Practice Advisor (PA) activities since the last meeting of Council.

The PA provides professional practice advice on behalf of the College, supporting registrants to help them make sound and ethical clinical decisions that comply with the Standards of Practice and College policies and guidelines. The PA does not provide legal advice.

Public Interest: The PA service responds to inquiries from multiple health system partners and stakeholders, including the public. The PA is also available to support the public and other stakeholders with questions about the practice of chiropodists and podiatrists in Ontario.

Data breakdown from May 1 to September 9, 2026, inclusive:

- Received **402** phone calls and emails relating to the practice advisory service during the above stated period.
- Sources of inquiries during this cycle included: Members of the public, registrants, Public Health Ontario/MOH, clinic managers/owners, regulated health colleges, continuing education course providers, committees of the College, other regulated health professionals (for example, pharmacists), College staff, other college PAs, and third-party insurance companies.

Ongoing work:

Seeking to improve the PA service to registrants and health system partners by:

- Continuing to increase awareness of the services provided by the PA.
- Enhance learning resources available on the [College website](#).
- Encouraging registrants to avail themselves of guidance through the PA service.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.1

ONTARIO CHIROPODISTS AND PODIATRISTS DISCIPLINE TRIBUNAL (OCPDT) REPORT
October 1, 2026 Council Meeting

TRIBUNAL MEMBERS

Chair: David Wright, Experienced Adjudicator

Vice Chair: Cesar Mendez, Chiropodist

Professional Members (Council):

Chad Bezaire, Chiropodist
Edward Chung, Podiatrist
Jinyu Gu, Chiropodist
Mary Ellen Mitchell, Chiropodist
Murtuza Najmudin, Chiropodist
Jannel Somerville, Chiropodist
Peter Stavropoulos, Podiatrist
Jessica Yen-Ling Badyal, Chiropodist

Professional Members (Non-Council):

Matthew Andrade, Chiropodist
Melanie Atkinson, Chiropodist
Brooke Mitchell, Chiropodist
Stephanie Shlemkevich, Chiropodist
Ruth Thompson, Chiropodist
Eliot To, Chiropodist
Shael Jeffrey Weinberg, Podiatrist

Public Appointees:

Itraf Ahmad, Public Appointee
Allan Katz, Public Appointee
Tomy Kokkat, Public Appointee
Chad McCleave, Public Appointee
Reshad Nazeer, Public Appointee

Selected Member:

Tobi Mark, Chiropodist

Experienced Adjudicators:

Raj Anand
Sherry Liang
Sophie Martel
Jennifer Scott
Jay Sengupta

ROLE OF THE COMMITTEE:

The Ontario Chiropodists and Podiatrists Discipline Tribunal (OCPDT) supports the College's public protection mandate by conducting hearings to decide cases of alleged professional misconduct or incompetence by registrants.

MEETINGS:

- The Tribunal met on May 20, 2026 for training.

HEARINGS:

- **Completed:** Two uncontested hearings between April and July 2026; release of a contested penalty phase of the hearing.
- **Scheduled:** Two contested hearings are scheduled in late 2026 and early 2027.

CASE MANAGEMENT CONFERENCES (CMC):

- **Completed:** Four CMCs between April and July 2026.
- **Scheduled:** One upcoming CMC.

Completed Matters – April to July 2026

Disciplinary matters are resolved by way of uncontested or contested hearings. Outcomes include:

- All allegations are withdrawn or dismissed;
- No findings of professional misconduct and/or incompetence are made by a panel;

- Findings of professional misconduct and/or incompetence are made and a penalty is ordered;
- Reinstatement requests are granted, not granted or abandoned; and
- Removal of information requests are granted, not granted or abandoned.

COCOO v. Ali Tabrizi (May 28, 2026)

The registrant committed professional misconduct in that they:

- failed to meet or contravened a standard of practice of the profession;
- practised the profession while in a conflict of interest;
- failed to keep records as required by the regulations;
- signed or issued, in their professional capacity, a document that contained a false or misleading statement;
- contravened the *Chiropractic Act, 1991*, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts, including, Ont. Reg. 203/94, Part III (Records), and;
- engaged in conduct or performed an act, in the course of practising the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional.

After finding the registrant guilty of professional misconduct, the Panel ordered:

- An oral reprimand
- 6-month suspension (two months possibly remitted)
- PROBE Course
- U of T Records Course
- 6-month restriction on imaging, casting, prescribing, constructing, fitting, dispensing or ordering the fabrication of orthotics.
- Mentorship for 18 months
- Employer notification for 18 months.

The registrant was also ordered to pay costs to the College in the amount of \$25,000.

COCOO v. Tejinder Sahota (June 25, 2026)

The registrant has a Doctor of Podiatric Medicine but is registered with the College as a chiropractor. He admits that he conducted numerous bone surgeries that were not permitted. He did so, he says, believing that it was permitted if he was supervised by a podiatrist. He advertised his services and represented himself in a misleading way that did not clearly identify him as a chiropractor. Finally, his patient records were misleading or insufficient.

After finding the registrant guilty of professional misconduct, the Panel ordered:

- An oral reprimand
- 7-month suspension (two months possibly remitted)
- PROBE Course
- Registrant must change the name of his clinic to remove Podiatry
- Registrant must not practise in a clinic with the word Podiatry in its name unless the clinic has a full-time podiatrist
- Registrant's advertising and stationary must not include the word podiatry
- Mentorship for 12 months

The registrant was also ordered to pay costs to the College in the amount of \$20,000.

COCOO v. Jamie Mandlsohn (penalty decision released May 28, 2026)

After a three-and-a-half day contested hearing on the merits, the Panel found the Registrant sexually abused a patient when he made sexual comments during a treatment session in June 2023. It also found that he had engaged in disgraceful, dishonourable, or unprofessional conduct both when he was untruthful in his email message to the patient following her complaint to him about his conduct and when he was misleading in his clinical records.

After finding the registrant guilty of professional misconduct, the Panel ordered:

- An oral reprimand
- 8-month suspension
- PROBE Ethics & Boundaries Course
- Mentorship/supervision for six months

The registrant was also ordered to pay costs to the College in the amount of \$60,000.

Outstanding Referrals

- One referral from the ICRC to the OCPDT between April and July 2026.
- Four cases currently in progress. Details are posted [on the College's website](#).

Appeals: None outstanding.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.2

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Cesar Mendez, Chiropodist

Professional Members (Council):

Chad Bezaire, Chiropodist
Edward Chung, Podiatrist
Jinyu Gu, Chiropodist
Mary Ellen Mitchell, Chiropodist
Murtuza Najmudin, Chiropodist
Jannel Somerville, Chiropodist
Peter Stavropoulos, Podiatrist
Jessica Yen-Ling Badyal, Chiropodist

Professional Members (Non-Council):

Matthew Andrade, Chiropodist
Melanie Atkinson, Chiropodist
Allen Frankel, Podiatrist
Brooke Erin Lee Mitchell, Chiropodist
Stephanie Shlemkevich, Chiropodist
Ruth Thompson, Chiropodist
Eliot To, Chiropodist
Shael Jeffrey Weinberg, Podiatrist

Public Appointees:

Itraf Ahmad, Public Appointee
Allan Katz, Public Appointee
Tomy Kokkat, Public Appointee
Chad McCleave, Public Appointee
Reshad Nazeer, Public Appointee

Selected Member:

Tobi Mark, Chiropodist

ROLE OF THE COMMITTEE

The ICRC investigates complaints and reports about the conduct and practice of chiropodists and podiatrists in Ontario. It addresses concerns to protect the public and maintain professional standards.

MEETINGS

A business meeting was held on May 20, 2026.

Complaints

- **Sources:** Most complaints come from patients or the public, but they can also come from insurance companies, registrants, or other health care professionals.
- **Process:** The ICRC investigates most complaints with the consent of the patient/complainant to obtain relevant health information. If needed, the Registrar can appoint an investigator with authority to issue a summons.

A. Complaints – Intake

- April and July 2026: Eleven complaints received, which is the same number as last year in the same period. See chart 1 below for comparison.

Chart 1

	April – July 2024	August – November 2024	December 2024 – March 2025	April – July 2025	August – November 2025	December 2025 – March 2026	April – July 2026
Complaints	6	10	9	11	7	6	11
Registrar's Investigations	1	1	3	1	3	3	4

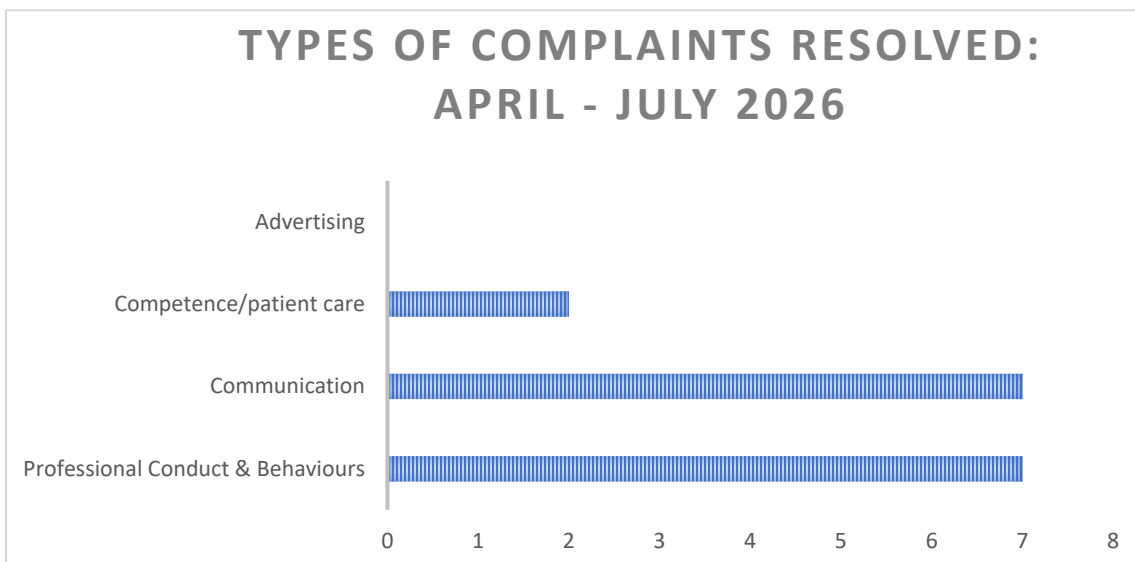
B. Dispositions - Complaints

- 10 complaints resolved:**
 - 7: no further action was taken
 - 1: referral to the OCPDT (Discipline Committee)
 - 2: withdrawn

Average time to resolve: 103 days

- This is below the 150-day benchmark outlined in the Health Professions Procedural Code.
- The average was slightly higher this period because of one complex investigation initiated in 2025.

Chart 2: Disposition of Complaints by Concerns



C. Interim Orders

No interim orders were issued during this period.

D. Appeals

No appeals to the Health Professions Appeal and Review Board (HPARB) during this period.

Reports - Registrar Investigations

- **Sources:** Reports come from employers, facility operators, registrants, and others.
- **Process:** The Registrar reviews information and decides on next steps (remediation or appointing an investigator)

A. Investigator Appointments

- Four Registrar investigations were opened between April and July 2026.

B. Dispositions - Reports

- **Four Registrar investigations resolved:**
 - 1: SCERP and caution
 - 1: Caution
 - 1: Take no action
 - 1: referral to the OCPDT (Discipline Committee)

C. Interim Orders

- No interim orders were issues during this period.

Quality Assurance Committee Referrals

The ICRC can also request a Registrar's investigator appointment if it receives a report about a registrant's conduct or practice from the Quality Assurance Committee (QAC).

The ICRC did receive any QAC referrals during this period.

Health Inquiries

The ICRC conducts inquiries into whether a registrant has a mental or physical condition or disorder that impacts the registrant's capacity to practice safely. The ICRC makes inquiries and may require the registrant to undergo medical examinations and suspend the registrant's certificate of registration if he or she does not attend or comply. The ICRC, after reviewing the results of its inquiries, may refer the matter to the Fitness to Practise Committee.

No health inquiries completed during this period.

Ongoing Files

- **Complaints:** Eight ongoing complaints (average 56 days open).
- **Reports:** Four ongoing Registrar investigations (average 138.75 days open).



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.3

QUALITY ASSURANCE COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Millicent Vorkapich-Hill, Podiatrist

Professional Members (Council):

Andrew Klayman, Podiatrist

Professional Members (Non-Council):

Lisa Balkarran, Chiropodist

Matthew Doyle, Chiropodist

Julie Fraser, Chiropodist

Brooke Mitchell, Chiropodist

Ruth Thompson, Chiropodist

Andrea Di Croce, Chiropodist

Melanie Atkinson, Chiropodist

Public Appointees:

Reshad Nazeer

ROLE OF THE COMMITTEE

The Quality Assurance Committee (QAC) provides regulatory oversight through annual practice assessments and continuing education opportunities to ensure that Chiropodists and Podiatrists in Ontario are practicing in accordance with the College's standards.

Practice Assessments

Practice Assessments afford the College with an opportunity to provide collegial feedback and direction to registrants. In addition, the practice assessments allow broader concerns to be addressed that can potentially eliminate the need for a future complaint and enhance registrants' focus on public safety.

Forty registrants were selected to complete an assessment in 2026. Only two Practice Assessments are outstanding. All other assessments are completed or monitoring activities are underway.

Continuing Education

Forty registrants were selected to be audited for their 2025 Continuing Education. Audits are currently underway.

NEXT MEETING

TBD



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.4

REGISTRATION EXAMINATION COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Stephanie Shlemkevich, Chiropodist

Professional Members (Council):

Jinyu Gu, Chiropodist

Professional Members (Non-Council):

Brooke Mitchell, Chiropodist

Julie Fraser, Chiropodist

Lisa Balkarran, Chiropodist

Public Appointees:

N/A

ROLE OF THE COMMITTEE

Individuals wishing to practise as chiropodists in Ontario must be registered with the College of Chiropodists in accordance with the *Chiropody Act*, 1991 and its regulations. New applicants are required to complete a three-part registration examination consisting of two written examinations and one clinical OSCE examination. A passing standing is required to fulfill part of the College's registration requirements and become a registrant of the College.

MEETINGS

Since the last Council meeting, a sub-group of the Committee met to review the results and scoring of the spring examinations, including questions that did not score well. The workshop was facilitated by the College's psychometrician, Dr. Anthony Marini.

College staff have been reviewing the Jurisprudence exam questions from the item bank to ensure they are current and accurate.

The supplemental examinations are scheduled for October 16, 2026 and 17th. At this time, six candidates are scheduled to sit one or more of the College's examinations.

NEXT MEETINGS

Item Selection meetings: September 11 and 18, 2026.

Registration Examination Committee meeting, including Item Writers: October 2, 2026.

Standard setting meeting: October 28, 2026.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.5

STANDARDS AND GUIDELINES COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Brooke Mitchell, Chiropodist

Professional Members (Council):

Chad Bezaire, Chiropodist
Edward Chung, Podiatrist
Jannel Somerville, Chiropodist
Peter Stavropoulos, Podiatrist

Professional Members (Non-Council):

Julie Fraser, Chiropodist
Brooke Mitchell, Chiropodist

Public Appointees:

Reshad Nazeer, Public Appointee

Selected Member:

Tobi Mark, Chiropodist (until August 12, 2026)

ROLE OF THE COMMITTEE

The Standards and Guidelines Committee is a standing committee charged with developing, reviewing, updating, and managing standards, guidelines, advisories, and other documents as requested by the Executive Committee. The Committee relies on legal expertise and advice from other committees in developing practice resources.

MEETINGS

The Committee met on September 9, 2026.

DECISION/OUTCOMES

The S&G Committee reviewed and approved changes to the following standards and guidelines: IPAC and PCFO. It also reviewed a new standard on surgical suites, medically necessary care, and discussed a possible guideline on virtual care.

NEXT MEETING

The Committee has a meeting scheduled November 11, 2026.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.6

REGISTRATION COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Matthew Doyle, Chiropodist

Professional Members (Council):

Peter Stavropoulos, Podiatrist

Professional Members (Non-Council):

Matthew Andrade, Chiropodist

Deepka Duggal, Chiropodist

Tejinder Singh Sahota, Chiropodist

Ruth Ellen Thompson, Chiropodist

Melanie Atkinson, Chiropodist

Julie Fraser, Chiropodist

Public Appointees:

Reshad Nazeer, Public Appointee

Allan Katz, Public Appointee

Chad McCleave, Public Appointee

ROLE OF THE COMMITTEE

The Registration Committee supports the College's public protection mandate by developing, establishing, and maintaining standards of qualification for persons to be issued certificates of registration with the College.

MEETINGS

The Registration Committee met on June 23, 2026.

NEXT MEETING

The next Committee meeting will be held on an as-needed basis. There are two pending matters to be scheduled in the near future.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.7

PATIENT RELATIONS COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Peter Stavropoulos, Podiatrist

Professional Member (Council):

Peter Stavropoulos, Podiatrist

Public Appointees:

Allan Katz, Public Appointee

Reshad Nazeer, Public Appointee

Professional Members (Non-Council):

Matthew Doyle, Chiropodist

Pauline Looi, Chiropodist

Brooke Mitchell, Chiropodist

ROLE OF THE COMMITTEE

This Committee reviews and oversees the Patient Relations Program and supports the College's commitment to address concerns about a registrant's conduct. The *Regulated Health Professions Act, 1991* outlines two specific roles for the PRC:

- advise Council with respect to the patient relations program (PRP), which must include measures for preventing and dealing with patient sexual abuse;
- administer funding for therapy and counselling for patients who are named in a sexual abuse complaint or report.

MEETINGS

The Committee has not met since the last Council meeting.

DECISION/OUTCOMES

N/A

NEXT MEETING

None scheduled.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.8

FITNESS TO PRACTISE COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Brooke Mitchell, Chiropodist

Professional Members (Council):
N/A

Public Appointees:
Reshad Nazeer, Public Appointee

Selected Member:
Tobi Mark, Chiropodist (until August 12, 2026)

Professional Members (Non-Council):

Matthew Doyle, Chiropodist
Deepka Duggal, Chiropodist
Pauline Looi, Chiropodist
Cesar Mendez, Chiropodist
Kimberley Resmer, Chiropodist
Eliot To, Chiropodist

ROLE OF THE COMMITTEE

The Fitness to Practise Committee supports the College's public protection mandate by conducting hearings to assess whether a registrant is incapacitated, after the matter has been referred by the Inquires, Complaints and Reports Committee.

MEETINGS

None

DECISION/OUTCOMES

None

NEXT MEETING

There are no meetings or hearings scheduled at this time.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.9

TECHNICAL COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Edward Chung, Podiatrist

Professional Members (Council):

Chad Bezaire, Chiropodist

Professional Members (Non-Council):

Matthew Doyle, Chiropodist

John Lanthier, Podiatrist

Public Appointees:

N/A

ROLE OF THE COMMITTEE

The Technical Committee was established by Council as an ad hoc committee. Its mandate is to support Council by responding to questions relating to the acceptability of practice modalities and emerging technologies.

MEETINGS

The Committee met August 25, 2026 to review the new AI Guideline. A report was sent to the Executive Committee to be reviewed at the next meeting.

NEXT MEETING

At present, there are no future meetings scheduled. The Committee will reconvene as needed when new questions or issues arise that require its expertise and recommendations.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.10

ELECTIONS COMMITTEE REPORT
October 1, 2026 Committee Meeting

COMMITTEE MEMBERS

Chair: Allan Katz, Public appointee

Professional Members (Council):
N/A

Professional Members (Non-Council):
Matthew Doyle, Chiropodist

Public Appointees:
Allan Katz
Reshad Nazeer

ROLE OF THE COMMITTEE

The Elections Committee is a standing committee of the College, which is mandated by the College's General By-law. The Elections Committee deals with disputes relating to the election of Council members and other matters provided in the by-laws, other disputes or issues referred to it by Council or the Executive Committee and it studies and makes recommendations to Council for improving the election process.

MEETINGS

The Election Committee has not met as no election issues have arisen requiring the Committee's attention.

DECISION/OUTCOMES

None.

NEXT MEETING

No meetings are scheduled at this time.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.11

STRATEGIC PLANNING COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Millicent Vorkapich-Hill, Podiatrist

Professional Members (Council):

Ed Chung, Podiatrist
Jannel Somerville, Chiropodist
Peter Stavropoulos, Podiatrist

Professional Members (Non-Council):

Matthew Doyle, Chiropodist
Millicent Vorkapich-Hill, Podiatrist

Public Appointees:

Allan Katz
Reshad Nazeer

ROLE OF THE COMMITTEE

The Strategic Planning Committee's role is to ensure that the College's two main objectives of sustainability and the adoption of the podiatry model in Ontario, are attainable over the next 3 to 5 years. The College's current strategic plan is in effect from 2022 to 2027.

MEETINGS

The Committee has not had any meetings since the last Council meeting.

DECISION/OUTCOMES

None.

NEXT MEETING

None currently scheduled.



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.12

REGISTRAR'S PERFORMANCE AND COMPENSATION COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Allan Katz, Public Appointee

Professional Members (Council):

Chad Bezaire, Chiropodist
Ed Chung, Podiatrist
Peter Stavropoulos, Podiatrist (ex-officio)

Professional Members (Non-Council):

None

Public Appointee Members:

Allan Katz

ROLE OF THE COMMITTEE

The Registrar's Performance and Compensation Review Committee's responsibilities include, but are not limited to:

1. Providing input and support to Council President on mid-year performance review and annual performance review, goal planning and compensation;
2. As required, conducting compensation and benefits market review, normally done through engagement of an external consultant, and with the prior approval of the Executive Committee;
3. Presenting to Council the results of all compensation reviews conducted by the Registrar's Performance and Compensation Review Committee, along with any recommendations it has in connection with changes to the Registrar's compensation.

MEETINGS

The Committee has not had any meetings since the last Council meeting.

DECISION/OUTCOMES

n/a

NEXT MEETING

There are no meetings scheduled at this time.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 2.3.13

AUDIT COMMITTEE REPORT

October 1, 2026 Council Meeting

COMMITTEE MEMBERS

Chair: Chad Bezaire, Professional Member

Professional Members (Council):

Ed Chung, Podiatrist

Professional Members (Non-Council):

None

Public Appointees :

Reshad Nazeer

Chad McCleave

ROLE OF THE COMMITTEE

To assist Council in the consideration of the College's audited financial statements, including meeting with the College's auditors at least once before the audited annual financial statements are presented by the Committee for approval of Council. The Audit Committee also reviews the proposed draft operating budget each year, makes recommendations and approves the draft prior to presenting the budget to Council for approval.

MEETINGS

None since the spring meeting.

DECISION/OUTCOMES

None since the last meeting.

NEXT MEETING

None scheduled.



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.2

COUNCIL BRIEFING NOTE

RE: REVISED PRESCRIPTION CUSTOM FOOT ORTHOSES STANDARD

Background:

The Standards and Guidelines Committee is conducting a comprehensive review of all the College's standards, guidelines, and policies to:

- Remove redundancies
- Update content to reflect best practices
- Modernize language (e.g. replacing "member" with "registrant," using they/them pronouns, active voice, and plain language)
- Standardize the look and format of the documents

The standard was updated to include three-dimensional scanning, and to clarify that semi-weight bearing casts or impressions, including the use of a foam box, do not meet the College's standards.

This standard was last updated by Council in 2020 and required updates to align with current practice.

Public Interest Rationale for Decision:

Regular review ensures standards and guidelines reflect current expectations and are clearly communicated. This helps:

- Registrants understand what is required for safe and ethical practice
- The public understand what they can expect from registrants

Recommended Motion:

That Council approve the revised Prescription Custom Foot Orthoses Standard.

Mover: _____

Seconded: _____

Appendix A – redlined version

Appendix B – newly formatted standard

ITEM 3.2.1

PRESCRIPTION CUSTOM FOOT ORTHOSES

Standards of Practice for ~~Members~~ Registrants of the
College of Chiropodists of Ontario

Approved by Council: February 20, 2015

Amended: October 23, 2020; X



College of Chiropodists of Ontario

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I. Introduction

Prescription Custom Foot Orthoses (**PCFO**) are an integral part of patient care in the management of pedal pathologies and are used to improve gait and alleviate pain and discomfort from abnormal foot function or structure.

The College has developed this Standard of Practice to ensure that the public of Ontario has access to safe and effective foot care, including safe and effective PCFO. This Standard of Practice reflects what is required by [Members-Registrants](#) with respect to the prescribing and dispensing of orthotic devices. As set out in this Standard of Practice, it is the responsibility of a [Member-Registrant](#) to comply with all aspects of this Standard of Practice. This responsibility includes, without limitation, ensuring continuity of care for the patient and, in particular, that a [Registrant Member](#) who prescribes a PCFO is also responsible for dispensing that PCFO to the patient as set out in this Standard of Practice.

II. Definitions

In this Standard of Practice, the following terms mean as follows:

- **Accommodative Prescription Custom Foot Orthosis (Accommodative PCFO)** – An orthotic device designed with a primary goal of conforming to and re-balancing the individual's foot, allowing plantar-grade floor contact, which permits forces to be evenly distributed to the foot.
- **College** – The College of Chiropractors of Ontario.
- **~~Prefabricated Modified Insole Customized Foot Orthosis (CFO)~~** – A prefabricated appliance or device that requires modification or assembly to accommodate a condition or alter lower extremity biomechanical function and is removable from the individual's shoe.¹
- **Custom Made/Custom Molded Foot Orthosis** – Synonym for the preferred term PCFO.
- **Dispensing** – Inspecting the PCFO to ensure it meets the prescription, fitting the PCFO on the patient, and educating the patient on the proper use of the PCFO.
- **Foot Orthoses** – Plural of foot orthosis.
- **Functional Prescription Custom Foot Orthosis (Functional PCFO)** – A custom-made orthotic device created specifically to address the pathomechanical features of a foot condition that may be structural or functional in nature by providing support or stability.

¹ **Explanatory Note:** Cutting a prefabricated inlay to an indicated trimline does not constitute customizing a foot orthosis. A customized prefabricated device is not a custom-made/custom-molded foot orthosis. Additionally, adding a customized foot orthosis into a shoe does not make the shoe a prescription/custom made shoe (Refer to the College's [Prescription Footwear Standard](#)).

- **RegistrantMember** – A ~~member~~ registrant of the College (in the plural, “~~Members~~ Registrants”).
- **Orthosis** – A device utilized to assist, resist, facilitate, stabilize or improve range of motion and functional capacity.
- **Orthotic/Orthotics** – Synonym for the term Orthosis/Orthoses.
- **Orthotic Prescription** – Set of instructions intended for the orthotic laboratory that very specifically outlines the parameters of design, composition and fabrication of the orthotic intended for the treatment of an underlying foot or medical condition or postural imbalance of the patient.
- **Plaster of Paris Bandage** – A casting product available as a plaster embedded gauze wrap used to obtain a negative mold of the foot and/or leg.
- **Prefabricated Insole** – Any mass-produced prefabricated shoe insole that is sold over-the-counter (OTC) without any particular user/wearer in mind.
- **Prescribing RegistrantMember** – A Registrant Member who has prescribed a PCFO.
- **Prescription Custom Foot Orthosis (PCFO)** – An orthotic device derived from a three-dimensional representation of the patient's foot and also made of suitable materials with regard to the individual's condition. It is either accommodative or functional and is removable from the patient's footwear.²
- **STS Slipper Cast** – A casting product composed of a fast setting fibreglass resin embedded wrap used to obtain a negative mold of the foot and/or leg.

III. Background to Prescription Custom Foot Orthoses

Unlike the case with hearing aids, dental prostheses and eyewear, prescribing and/or dispensing foot orthoses are not controlled acts within the meaning of the *Regulated Health Professions Act* (RHPA). These functions are deemed to be “public domain acts”, able to be lawfully performed by any regulated or unregulated practitioner. Accordingly, in today's marketplace, practitioners in many different professions and with varying levels of competency recommend and/or sell “foot orthoses”. Extended health benefits insurance plans are increasingly limiting coverage, or applying restrictions with respect to prescribing and dispensing orthotics. Consequently, it is therefore mandatory that Registrants Members adhere to the regulations and standards required by the College, including this Standard of Practice, in order to protect the public and to distinguish Registrant Members from other regulated and non-regulated practitioners.

Even though recommending and selling foot orthoses are acts in the public domain, Registrants Members are the only healthcare providers whose statutory scope of practice explicitly

² **Explanatory Note:** A foot orthosis shaped via a self-molding (self-contouring) process is not a custom-made/custom-molded foot orthosis, nor is a modified, prefabricated device.

references orthotics: **“The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”**³ Accordingly, [RegistrantsMembers](#) are expected to apply their unique scope of practice, competencies, and best clinical practices to prescribe and dispense the highest possible quality PCFO and demonstrate leadership in that regard within the healthcare community and within the healthcare delivery system.

[RegistrantsMembers](#) have extensive knowledge of lower limb biomechanics and are required to uphold this Standard of Practice to ensure that they are providing the most functional devices possible, along with comprehensive orthotic case management. The desired outcome is to control and/or improve the function or stability of the foot by preventing or encouraging optimal functioning of the foot joints and the lower extremity.

Over-the-counter prefabricated devices are readily available in the marketplace. Although prefabricated devices may be appropriate, or can sometimes be modified to resolve a patient’s condition, these devices must not be offered, or conveyed to the public, or be represented by [RegistrantsMembers](#) as a PCFO.

IV. Prescription Custom Foot Orthoses

A PCFO can be functional or accommodative. A functional device that is custom-made/custom-molded is generally the prescription of choice for patient treatment. However, an accommodative device may be prescribed for patients for whom a functional device is not necessary or appropriate.

A. Functional PCFO

i. Objectives for Functional PCFO

- To control and/or improve the function of the foot to a specific degree as determined by a thorough biomechanical evaluation in order to alleviate pedal and/or lower extremity musculoskeletal symptomatology, and
- To prevent or reduce the development of abnormal forces by mechanical control in order to ameliorate the likelihood of developing musculoskeletal deformities, pathology or lesions.

ii. Indications for Functional PCFO

- Structural weaknesses or deformities, most often inherited, or acquired through trauma, contributing to abnormal, imbalanced bone and /or soft tissue structure, which may result in compensatory changes within the foot and/or in other parts of the body.
- Overuse syndromes.

³ *Chiropody Act, 1991*, S.O. 1991, c. 20, s. 4.

iii. **Prescription of a Functional PCFO** is required to include information that is specific to the patient and their needs. The assessments that are performed by a Prescribing ~~Registrant~~~~Member~~ to determine the patient's prescription ~~shall~~must be documented in the health record by the Prescribing ~~Registrant~~~~Member~~ and the assessments ~~shall~~must include the following:

- A thorough biomechanical examination with appropriate measurements taken and recorded in the patient's file (refer to the [Records Standard](#)) and, as necessary:
 - a) Assessment of the range and quality of motion and the position of the rearfoot, forefoot, subtalar joint and ankle joint complex
 - b) Gross assessment of muscle strength when required
 - c) An evaluation of the stance position
 - d) A clinical evaluation of the limb length in certain circumstances
 - e) Assessment of the position, range and quality of motion of the following structures may be necessary:
 - Spine
 - Hip
 - Knee
 - Ankle joint
 - Subtalar joint
 - Mid Tarsal Joint
 - Tarso-Metatarsal Joint
 - Fifth ray
 - First ray
 - 1st Metatarsophalangeal joint (MPJ)
 - Lesser MPJ's
 - Interphalangeal joints (IPJ's)
 - f) Gait evaluation may include:
 - Angle of Gait
 - Base of Gait
 - Stride length
 - Speed Timing of heel lift
 - Abnormal time periods, positions or motions of hip, knee, ankle, joints of the foot in each of the phases of the gait cycle during walking or running:
 - Contact
 - Midstance
 - Propulsion

- Swing
- Postural considerations:
 - Head
 - Shoulders
 - Arm swing
 - Hips/pelvis
- g) The use of information from in-shoe pressure measurement or force plate pressure measurement may be useful in assessing the loads being applied to the plantar surfaces of the foot and can be helpful in offloading pathological plantar pressures. This information should not be used to extrapolate the plantar contours of the foot nor does it replace the need for physical, biomechanical, and gait examinations.

iv. Construction of Functional PCFO

- The orthotic device must be constructed and fabricated from appropriate materials as directed by the Orthotic Prescription.
- The following patient information must be considered for the PCFO prescription:
 - Shoe size and width
 - Type of Footwear
 - Biomechanical data pertinent to the patient's deformity
 - Weight
 - Age
 - Intended use and Activity level
 - Occupation
 - Diagnosis
 - Previous orthotic use or bracing, strapping, taping, or offloading treatment
 - Systemic diseases that have podiatric manifestations
 - Proximal musculoskeletal pathology
- For an orthosis to be considered a PCFO, the prescription ~~must shall~~ include at least the following:
 - Types of material to be utilized
 - Flexibility of device
 - Cast balancing technique (intrinsic vs extrinsic correction)
 - Rearfoot/forefoot posting
 - Depth of heel seat
- Additional modifications may be prescribed based on the individual patient's needs:
 - Forefoot extensions and top covers
 - Post flaring

- Heel lifts
 - Flanges
 - Length
 - Cutouts
 - Cast fill and accommodations
 - Location of lesion(s)
- The Prescribing [Registrant Member](#) must perform and document the necessary assessments required for the Orthotic Prescription. The Prescribing [Registrant Member](#) is required to clearly document in the health record the following information:
 - The need for the Orthotic Prescription
 - The therapeutic goal of the orthotic device in the overall management of the specific patient, and
 - How the efficacy of this intervention will be assessed.

v. Methods for Obtaining 3D Anatomic Volumetric Foot Model for PCFO

- Non-weight-bearing plaster of paris casts, non-weight-bearing STS Slipper Casts or equivalent, or three-dimensional, non-weight-bearing scanning of the feet in the subtalar joint neutral position or the most anatomically correct joint position. [Semi-weight bearing casts or impressions, including the use of a foam box, do not meet this Standard of Practice.](#)
- Casting/scanning must be done by the Prescribing [Registrant Member](#), designated [Registrant Member](#), or designated trained assistant, but the cast or laser scan must be reviewed and assessed by the Prescribing [Registrant Member](#) and compared against the patient's feet to ensure accuracy on the same day that they were obtained and before the patient is discharged from the office.

~~One~~ Recommended Negative Casting Technique for PCFO

- A plaster of paris negative suspension cast in the neutral position is ideal for the prescription of functional orthotics. To date, this method is the most effective. However, as more clinical evidence becomes available, the ideal casting technique recommendations may be amended.
- Plaster of paris is applied to the foot with a two-splint technique.
- The foot is then positioned so that the subtalar joint is held in the neutral position, without pronating or supinating the foot. While keeping the foot in subtalar neutral, the midtarsal joint should be pronated, and the ankle joint dorsiflexed to resistance or 90 degrees. Hold the cast in this position until the plaster dries sufficiently.
- Once the cast is removed, it should be evaluated by the Prescribing [Registrant Member](#) on the same day before the patient is discharged from the office to ensure that an accurate impression was taken reflecting the patient's condition, and contours of the foot.
- The aim is to create an accurate replica of the forefoot to rearfoot relationship.
- It is important to remember that the quality and efficacy of the orthotic is dependent upon the accuracy and precision of the negative cast.

vi. Alternative Casting Technique – Three-Dimensional Scanning for PCFOs

- Three-dimensional (3-D) technology has evolved to accurately capture anatomical details. However, proper foot positioning and stabilization by the practitioner is essential. The quality of 3-D scans is significantly influenced by practitioner training and technique. To create accurate foot orthotics, the foot must be scanned in the subtalar neutral, non-weight bearing position with lateral column loaded. Any weight-bearing in a seated position does not meet the Standard of Practice.
- When using 3-D scanning to cast for orthotics, Registrants must meet all the requirements in this Standard of Practice, including:
 - patient positioning and casting technique.
 - choosing appropriate laboratory vendors.
 - dispensing by the prescribing registrant.
 - proper follow-up by the prescribing registrant.
 - ensuring the patient receives the intended PCFO.

B. Accommodative PCFO

An accommodative device is prescribed for patients for whom a functional device is not necessary or appropriate.

i. Objectives for Accommodative PCFO

- To provide a measure of control to the function of the foot in order to alleviate pedal and lower extremity musculoskeletal symptomatology.
- To prevent or reduce the worsening of pedal deformities by mechanical control.
- Deflect pressure from ulcers, hyperkeratoses, and areas of excessive pressure, which permits forces to be evenly distributed to the foot.
- Increase cushioning of the foot.

ii. Indications for Accommodative PCFO may include:

- Structural weaknesses or deformities, most often inherited, or acquired through trauma or surgery.
- Complications as a result of systemic disease causing a high-risk foot with a potential for soft tissue breakdown.

iii. Prescription of an Accommodative PCFO is required to include information that is specific to the patient and their needs. The assessments that are performed by a Prescribing ~~Registrant~~Member to determine the patient's prescription ~~shall~~must be

documented in the health record by the Prescribing [RegistrantMember](#) and the assessments ~~must~~^{shall} include the following:

- A thorough biomechanical examination with appropriate measurements taken and recorded (see Section IV, A, iii, a-e)
- A stance and gait analysis (see Section IV, A, iii, f)
- Plaster of paris casts, non-weight-bearing STS Slipper Casts, or three-dimensional, non-weight-bearing scanning of the feet in the subtalar joint neutral position or the most anatomically correct joint position. [Semi-weight bearing casts or impressions, including the use of a foam box, do not meet this Standard of Practice.](#)
- The cast or laser scan must be reviewed and assessed by the Prescribing [RegistrantMember](#) and compared against the patient's feet to ensure accuracy on the same day that they were obtained and before the patient is discharged from the office.

iv. Construction of Accommodative PCFO (see Section IV, A, iv)

- The Prescribing [RegistrantMember](#) must take reasonable action to ensure that the orthotic device is constructed from the prescription and is fabricated from appropriate materials in consideration of the patient's footwear, activities and circumstances.

PCFO may also be a combination of functional and accommodative devices, not necessarily one or the other.

V. Dispensing Prescription Custom Foot Orthoses to the Patient⁴

- A. Best practice requires that the PCFO is both prescribed and dispensed by the same [RegistrantMember](#) in order to provide patients with a seamless continuum of care and to ensure that there is no fragmentation or confusion about the responsibility or liability for results. However, where the Prescribing [RegistrantMember](#) is unable to dispense the PCFO to the patient, the Prescribing [RegistrantMember](#) may request that another [RegistrantMember](#) dispense to the patient. For clarity, in all circumstances, the PCFO must be dispensed by a [RegistrantMember](#). It is the responsibility of the Prescribing [RegistrantMember](#) to ensure that the PCFO is dispensed to the patient by a [RegistrantMember](#).
- B. The [RegistrantMember](#) is required to provide the following advice/guidelines to the patient in a manner that can be understood by the patient:
 - Guidelines for developing tolerance and acceptance of the devices

⁴ **Explanatory Note:** Applies to Functional PCFO and Accommodative PCFO.

- Time frames to achieve potential results
- Appropriate footwear for the patient's:
 - a) Condition
 - b) Activities
 - c) Foot orthoses

C. The requirements for follow-up to the dispensing of PCFO include:

- Provide short term instructions for usage of the devices.
- At least one follow-up appointment with the Prescribing [RegistrantMember](#) must be offered within a reasonable period of time after dispensing the PCFO (such as 3 to 6 weeks). It is expected that the Prescribing [RegistrantMember](#) will provide additional follow-up appointments as required working toward achieving optimal functioning with the orthotics and to review and/or amend the overall management plan as needed. This should be documented in the patient record.
- Advise the patient regarding the need for periodic long-term check-ups.

D. The Prescribing [RegistrantMember](#) is required to address what the patient may expect regarding the outcomes of the treatment. Although a [RegistrantMember](#) cannot guarantee the success of any treatment, a reasonable level of patient satisfaction is expected. The Prescribing [RegistrantMember](#) is required to explain these expectations in advance, both at the time of obtaining consent (prior to casting/scanning for the prescription custom foot orthoses), and at the time of dispensing.

E. A [RegistrantMember](#) is required to have an office policy to deal with patient dissatisfaction. This policy should be communicated to the patient before initiating treatment. While patient non-compliance may contribute to lack of success with a PCFO, the [RegistrantMember](#) is expected to expend best efforts in working with the patient to achieve the best results and compliance.

F. In appropriate circumstances, a Prescribing [RegistrantMember](#) may re-dispense a PCFO to a patient within one year of the original Orthotic Prescription without the requirement for a full patient assessment.

VI. Conclusion

The College has developed this Standard of Practice to reflect the best available clinical evidence. Within the context of constantly evolving information, [Registrants Members](#) are encouraged to continually evaluate their orthotic prescription strategies and procedures to maintain currency with best practices and full compliance with the College's standards. In this way, [Registrants Members](#) can ensure that patients are achieving the most positive health outcomes possible and that [Registrants Members](#) are competent providers of PCFO.



College of
Chiropodists
of Ontario

Prescription Custom Foot Orthoses

Approved by Council: February 20, 2015
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October 1, 2026

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Introduction

Prescription Custom Foot Orthoses (**PCFO**) are an integral part of patient care in the management of pedal pathologies and are used to improve gait and alleviate pain and discomfort from abnormal foot function or structure.

The College has developed this Standard of Practice to ensure that the public of Ontario has access to safe and effective foot care, including safe and effective PCFO. This Standard of Practice reflects what is required by Registrants with respect to the prescribing and dispensing of orthotic devices. As set out in this Standard of Practice, it is the responsibility of a Registrant to comply with all aspects of this Standard of Practice. This responsibility includes, without limitation, ensuring continuity of care for the patient and, in particular, that a Registrant who prescribes a PCFO is also responsible for dispensing that PCFO to the patient as set out in this Standard of Practice.

Definitions

In this Standard of Practice, the following terms mean as follows:

- **Accommodative Prescription Custom Foot Orthosis (Accommodative PCFO):** An orthotic device designed with a primary goal of conforming to and re-balancing the individual's foot, allowing plantar-grade floor contact, which permits forces to be evenly distributed to the foot.
- **College:** The College of Chiropodists of Ontario.
- **Prefabricated Modified Insole:** A prefabricated appliance or device that requires modification or assembly to accommodate a condition or alter lower extremity biomechanical function and is removable from the individual's shoe.¹
- **Custom Made/Custom Molded Foot Orthosis:** Synonym for the preferred term PCFO.
- **Dispensing:** Inspecting the PCFO to ensure it meets the prescription, fitting the PCFO on the patient, and educating the patient on the proper use of the PCFO.
- **Foot Orthoses:** Plural of foot orthosis.
- **Functional Prescription Custom Foot Orthosis (Functional PCFO):** A custom-made orthotic device created specifically to address the pathomechanical features of a foot condition that may be structural or functional in nature by providing support or stability.
- **Registrant:** A registrant of the College (in the plural, "Registrants").
- **Orthosis:** A device utilized to assist, resist, facilitate, stabilize or improve range of motion and functional capacity.

¹ Cutting a prefabricated inlay to an indicated trimline does not constitute customizing a foot orthosis. A customized prefabricated device is not a custom-made/custom-molded foot orthosis. Additionally, adding a customized foot orthosis into a shoe does not make the shoe a prescription/custom made shoe. (Refer to the College's [Prescription Footwear Standard](#)).

- **Orthotic/Orthotics:** Synonym for the term Orthosis/Orthoses.
- **Orthotic Prescription:** Set of instructions intended for the orthotic laboratory that very specifically outlines the parameters of design, composition and fabrication of the orthotic intended for the treatment of an underlying foot or medical condition or postural imbalance of the patient.
- **Plaster of Paris Bandage:** A casting product available as a plaster embedded gauze wrap used to obtain a negative mold of the foot and/or leg.
- **Prefabricated Insole:** Any mass-produced prefabricated shoe insole that is sold over-the-counter (OTC) without any particular user/wearer in mind.
- **Prescribing Registrant:** A Registrant who has prescribed a PCFO.
- **Prescription Custom Foot Orthosis (PCFO):** An orthotic device derived from a three-dimensional representation of the patient's foot and made of suitable materials with regard to the individual's condition. It is either accommodative or functional and is removable from the patient's footwear.²
- **Synthetic Tubular Sock (STS) Slipper Cast:** A casting product composed of a fast-setting fibreglass resin embedded wrap used to obtain a negative mold of the foot and/or leg.

Background to Prescription Custom Foot Orthoses

Unlike the case with hearing aids, dental prostheses and eyewear, prescribing and/or dispensing foot orthoses are not controlled acts within the meaning of the *Regulated Health Professions Act* (RHPA). These functions are deemed to be “public domain acts”, able to be lawfully performed by any regulated or unregulated practitioner. Accordingly, in today's marketplace, practitioners in many different professions and with varying levels of competency recommend and/or sell “foot orthoses”. Extended health benefits insurance plans are increasingly limiting coverage or applying restrictions with respect to prescribing and dispensing orthotics. Consequently, it is therefore mandatory that Registrants adhere to the regulations and standards required by the College, including this Standard of Practice, in order to protect the public and to distinguish Registrants from other regulated and non-regulated practitioners.

Even though recommending and selling foot orthoses are acts in the public domain, Registrants are the only healthcare providers whose statutory scope of practice explicitly references orthotics: “**The practice of chiropody is the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.**”³ Accordingly, Registrants are expected to apply their unique scope of practice, competencies, and best clinical

² A foot orthosis shaped via a self-molding (self-contouring) process is not a custom-made/custom-molded foot orthosis, nor is a modified, prefabricated device.

³ *Chiropody Act, 1991*, S.O. 1991, c. 20, s. 4.

practices to prescribe and dispense the highest possible quality PCFO and demonstrate leadership in that regard within the healthcare community and within the healthcare delivery system.

Registrants have extensive knowledge of lower limb biomechanics and are required to uphold this Standard of Practice to ensure that they are providing the most functional devices possible, along with comprehensive orthotic case management. The desired outcome is to control and/or improve the function or stability of the foot by preventing or encouraging optimal functioning of the foot joints and the lower extremity.

Over-the-counter prefabricated devices are readily available in the marketplace. Although prefabricated devices may be appropriate or can sometimes be modified to resolve a patient's condition, these devices must not be offered, or conveyed to the public, or be represented by Registrants as a PCFO.

Prescription Custom Foot Orthoses

A PCFO can be functional or accommodative. A functional device that is custom-made/custom-molded is generally the prescription of choice for patient treatment. However, an accommodative device may be prescribed for patients for whom a functional device is not necessary or appropriate.

A. Functional PCFO

i. Objectives for Functional PCFO

- To control and/or improve the function of the foot to a specific degree as determined by a thorough biomechanical evaluation in order to alleviate pedal and/or lower extremity musculoskeletal symptomatology, and
- To prevent or reduce the development of abnormal forces by mechanical control in order to ameliorate the likelihood of developing musculoskeletal deformities, pathology or lesions.

ii. Indications for Functional PCFO

- Structural weaknesses or deformities, most often inherited, or acquired through trauma, contributing to abnormal, imbalanced bone and /or soft tissue structure, which may result in compensatory changes within the foot and/or in other parts of the body.
- Overuse syndromes.

iii. Prescription of a Functional PCFO is required to include information that is specific to the patient and their needs. The assessments that are performed by a Prescribing Registrant to determine the patient's prescription must be documented in the health record by the Prescribing Registrant and the assessments must include the following:

- A thorough biomechanical examination with appropriate measurements taken and recorded in the patient's file (refer to the [Records Standard](#)) and, as necessary:
 - Assessment of the range and quality of motion and the position of the rearfoot, forefoot, subtalar joint and ankle joint complex

- Gross assessment of muscle strength when required
- An evaluation of the stance position
- A clinical evaluation of the limb length in certain circumstances
- Assessment of the position, range and quality of motion of the following structures may be necessary:
 - Spine
 - Hip
 - Knee
 - Ankle joint
 - Subtalar joint
 - Mid Tarsal Joint
 - Tarso-Metatarsal Joint
 - Fifth ray
 - First ray
 - 1st Metatarsophalangeal joint (MPJ)
 - Lesser MPJs
 - Interphalangeal joints (IPJs)
- Gait evaluation may include:
 - Angle of Gait
 - Base of Gait
 - Stride length
 - Speed Timing of heel lift
 - Abnormal time periods, positions or motions of hip, knee, ankle, joints of the foot in each of the phases of the gait cycle during walking or running:
 - Contact
 - Midstance
 - Propulsion
 - Swing
 - Postural considerations:
 - Head
 - Shoulders
 - Arm swing
 - Hips/pelvis
- The use of information from in-shoe pressure measurement or force plate pressure measurement may be useful in assessing the loads being applied to the plantar surfaces of the foot and can be helpful in offloading pathological plantar pressures. This information should not be used to extrapolate the plantar contours of the foot nor does it replace the need for physical, biomechanical, and gait examinations.

iv. Construction of Functional PCFO

- The orthotic device must be constructed and fabricated from appropriate materials as directed by the Orthotic Prescription.
- The following patient information must be considered for the PCFO prescription:

- Shoe size and width
- Type of Footwear
- Biomechanical data pertinent to the patient's deformity
- Weight
- Age
- Intended use and Activity level
- Occupation
- Diagnosis
- Previous orthotic use or bracing, strapping, taping, or offloading treatment
- Systemic diseases that have podiatric manifestations
- Proximal musculoskeletal pathology
- For an orthosis to be considered a PCFO, the prescription must include at least the following:
 - Types of material to be utilized
 - Flexibility of device
 - Cast balancing technique (intrinsic vs extrinsic correction)
 - Rearfoot/forefoot posting
 - Depth of heel seat
- Additional modifications may be prescribed based on the individual patient's needs:
 - Forefoot extensions and top covers
 - Post flaring
 - Heel lifts
 - Flanges
 - Length
 - Cutouts
 - Cast fill and accommodations
 - Location of lesion(s)
- The Prescribing Registrant must perform and document the necessary assessments required for the Orthotic Prescription. The Prescribing Registrant is required to clearly document in the health record the following information:
 - The need for the Orthotic Prescription
 - The therapeutic goal of the orthotic device in the overall management of the specific patient, and
 - How the efficacy of this intervention will be assessed.

v. Methods for Obtaining 3D Anatomic Volumetric Foot Model for PCFO

- Non-weight-bearing plaster of paris casts, non-weight-bearing STS Slipper Casts or equivalent, or three-dimensional, non-weight-bearing scanning of the feet in the subtalar joint neutral position or the most anatomically correct joint position. Semi-weight bearing casts or impressions, including the use of a foam box, do not meet this Standard of Practice.
- Casting/scanning must be done by the Prescribing Registrant, designated Registrant, or designated trained assistant, but the cast or laser scan must be

reviewed and assessed by the Prescribing Registrant and compared against the patient's feet to ensure accuracy on the same day that they were obtained and before the patient is discharged from the office.

- The patient record should clearly document who conducted the scanning and, where an assistant conducted the scanning, that the Registrant reviewed the scanning as required by the standard.

Recommended Negative Casting Technique for PCFO

- A plaster of paris negative suspension cast in the neutral position is ideal for the prescription of functional orthotics. To date, this method is the most effective. However, as more clinical evidence becomes available, the ideal casting technique recommendations may be amended.
- Plaster of paris is applied to the foot with a two-splint technique.
- The foot is then positioned so that the subtalar joint is held in the neutral position, without pronating or supinating the foot. While keeping the foot in subtalar neutral, the midtarsal joint should be pronated, and the ankle joint dorsiflexed to resistance or 90 degrees. Hold the cast in this position until the plaster dries sufficiently.
- Once the cast is removed, it should be evaluated by the Prescribing Registrant on the same day before the patient is discharged from the office to ensure that an accurate impression was taken reflecting the patient's condition, and contours of the foot.
- The aim is to create an accurate replica of the forefoot to rearfoot relationship.
- It is important to remember that the quality and efficacy of the orthotic is dependent upon the accuracy and precision of the negative cast.

vi. Alternative Technique – Three-Dimensional Scanning for PCFOs

- Three-dimensional (3-D) technology has evolved to accurately capture anatomical details. However, proper foot positioning and stabilization by the practitioner is essential. The quality of 3-D scans is significantly influenced by practitioner training and technique. To create accurate foot orthotics, the foot must be scanned in the subtalar neutral, non-weight bearing position with lateral column loaded. Any weight-bearing in a seated position does not meet the Standard of Practice.
- When using 3-D scanning to cast for orthotics, Registrants must meet all the requirements in this Standard of Practice, including:
 - patient positioning and casting technique.
 - choosing appropriate laboratory vendors.
 - dispensing by the prescribing registrant or another registrant of the College.
 - proper follow-up by the prescribing registrant.
 - ensuring the patient receives the intended PCFO.

B. Accommodative PCFO

An accommodative device is prescribed for patients for whom a functional device is not necessary or appropriate.

i. Objectives for Accommodative PCFO

- To provide a measure of control to the function of the foot in order to alleviate pedal and lower extremity musculoskeletal symptomatology.
- To prevent or reduce the worsening of pedal deformities by mechanical control.
- Deflect pressure from ulcers, hyperkeratoses, and areas of excessive pressure, which permits forces to be evenly distributed to the foot.
- Increase cushioning of the plantar foot.

ii. Indications for Accommodative PCFO may include:

- Structural weaknesses or deformities, most often inherited, or acquired through trauma or surgery.
- Complications as a result of systemic disease causing a high-risk foot with a potential for soft tissue breakdown.

iii. Prescription of an Accommodative PCFO is required to include information that is specific to the patient and their needs. The assessments that are performed by a Prescribing Registrant to determine the patient's prescription must be documented in the health record by the Prescribing Registrant and the assessments must include the following:

- A thorough biomechanical examination with appropriate measurements taken and recorded (see Section IV, A, iii, a-e)
- A stance and gait analysis (see Section IV, A, iii, f)
- Plaster of paris casts, non-weight-bearing STS Slipper Casts, or three-dimensional, non-weight-bearing scanning of the feet in the subtalar joint neutral position or the most anatomically correct joint position. Semi-weight bearing casts or impressions, including the use of a foam box, do not meet this Standard of Practice.
- The cast or laser scan must be reviewed and assessed by the Prescribing Registrant and compared against the patient's feet to ensure accuracy on the same day that they were obtained and before the patient is discharged from the office.

iv. Construction of Accommodative PCFO (see Section IV, A, iv)

- The Prescribing Registrant must take reasonable action to ensure that the orthotic device is constructed from the prescription and is fabricated from appropriate materials in consideration of the patient's footwear, activities and circumstances.

PCFO may also be a combination of functional and accommodative devices, not necessarily one or the other.

Dispensing Prescription Custom Foot Orthoses to the Patient⁴

⁴ **Explanatory Note:** Applies to Functional PCFO and Accommodative PCFO.

- A. Best practice requires that the PCFO is both prescribed and dispensed by the same Registrant in order to provide patients with a seamless continuum of care and to ensure that there is no fragmentation or confusion about the responsibility or liability for results. However, where the Prescribing Registrant is unable to dispense the PCFO to the patient, the Prescribing Registrant may request that another Registrant dispense to the patient. For clarity, in all circumstances, the PCFO must be dispensed by a Registrant. It is the responsibility of the Prescribing Registrant to ensure that the PCFO is dispensed to the patient by a Registrant.
- B. The Registrant is required to provide the following advice/guidelines to the patient in a manner that can be understood by the patient:
- Guidelines for developing tolerance and acceptance of the devices
 - Time frames to achieve potential results
 - Appropriate footwear for the patient's:
 - a) Condition
 - b) Activities
 - c) Foot orthoses
- C. The requirements for follow-up to the dispensing of PCFO include:
- Provide short term instructions for usage of the devices.
 - At least one follow-up appointment with the Prescribing Registrant must be offered within a reasonable period of time after dispensing the PCFO (such as 3 to 6 weeks). It is expected that the Prescribing Registrant will provide additional follow-up appointments as required working toward achieving optimal functioning with the orthotics and to review and/or amend the overall management plan as needed. This should be documented in the patient record.
 - Advise the patient regarding the need for periodic long-term check-ups.
- D. The Prescribing Registrant is required to address what the patient may expect regarding the outcomes of the treatment. Although a Registrant cannot guarantee the success of any treatment, a reasonable level of patient satisfaction is expected. The Prescribing Registrant is required to explain these expectations in advance, both at the time of obtaining consent (prior to casting/scanning for the prescription custom foot orthoses), and at the time of dispensing.
- E. A Registrant is required to have a written office policy to deal with patient dissatisfaction. This policy should be provided or communicated to the patient before initiating treatment. While patient non-compliance may contribute to lack of success with a PCFO, the Registrant is expected to expend best efforts in working with the patient to achieve the best results and compliance.
- F. In appropriate circumstances, a Prescribing Registrant may re-dispense a PCFO to a patient within one year of the original Orthotic Prescription without the requirement for a full patient assessment.

Conclusion

The College has developed this Standard of Practice to reflect the best available clinical evidence. Within the context of constantly evolving information, Registrants are encouraged to continually evaluate their orthotic prescription strategies and procedures to maintain currency with best practices and full compliance with the College's standards. In this way, Registrants can ensure that patients are achieving the most positive health outcomes possible and that Registrants are competent providers of PCFO.

DRAFT



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.3

COUNCIL BRIEFING NOTE RE: SURGICAL SUITES STANDARD

Background:

The Standards and Guidelines Committee is conducting a comprehensive review of all the College's standards, guidelines, and policies to:

- Remove redundancies
- Update content to reflect best practices
- Modernize language (e.g. replacing "member" with "registrant," using they/them pronouns, active voice, and plain language)
- Standardize the look and format of the documents

As part of this review, a new **Surgical Suites Standard** has been developed to establish minimum expectations for infection prevention and control, environmental cleaning, facility design, equipment, and emergency preparedness within chiropody and podiatry surgical suites and procedure rooms.

While the College's existing Infection Prevention and Control Standard provides overarching requirements for infection prevention and control, it does not specifically address surgical suite operations and environmental requirements. The proposed standard addresses this gap by establishing clear expectations for between-patient cleaning, terminal cleaning, and physical facility requirements in settings where invasive and semi-invasive procedures are performed.

The standard incorporates adapted guidance from recognized sources, including the Operating Room Nurses Association of Canada (ORNAC), Public Health Ontario's PIDAC best practices, and the Canadian Association for Accreditation of Ambulatory Surgical Facilities (CAAASF), while remaining appropriate for office-based chiropody and podiatry practice settings.

Public Interest Rationale for Decision:

The Surgical Suites Standard promotes patient safety by establishing clear and consistent expectations for infection prevention, environmental cleaning, equipment management, and emergency preparedness in procedure rooms and surgical suites.

Approval of this standard helps ensure:

- Registrants understand the minimum requirements for maintaining a safe and aseptic surgical environment.
- Patients receive care in facilities that support infection prevention and safe procedural outcomes.
- The College's expectations align with current evidence-informed practices and recognized infection prevention principles.
- There is greater consistency across clinical settings where surgical and invasive procedures are performed.

Recommended Motion:

That Council approve the Surgical Suites Standard.

Mover: _____

Seconded: _____

Appendix A – Surgical Suites standard

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College of
Chiropractors
of Ontario

Surgical Suites

Approved by Council: **DATE**

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Introduction

This standard establishes infection prevention, environmental cleaning, and facility requirements for chiropody and podiatry surgical suites to ensure safe, aseptic care and to minimize the risk of infection transmission.

This standard applies to all chiropodists, podiatrists, and clinical support staff who are involved in procedures in a surgical or procedure room setting, including minor surgical interventions under local anesthesia ± sedation.

This standard must be applied in conjunction with the [Infection Prevention and Control Standard](#) and other applicable standards and guidelines that address patient and staff safety issues, such as [Safety and the Practice Environment](#) and [Office Medical Emergencies](#).

Definitions

- **Procedure Room / Surgical Suite:** A dedicated clinical space where invasive or semi-invasive foot care procedures are performed.
- **Between-Patient Cleaning:** Cleaning conducted between patient procedures on the same day.
- **Terminal Cleaning:** Comprehensive cleaning performed at the end of the clinical day.
- **Disinfectant:** A hospital-grade, Health Canada–approved disinfectant used according to manufacturer instructions.

Between-Patient Cleaning Procedure¹

Cleaning must be completed between patients as follows:

Preparation

- Prepare fresh disinfectant solution according to manufacturer's instructions.
- Perform hand hygiene and put on appropriate personal protective equipment (PPE), including gloves.

Waste and Linen Removal

- Remove all clinical waste (including sharps, if applicable).
- Remove all soiled linen and disposable coverings.
- Remove gloves and perform hand hygiene.

Cleaning and Disinfection

Using a hospital grade disinfectant, clean and disinfect all surfaces that had contact with a patient or may be contaminated, including:

- Procedure chair/table.
- Instrument trays and work surfaces.
- Procedure lights (including reflective surfaces).
- Blood pressure cuffs, tourniquets, and monitoring equipment.
- Clean electronic equipment (e.g. monitors) according to manufacturer guidelines.

Floor Cleaning

- Damp mop the floor in a 1 to 1.3 m (3 to 4 feet) radius of the treatment area (or larger if visibly contaminated).
- Use a clean mop head for each room or procedure.

Room Reset

- Replace waste liner bags.
- Restock necessary sterile or clean supplies before the next patient.
- Clean and disinfect any mobile equipment entering or leaving the room, including:
 - Carts.
 - Imaging equipment (e.g. x-ray units, fluoroscopes).
 - Electrocautery units, surgical lasers, or compressed gas tanks.

Completion

- Remove PPE (including gloves) and perform hand hygiene.
- Place a **"Wet Floor – Surgical Suite Ready for Use"** sign at the entrance of the room.

¹ This tool is adapted from: Operating Room Nurses Association of Canada (ORNAC). Section 2: Infection prevention and control. In: The ORNAC Standards, Guidelines, and Position Statements for Perioperative Registered Nurses. 13th ed. Kingston, ON: Operating Room Nurses Association of Canada; 2017.

Terminal (End-of-Day) Cleaning Procedure²

A full terminal clean must be completed at the end of each clinical day.

Preparation

- Prepare fresh disinfectant solution according to manufacturer's instructions.
- Perform hand hygiene and put on appropriate personal protective equipment (PPE), including gloves.

Waste and Linen Removal

- Remove all waste (including sharps, if applicable).
- Remove all soiled linen and disposable material or coverings.
- Remove gloves, perform hand hygiene, and put on new gloves.

Cleaning and Disinfection

Clean and disinfect all surfaces and equipment, including:

- Procedure lights and mounts.
- Door handles, light switches, and frequently touched surfaces.
- Telephones, keyboards, and clinical devices.
- All equipment surfaces (e.g. carts, suction units).
- All furniture, including wheels and bases.
- Cabinets, drawers and handles.
- All horizontal work surfaces.
- Sinks and surrounding areas.
- Walls (if visibly soiled).

Floor Cleaning

- Mop the entire floor area:
 - Move portable furniture and equipment to allow full access.
 - Use fresh cleaning solution and clean a mop head for each room.
 - Follow manufacturer instructions for dilution and contact time.

Final Steps

- Return all equipment and furniture to designated locations.
- Clean and reline waste containers.
- Report any maintenance concerns (e.g. damaged surfaces, equipment concerns)
- Clean and store housekeeping equipment properly.
- Place **"Wet Floor – Surgical Suite Ready for Use"** sign at the entrance of the room, if applicable.
- Remove PPE and perform hand hygiene.

² This tool is adapted from: Operating Room Nurses Association of Canada (ORNAC). Section 2: Infection prevention and control. In: The ORNAC Standards, Guidelines, and Position Statements for Perioperative Registered Nurses. 13th ed. Kingston, ON: Operating Room Nurses Association of Canada; 2017.

Facility Requirements for Chiropody and Podiatry Surgical Suites³

Physical Environment

- Adequate space and equipment to support safe, aseptic patient care.
- Layout must support efficient workflow of staff, patients and equipment.
- Floors, walls and surfaces must be smooth, non-porous, easily cleanable.
- Flooring seams or tiles must be sealed with a polyurethane sealant to prevent contamination.
- Adequate procedure lighting must be available.

Infection Prevention and Control

- Dedicated hand hygiene sink and appropriate supplies, including soap or antimicrobial cleaner and disposable towels.
- Environmental controls to prevent pest entry (e.g., sealed windows, self-closing doors).
- Procedure rooms must remain clean, uncluttered, and organized at all times.

Equipment and Supplies

- All required instruments and supplies must be available prior to each procedure.
- Sterile instruments must be reprocessed and stored in accordance with IPAC standards.
- Cleaning equipment must be readily available and properly maintained.

Emergency supplies must be accessible, including:

- Emergency medication appropriate to the practice and the level of risk.
- Basic resuscitation equipment (e.g. oxygen).
- Defibrillator (recommended).

Additional requirements:

- Adjustable procedure chair.
- Patient monitoring equipment must include, at minimum, a blood pressure monitor.
- All equipment must be checked before each procedure.

Safety and Emergency Preparedness

- Access routes must permit stretcher or wheelchair transport in the event of an emergency.
- Emergency protocols must be documented and readily accessible.
- An emergency power source must be available to support:
 - Essential lighting
 - Critical equipment used during procedures and post-operatively.

³ The Canadian Association for Accreditation of Ambulatory Surgical Facilities (CAAASF)

References

- [Operating Room Nurses Association of Canada \(ORNAC\) Standards \(adapted\)](#)
- [Public Health Ontario \(PIDAC\): *Best Practices for Environmental Cleaning for Infection Prevention and Control*](#)
- [Infection Prevention and Control \(IPAC\) Standard](#)
- Canadian Association for Accreditation of Ambulatory Surgical Facilities (CAAASF) (adapted for non-hospital settings)
- [Office Medical Emergencies Guideline](#)
- [Safety and the Practice Environment](#)

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COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

ITEM 3.4

COUNCIL BRIEFING NOTE

RE: PROVIDING MEDICALLY NECESSARY FOOTCARE SERVICES GUIDELINE

Background:

The Standards and Guidelines Committee is conducting a comprehensive review of all the College's standards, guidelines, and policies to:

- Remove redundancies
- Update content to reflect best practices
- Modernize language (e.g., replacing "member" with "registrant," using they/them pronouns, active voice, and plain language)
- Standardize the look and format of the documents

As part of this review, the Committee developed the **Providing Medically Necessary Footcare Services Guideline** to clarify the distinction between medically necessary chiropody and podiatry services and cosmetic or aesthetic foot care services.

The guideline provides further clarity to the direction Council provided to registrants in June 2019 on ["medical pedicures."](#)

The guideline reinforces that registrants may only provide and bill for services that are medically necessary and clinically justified based on an assessment of the patient. It outlines expectations related to assessment, treatment, informed consent, documentation, advertising, billing, and professional accountability.

A key objective of the guideline is to address the increasing use of the term "**medical pedicure**." The guideline clarifies that a medical pedicure is not a recognized chiropody or podiatry service under the *Chiropody Act, 1991* and that registrants must not provide, advertise, promote, or bill for services using this term. The guideline also clarifies that services provided primarily for cosmetic, aesthetic, or relaxation purposes are not part of professional chiropody or podiatry practice.

The guideline supports registrants in accurately describing their services, distinguishing regulated professional care from cosmetic services, and ensuring that patients understand the nature of the care being provided.

Public Interest Rationale for Decision:

Approving the Providing Medically Necessary Footcare Services Guideline is in the public interest because it promotes transparency, consistency, and accountability in the provision of foot care services.

The guideline helps protect the public by clarifying which services fall within the scope of professional chiropody and podiatry practice and ensuring that registrants only provide and bill for medically necessary, clinically justified care. It reinforces the importance of patient assessment, informed consent, appropriate documentation, and accurate billing practices.

The guideline also reduces the risk of public confusion by prohibiting the use of the term *medical pedicure*, which may inaccurately suggest that cosmetic foot care services are regulated professional services. Clear expectations regarding advertising and communication support informed decision-making by patients and help ensure that registrants represent their services honestly and accurately.

By providing clear guidance on the separation of professional services from cosmetic and commercial activities, the guideline supports public confidence in the profession and advances the College's mandate to regulate in the public interest.

Recommended Motion:

That Council approve the Providing Medically Necessary Footcare Services Guideline.

Mover: _____

Seconder: _____

Appendix A – Providing Medically Necessary Footcare Services Guideline



College of
Chiropodists
of Ontario

PROVIDING MEDICALLY NECESSARY FOOTCARE SERVICES

**Guideline for Registrants of the
College of Chiropodists of Ontario**

Approved by Council: XX

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Introduction

Registrants are regulated health professionals who assess and provide treatment for a broad range of medical conditions of the foot. The guideline outlines the College’s expectations for how registrants conduct their practice and the difference between medically necessary chiropody or podiatry care and cosmetic or aesthetic foot and nail services, which are not permitted to be offered as part of a registrant’s clinical practice. It outlines registrants’ responsibilities for assessing patients, providing treatment, advertising services, billing appropriately, and operating their practices in a manner that protects the public and maintains professional integrity.

This guideline must be read alongside all applicable legislation and College standards and guidelines, including:

- [Assessment and Management](#)
- [Records](#)
- [Infection Prevention and Control](#)
- [Advertising](#)
- [Fees, Billing and Accounts Guideline](#)

“Medical Pedicures”

Registrants do not provide, advertise, promote, or bill for cosmetic or aesthetic services, including “medical pedicures.”

The term “medical pedicure” is not recognized in the [Chiroprody Act, 1991](#) or the College’s standards, and the term does not describe a chiroprody or podiatry service that is within the scope of practice. Use of this term is misleading to the public about the nature of the foot care provided by registrants.

Registrants provide assessment, treatment, and preventive care for diseases, disorders, and dysfunctions of the foot. Registrants must accurately describe the services they provide and use terminology that reflects the professional and clinical nature of their care.

Examples of regulated foot and nail care services include:

- Assessment and management of nail disorders;
- Assessment and management of skin disorders;
- Routine foot care for patients at higher risk of complications; and
- Other treatments aimed at preventing or managing diseases, disorders, or dysfunctions of the structure of the foot.

Medical Necessity

Section 4 of the [Chiroprody Act, 1991](#) defines the scope of practice of chiroprody as:

“The assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means.”

The therapeutic goal of chiroprody or podiatry care is to prevent, manage, or treat diseases, disorders, and dysfunctions of the foot, reduce pain, maintain function, and prevent complications. Registrants may only provide professional services that are **medically necessary and clinically justified** based on their assessment of the patient.

Chiroprody or podiatry services must be directed toward:

- Assessing disease, disorder, or dysfunction of the foot.
- Treating a disease, disorder, or dysfunction of the foot.
- Preventing disease, disorder, or dysfunction of the foot.

It is professional misconduct for registrants to practice while in a conflict of interest, and this includes providing products or services to patients that are not medically necessary. Services provided primarily for cosmetic, aesthetic, or relaxation-related purposes are not part of professional chiroprody or podiatry practice and are not medically necessary. Offering those

services to patients gives rise to a conflict of interest. Examples of cosmetic or aesthetic services include:

- Applying nail polish;
- Decorative nail treatments;
- Skin moisturizing treatments;
- Cosmetic nail enhancements;
- Spa treatments provided for beautification and relaxation, such as massage, waxing; and
- Other purely aesthetic services, such as the treatment of spider veins.

Advertising

Registrants must comply with the College's Advertising standard and all applicable legislation, including [Ontario Regulation 203/94](#) under the *Chiroprody Act, 1991*. Advertising must accurately describe the services provided and registrants must not advertise in a manner that is likely to promote or encourage the unnecessary use of professional services. This prohibition includes the advertising of cosmetic or aesthetic services as an adjunct to a patient's chiroprody or podiatry care.

Registrants must not:

Use the Term "Medical Pedicure"

- Advertise, market, promote, or otherwise describe any service as a "medical pedicure."
- Use the term "medical pedicure" in advertisements, websites, social media content, invoices, receipts, fee schedules, patient communications, or any other promotional materials.
- Describe professional chiroprody or podiatry services using terminology that suggests they are a type of pedicure.
- Advertise or permit others to advertise the Registrant's practice in a manner that breaches these professional standards.

Records and Billing

Registrants must maintain accurate and complete records and may only bill for services that:

- They personally perform; and
- Are medically necessary and clinically justified.

Records, invoices, bills, and accounts must accurately describe the services and products provided by a registrant, in accordance with the [Fees, Billing and Accounts Guideline](#).

Registrants **must not**:

- bill for services provided by an aesthetician, pedicurist, or other regulated or unregulated provider for products or services that are outside the scope of practice and/or not medically necessary or
- use the term “medical pedicure” on invoices, receipts, insurance documentation, fee schedules, or any other billing records.

Where a service is cosmetic in nature and can appropriately be provided by an aesthetician or pedicurist, it is not considered medically necessary chiropody or podiatry care and must not be billed as a professional chiropody or podiatry service.

Separate Commercial Activities

Registrants may own or operate businesses outside their professional practice, including a spa.

However:

- Spa services must not be offered or provided as part of a chiropody or podiatry clinic or a part of a chiropody or podiatry service.
- Cosmetic and aesthetic business must be clearly separate from the registrant’s clinic practice in both advertising and physical space.
- Registrants must not practise chiropody or podiatry in association with a commercial business, which includes a business owned or operated by the registrant that offers cosmetic services.
- A registrant cannot offer or advertise cosmetic services to promote their chiropody or podiatry practice or to promote the unnecessary use of chiropody or podiatry services and/or to incentivize patients.

Registrants are responsible for ensuring that patients can clearly distinguish between regulated professional services and non-regulated commercial services.

Key Principles

1. Registrants do not provide, advertise, promote, or bill for “medical pedicures.”
2. All advertising must accurately reflect the medically necessary nature of professional services.

3. Registrants must personally assess patients to determine whether treatment is clinically indicated.
4. Registrants may only provide products and treatments that are medically necessary and clinically justified.
5. Registrants are accountable for clear, complete, and accurate documentation in accordance with the Records standard.
6. Billing must accurately reflect the services personally provided by the registrant and must only include medically necessary, clinically justified care.

References

- [Advertising](#)
- [Assessment and Management](#)
- [Fees, Billing and Accounts Guideline](#)
- [Infection Prevention and Control](#)
- [Ontario Regulation 203/94](#)
- [Ontario Regulation 750/93](#)
- [Records](#)



COLLEGE OF CHIROPODISTS OF ONTARIO
Regulating Chiropodists and Podiatrists in Ontario

ITEM 5.1

Registrar's Report – October 1, 2026 Council Meeting

As we move into the final quarter of 2026 we are pleased to share that our registrant portal, iMIS, has successfully moved to the Cloud. This is the culmination of the College's commitment to modernizing its IT and concludes the College's updating of IT at this time. The College is also actively redesigning its website and looks forward to unveiling the redesign in the coming months with a fresh new look and feel.

A continuing focus for the College's Operations has been to modernize the College's technology and processes as well as to increase the College's profile. The College has been successful in these initiatives as set out more fully below.

iMIS Upgrade:

The College has undertaken the extensive upgrade and modernization of its IT system. The upgrade allows for better technical support and ongoing customization as needed. Following a successful launch in late summer, the College is working to address any issues arising from our Corporate Renewal. We appreciate your patience and understanding as we work through this transition. If you are experiencing any issues with Corporate Renewal, please contact the College for assistance.

Website Redesign and Modernization:

The College initiated a Request for Proposals from interested vendors to undertake the College's website redesign and modernization. Upon a thorough review of the proposals received, the College is working with a website designer and looking forward to a website revamp that will improve the user experience.

Auditing Request For Proposals:

The College has invited a Request for Proposal from reputable Auditing Firms as part of its commitment to ensuring the College's auditing process and auditors are reviewed on a regular basis. The College's Audit Committee will be reviewing the proposals received and selecting an Auditing Firm for recommendation to Council for approval.

Health Profession Regulators of Ontario (HPRO):

HPRO is comprised of all 26 Health Regulators in Ontario and registrars from each of the health regulators meet regularly to discuss and address regulatory issues across the health professions in the province. I am pleased to once again contribute as a member of the Management Committee of HPRO as well as serving



COLLEGE OF CHIROPODISTS OF ONTARIO

Regulating Chiropodists and Podiatrists in Ontario

again as the Chair of the Education Committee. As part of HPRO's Education Committee's work we are launching Virtual Learning Sessions this Fall for regulators.

Meetings with Northern System Partners:

I travelled this summer to meet with various system partners in Northern Ontario to better understand their concerns about sufficient footcare services to address the higher rates of lower limb amputations in the North. As our Council and registrants understand, footcare issues and higher rates of related limb loss is particularly problematic in Northern Ontario and, as a consequence, leaders in the North are interested in solutions to this issue. The College received resounding support for any initiatives that will provide a greater number of footcare specialists in the North, including removal of the ban on registering podiatrists.

Registration Exams:

Once again, the College offered its spring registration examinations including the core competencies and jurisprudence exams as well as the OSCE to eligible applicants. The exams were successfully delivered, and the College is very pleased to welcome new College registrants. The College acknowledges the continued expertise and support provided by College staff, the Registration Examination Committee Chair, Committee members as well as registrants who participate as examiners. Thank you to all for your continuing commitment to ensuring the College's effective delivery of its registration examinations.

Orientation and Welcome for New Registrants:

The College is pleased to begin preparations for a new Orientation and Welcome for New Registrants of the College. A number of other Health Regulators engage new registrants early in their registration by way of an orientation and welcome event to ensure registrants are familiar with their obligations as professionally regulated healthcare providers. The College embraces positive and proactive outreach and engagement to new registrants to support them in providing the highest level of care possible to their patients and to ensure they are set up for success in their new role as regulated healthcare professionals.

2027 Budget:

The College is now focusing efforts on preparing its 2027 budget that will be presented to Council at the January 2027 Council meeting. The College expects to again present a balanced budget for approval reflecting its commitment to sustainability and effective management of the College's resources to continue to fulfill its mandate of public protection.

ITEM 5.4**Third-Party Assessment of Council**

The following third-party assessment of Council is premised on principles of good governance within the legislative landscape of the *Regulated Healthcare Professions Act (RHPA)*. This assessment has been completed with a view to satisfying the requirement for such assessment to be completed every 3 years, pursuant to the Ministry of Health of Ontario's reporting tool, the College Performance Measurement Framework (CPMF).

Principles of Good Governance:

- Council members have received member orientation/training in advance of attending their first Council meeting
- Council members understand a Conflict of Interest (COI) in the context of the RHPA and the Council's business and attest to having no COI or must declare a COI in advance of every Council meeting
- The public interest is considered in every decision of Council
- Transparency is optimized in all Council decision-making
- In-camera matters are considered by Council only when confidentiality for legal purposes or privacy issues requires such
- Right-touch Regulation is applied to Council decision-making with matters posing the greatest risk to public protection, warranting the greatest regulatory resources

Assessor Name: Nanci Harris
Date of Assessment: May 21, 2026
Name of Regulator: The College of Chiropractors of Ontario
Type of Meeting Assessed: Council Meeting

Part I: Council Member Orientation, Competency and Ongoing Council Member Training

Elected Council Members who are Members of the Profession must complete a competency assessment prior to running for election to Council.	• Yes No In part Comments: An assessment is completed then reviewed to confirm eligibility. It is presumed candidates possess the capacity to self-reflect and will commit to engage in on-going education. The size of the College precludes rendering candidates ineligible to run – effort is expended to fill any knowledge gaps or lack of skills with additional training and ongoing support.
Council Members are provided with orientation prior to their first Council Meeting.	• Yes No In part Comments: Orientation is provided by the Registrar and relevant staff and concludes with a post-orientation survey that provides an informal evaluation to inform additional content to be added.
Council Members receive ongoing training that includes principles of good governance throughout their term.	• Yes No In part Comments: This training is completed by Registrar and staff. Members complete a governance orientation that involves Q&A to ensure comprehensive understanding of content. Training specific to ICRC, Discipline, Registration and orientation to Council is also provided. A Governance Manual was developed in 2024 which is shared with new Council and Committee members. It contains information related to terms of service, resources, forms and information about Council and Committees. It will be regularly reviewed and updated as necessary.

	Both regular and informal monitoring of council member conduct/actions occur as part of a commitment to quality improvement and to identify opportunities for additional education and support.
Council Meeting Agenda includes education item(s) for Council Members	• Yes No In part Comments: Council members receive education on a variety of topics throughout the year including content on governance. The range of content is comprehensive and applicable to the role of a regulatory body council member. E.g. Presentation by the Fairness Commissioner at this meeting (and for which the College was recognized for its notable achievements) – Appendix at end of report Council members are invited and encouraged to identify desired areas of learning and topics of interest.
Council Members are surveyed following the completion of the Council Meeting for feedback and suggestions to improve future Council meetings.	• Yes No In part Comments: Typically, there is 100% completion and feedback that recurs or is provided by multiple members is addressed in a timely manner.
Assessor's Overall Comments about Member Orientation, Competency and Ongoing Training: Since the initial CPMF governance audit there is clear evidence of the strength of the governance processes which are in place. The commitment to ongoing learning is relevant and timely as it pertains to the health regulatory environment is evident in the quality of the presentations provided. This includes the development of the Governance Manual as well as learning resources offered,	On a scale of 1 (unsatisfactory) to 5 (excellent), rate the Member Orientation, Competency and Ongoing Training: 1 (unsatisfactory) 2 (needs improvement) 3 (satisfactory) 4 (good) 5 (excellent)

incorporation of surveys and feedback solicited all with a consistent focus on protecting the public.	
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Part II: Council Meeting Materials

Council Meeting Materials are provided to Council Members in a timely manner.	Yes No In part Comments: Clear direction on the website with respect to information about Council meetings as well as an indication of when materials are to be available prior to each meeting.
Council Meeting Materials include: an agenda indicating decision items with briefing notes and supporting material to aide Council Members in decision-making	Yes No In part Comments: The public is advised and materials are posted on the website between one and two weeks prior to the next meeting. Requests for accommodation if received are addressed on a case-by-case basis with a contact email provided to that effect.
All items for decision include briefing notes clearly setting out the public interest in decision-making	Yes No In part Comments: Briefing notes continue to be concise, well written and are framed within the context of the level of risk to the public. This consistent approach provides continuity which enables newer members to quickly gain familiarity with an understanding of right touch regulation.
Notice of the Council Meeting is on the Regulator's website in advance of the Council meeting.	Yes No In part Comments: As noted above, this information is available on the website and materials are provided within a reasonable period.

Notice of the Council Meeting includes instructions for attending the meeting (either in person or virtually).	• Yes No In part Comments: The public is advised the meetings are public and should they wish to attend provided an email to contact to make those arrangements. Council members are expected to attend in person.
Minutes of previous Council Meetings that have been approved by Council are posted on the Regulator's website.	• Yes No In part Comments: There is a significant history of materials available for the last 8 years as well as the minutes for the current year. Notice of meetings are prominently displayed, location address and contact info for the public wishing to attend. The 2023 CPM report is also available.
Council Meeting Materials posted on the Regulator's website include all materials provided to Council members excluding in-camera materials.	• Yes No In part Comments: All materials excluding in-camera are available. There is an internal document and record retention policy to review, replace or update materials as needed as per the designated timeline.
Council Meeting materials include a declaration of a COI for Council Members to complete and sign in advance of the meeting.	• Yes No In part Comments: The COCOO not only provides for a declaration of COI but, also, provides the Code of Conduct for Members of Council and Committees. They demonstrate additional transparency by providing a worksheet with examples to assist someone in determining if a COI exists as well as clear information on the process for considering and declaring COI.

Council Meeting materials are available in both English and French upon request.	Yes No In part Comments: It was recommended in 2023 to provide information on the website on how to request/access materials in French. Since the last report there have been no requests for materials in French. With the availability of Google translate it is possible to access materials in French. This frees the College from needing to expend resources for a “just in case” scenario. In future the College is undergoing a major revamping of the website which includes consideration of the best way to provide information which is accessible and readable for the public and this may impact the ability to provide French documents if needed. Recently the Ministry of Health announced funding for Colleges for French translation of documents if needed thus ensuring compliance with the CPMF requirements and not incurring financial hardship.
Assessor’s Overall Comments About Council Meeting Materials: The quality and breadth of materials available for Council members and the public to address issues of public safety are to be commended. Materials are well organized, consistent in presentation and written in plain language. The commitment to framing content within the regulatory risk framework ensures the focus of protecting the public remains the priority.	On a scale of 1 (unsatisfactory) to 5 (excellent), rate the Council Meeting Materials: 1 (unsatisfactory) 2 (needs improvement) 3 (satisfactory) 4 (good) 5 (excellent)

Part III: Council Meeting

(A) The Council Meeting Chair:

The Chair conducts the Council Meeting in an orderly fashion.	• Yes No In part Comments: Chair opened meeting and at all times was very welcoming, respectful and followed process. He worked very well and in tandem with the Registrar in moving the agenda along in a timely manner.
The Chair seeks a mover and seconder for every motion prior to tabling the motion for discussion.	• Yes No In part Comments:
The Chair appropriately addresses any declared COIs.	• Yes No In part Comments: Only one instance - the Registrar assisted in providing input to resolve whether it constituted a COI (it did not)
The Chair invites appropriate discussion on all matters.	• Yes No In part Comments: For each issue there was an invitation to speak via discussion. Chair respectfully acknowledged input and provided clear explanations and context for items when appropriate. When it came to be time, he invoked the motion to move in camera citing the relevant part of the regulation. He took the time to express gratitude and thanks to Council members and staff as well as acknowledging a longstanding member who had made significant contributions in their role.
The Chair is inclusive to ensure all Council Members wishing to speak to a matter are afforded an opportunity to do so.	• Yes No In part

	Comments: All comments were respectfully acknowledged and responses provided by the Chair and the Registrar thorough and clearly communicated.
The Chair ensures consensus is achieved on decision-items or takes a vote for each item.	• Yes No In part Comments: There were no instances where consensus was not achieved on first vote. The Chair always asked if there were any abstentions and allowed sufficient time for Council members to discuss an issue.
The Chair conducts the meeting in a manner that is respectful and professional.	• Yes No In part Comments: At all times the Chair was respectful, invited discussion, provided clear explanations including the Right Touch Regulation context and followed procedure with respect to item approvals.
The Chair addresses quorum if there is an issue.	Yes No In part Comments: N/A This situation did not occur
The Chair cites the relevant section of the RHPA when seeking a motion to move in-camera, identifying the need to move the Council meeting from a public forum.	• Yes No In part Comments: The Chair cited the relevant section of the RHPA to move in-camera. Additionally, the relevant legislation is included in the Council materials.
The Chair appropriately addresses any Council Members attending virtually who do not have their camera on.	Yes No In part Comments: N/A Only attendees attending virtually were not Council members. Those attending virtually were introduced.

Assessor's Overall Comments About the Chair: The Chair provided courteous and thoughtful facilitation ensuring the meeting was run respectfully with sufficient time for discussion and thorough review of the issues on the agenda. The meeting opened with a land acknowledgement and guests were recognized. There is clear evidence of a mutually respectful and collaborative relationship with the Registrar. Meeting items (with the incorporation of the consent agenda format) ensured the meeting ran on time and, at times, ahead of schedule. The Chair demonstrated comprehensive knowledge of the items discussed which supported effective decision making. He appropriately referred or deferred to the Registrar when additional information or explanation was required.	On a scale of 1 (unsatisfactory) to 5 (excellent), rate the Chair: 1 (unsatisfactory) 2 (needs improvement) 3 (satisfactory) 4 (good) 5 (excellent)
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(B) Council Members (COCOO uses the language of Councilors)

Council Members are respectful, raise their hand when they wish to speak to a matter and wait until the Chair invites them to speak before speaking.	Yes No In part Comments: Active engaged discussion on items, people did not speak over each other and were respectful of other's contributions. The Chair and the Registrar respectfully recognized contributions to the discussions. Not all Council members contributed to discuss but appeared actively engaged (no evidence of being on devices or appearing distracted).
Council Members are well prepared for the meeting and are familiar with the Council Meeting agenda/materials.	Yes No In part Comments: For those who spoke it was clear they understood the agenda and materials.

Council Members focus discussion on public protection in all decision-making items.	Yes No In part Comments: Yes; there was some discussion where it was more appropriate to focus on registrants but during those discussions the Registrar and Chair ensured the context of public protection was provided. Otherwise, the focus was public protection.
Council Members who focus concerns on stakeholder interests above that of the public interest are appropriately addressed by the Chair and/or other Council Members.	Yes No In part Comments: N/A This did not occur
Council Members attending virtually have their cameras on.	Yes No In part Comments: N/A All councilors attended in person.
Council Members are respectful of the agenda schedule and are on time and in attendance when the Council Meeting resumes after breaks.	Yes No In part Comments: Pace of meeting was brisk but allowed time for robust discussion.
Council Members appear familiar with the RHPA and applicable legislation.	Yes No In part Comments: Not able to assess, however, a variety of discussions and a presentation by the Fairness Commissioner which took place included reference to the RHPA, specific statutes and the distinction between regulatory standards and provincial legislation. As well the framing of the briefing notes provides the rationale for level of risk to the public.
Council Members appear to understand the concept of Right Touch Regulation and its application to Agenda items.	Yes No In part

	Comments: As noted, this context is included in all briefing notes, both the Chair and the Registrar ensure this is framed in discussion.
	There was an excellent and thorough presentation provided by Irwin Glasberg, Fairness Commissioner, which addressed the regulatory requirements for the registration process, which was well received. As noted, the College was recognized for its achievements (slide included in Appendix)
Assessor's Overall Comments about Council Members:	On a scale of 1 (unsatisfactory) to 5 (excellent), rate the Council Members:
Council members who participated in discussion did so respectfully. All Council members appeared actively engaged in the meeting. It is clear they are well supported in their role as a Council Member with respect to the ongoing training and support they are provided by the Registrar, Chair and staff in the materials and in-service education which is consistently offered. Members have the opportunity to provide input into future agendas.	1 (unsatisfactory) 2 (needs improvement) 3 (satisfactory) 4 (good) 5 (excellent)

Assessor's Comments:

3 key items for suggested improvement:

1. Demonstrate what measures are in place to encourage greater participation by quieter Councilors.
2. Ensure any significant changes to website access following revamp are clearly communicated to the public.
3. Consider limiting years of Council materials available on website to most recent five years.

3 highlights that represent best practice:

1. Provision of high-quality education as part of Council agenda including external presentations on content relevant to their role and obligations as Councilors.
2. Quality of materials provided for Council functioning – Briefing Notes have Right Touch Regulation rationale provided, are clearly written and informative as well as creation of Governance Manual.

3. **Continued use of consent agenda format to maximize efficiency of time spent during Council meetings. Materials provided are sufficient to ensure a clear understanding of each item designated for this portion of the agenda.**

General Comments:

- **The manner in which the meeting was conducted – efficient, informative, respectful and educational**
- **Quality and breadth of KPI Dashboard**
- **Breadth of education provided both within decision discussions and formal presentations that are responsive to current needs for registrants**
- **Responsiveness to current issues impacting chiropody**
- **Commitment to expansion of learning modules**
- **Significant evidence of interprofessional collaboration with other health regulatory colleges**
- **Evidence of active engagement in promotion of best practices for delivery of chiropody**
- **Demonstrated collegial and respectful relationship between the Presidency and Registrar/CEO sets the tone for a professional and effective meeting**

APPENDIX

**** Of note is the feedback provided about the COCOO as part of the Fairness Commissioner's most recent review**

Your College's Notable Achievements

- ▶ The college has pursued proactive policies to better understand the demographics of its membership.
- ▶ For example, during the 2024 annual renewal period, 79% of members participated in an anonymous, optional Equity, Diversity and Inclusion (EDI) survey.
- ▶ The college had also adopted leading governance practices for its council and committees, including a skills-based competency framework for professional member recruitment, onboarding of members and embracing continuing professional development.
- ▶ It has also adjusted its registration policies to address situations where applicants have failed their examinations, identified ways to better accommodate the needs of applicants and generally modernized its assessment practices.
- ▶ The college also exercises robust oversight of its third-party service provider through applying modern accountability measures and communication frameworks.
- ▶ The college continues to engage with community and health system partners to facilitate the delivery of safe foot care to Ontarians and to find ways to serve historically underserved communities.

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Item 5.5

Privacy Policy

About the College

The College of Chiropractors of Ontario (the College) regulates chiropractors and podiatrists in the public interest.

The College's authority and responsibilities are set out in the [Regulated Health Professions Act, 1991](#) (RHPA), the Health Professions Procedural Code (Schedule 2 to the RHPA), and the [Chiropractic Act, 1991](#). The College is also accountable to oversight organizations, including Ontario's Minister of Health and Long-Term Care, the Health Professions Appeal and Review Board (HPARB), and the Ontario Fairness Commissioner.

To carry out its responsibilities and protect the public, the College may collect, use and disclose personal information about:

- Applicants
- Registrants (members of the College)
- Individuals who file complaints with or submit reports to the College
- Patients of registrants
- Individuals employed, retained, elected or appointed to support the College's work

Our Commitment to Privacy

Section 36 of the RHPA requires all College employees, Council members, committee members, appointees, and contractors to keep confidential information private. Breaches of confidentiality may result in significant penalties, including fines.

The College requires everyone working for or on its behalf to follow this Privacy Policy and provides training about privacy and confidentiality obligations.

Collection and Use of Personal Information

(a) Registrants

The College collects and uses personal information about **registrants** to:

- Maintain the public register;
- Assess whether a registrant continues to meet the requirements for a certificate of registration;
- Investigate complaints and concerns about registrants;
- Investigate allegations of professional misconduct or incompetence;
- Inquire about whether a registrant is incapacitated;
- Conduct discipline or fitness to practise hearings;

- Administer the College's quality assurance program;
- Administer the funding program for therapy and counseling for patients who were sexually abused by a registrant;
- Investigate mandatory reports filed under the RHPA Procedural Code;
- Assess applications for reinstatement;
- Support workforce planning and demographic studies;
- Administer Council elections;
- Administer or enforce the legislation;
- Communicate information related to profession regulation, including standards of practice and the Code of Ethics.

The College may collect this information from registrants, patients, authorized representatives, or other appropriate sources.

(b) Patients

The College collects and uses **patients'** information when necessary to:

- Investigate complaints about the conduct or actions of a registrant;
- Investigate allegations of professional misconduct or incompetence;
- Inquire about whether a registrant is incapacitated;
- Conduct discipline and fitness to practise hearings;
- Carry out quality assurance activities.
- Administer funding programs for therapy and counselling related to sexual abuse by a registrant.
- Investigate mandatory reports.
- Assess whether an applicant meets registration requirements.
- Assess applications for reinstatement of registration.
- Administer or enforce applicable legislation.

The College may collect patient information from patients, registrants, healthcare facilities, and other relevant sources.

For example:

- Discipline hearings are generally open to the public, although exceptions may apply. If patient information is relevant to a case, it may be introduced as evidence, but it is generally subject to a publication ban. This is determined in accordance with the Discipline Tribunal's Rules of Procedure and applicable law.
- If a complaint decision is reviewed by HPARB, the College may be legally required to provide patient records and supporting documents that may contain patient information to HPARB. This information may become part of the public record, subject to HPARB's Rules of Practice and Procedure and applicable law.

(c) Applicants

The College collects and uses personal information about **applicants** to:

- Assess eligibility for registration;
- Determine whether registration requirements continue to be met;
- Administer and enforce the legislation.

For example, if an applicant requests a review or hearing of the Registration Committee's decision, the College may be required to provide relevant records and documents to HPARB. This information may become part of the public record, subject to HPARB's Rules of Practice and Procedure and applicable law.

(d) Council Members, Committee Members, Appointees, and Staff

The College collects and uses personal information about individuals who work for or on behalf of the College to:

- Evaluate and appoint qualified candidates;
- Manage compensation, expense payments, and legal reporting obligations;
- Maintain employment, appointments, and dispute resolution records.

Sharing Information

The College does not sell, rent or lease personal information to third parties.

In limited situations, the College may share personal information with trusted service providers that support its operations, such as providers of:

- Mail distribution
- Email communications
- Technical support
- Delivery services

These service providers may only use personal information for the services they provide to the College and must protect its confidentiality.

The College takes reasonable steps to ensure that third-party service providers have appropriate privacy and security safeguards in place.

The College does not generally collect, use, or disclose sensitive personal information, such as information about race, religion, or similar characteristics, unless permitted or required by law or with the individual's consent.

When sharing personal information, the College takes reasonable steps to protect the privacy interests of registrants and the public.

Disclosure of Information Under the RHPA

The College has a duty to keep information confidential. However, section 36(1) of the RHPA permits or requires disclosure in certain situations.

Examples include:

- Information that is already public under the RHPA.
- To administer the RHPA or Chiropractic Act, including in connection with anything relating to registration, complaints about registrants, allegations of registrants' incapacity, incompetence or acts of professional misconduct or the governing of the profession.
- Information shared with another profession regulator in Ontario or elsewhere.
- Information shared with law enforcement when legally authorized.
- Information confirming that an investigation is taking place where there is a compelling public interest.
- Information disclosed to reduce or prevent a significant risk of serious bodily harm.
- Information disclosed with the written consent of the individual involved.

A complete list of exceptions is set out in [section 36 of the RHPA](#) (see Schedule 1 below).

For more information, please see the College's [Information Sharing Policy](#)

Collecting and Sharing Information During Investigations

As part of an investigation, the College may collect personal information, including patient records, from:

- Registrants
- Employers
- Health care facilities
- Other individuals or organizations with relevant information

To ensure a fair process, the College may also be legally required to share certain information, including patient records, with registrants who are the subject of an investigation.

Any collection, use, or disclosure of personal information during an investigation will be carried out in accordance with applicable legislation and regulatory requirements.

Maintaining the Public Register

The College is required by law to make certain information about its registrants available to the public.

The College's online public register, [Find a Chiropractor or Podiatrist](#), helps patients, employers, and others in the health care system verify a registrant's credentials and practice status.

The public register includes information such as:

- Whether a registrant is authorized to practise in Ontario
- Their workplace location(s)
- Their registration status and history
- Whether there are any restrictions, suspensions, or revocations on their registration

- Whether they are authorized to prescribe medication

The register may also include information about:

- The results of public investigations
- Temporary restrictions or suspensions imposed during an investigation or discipline process
- Discipline decisions and outcomes
- Other legal or regulatory matters that are required to be made public.

The College's responsibility to maintain the public register comes from section 23 of the [Health Professions Procedural Code](#) and article 42 of the College's [By-law 1: General](#).

Protecting Personal Information

The College is committed to protecting the personal information it collects and maintains.

Personal information is stored in secure electronic and paper records. The College uses reasonable safeguards, including:

- Limiting access to authorized individuals who need the information to perform their duties;
- Securing office premises with controlled access;
- Storing paper records in locked locations;
- Protecting electronic records with passwords and other security measures;
- Regularly reviewing and updating security practices

All employees receive privacy and confidentiality training when they begin their role and additional training as needed.

While the College takes reasonable steps to protect personal information, it cannot be responsible for unauthorized access that is beyond its reasonable control.

Retention of Personal Information

The College retains personal information only as long as required by law, regulatory obligations, or operational needs.

When information is no longer required, it is securely destroyed, deleted, or permanently anonymized. For example:

- Paper records may be shredded
- Electronic records may be permanently erased.

The College follows a Records Retention Policy and regularly reviews its records management practices to ensure compliance with legal and regulatory requirements.

Website Use

The College uses Google Analytics to better understand how visitors use its website.

This information helps us improve website content and services by identifying which pages and topics are most useful. Information collected through Google Analytics is aggregated and does not identify individual visitors.

Cookies

The College's website uses cookies to improve your browsing experience.

Cookies are small text files stored on your device when you visit a website. They help websites remember your preferences and recognize returning visitors.

We may use cookies to:

- Remember your settings and preferences.
- Improve website functionality and performance.
- Understand how visitors use the website.
- Make website features and services easier to access.

Cookies cannot run programs or install viruses on your device.

Most web browsers automatically accept cookies. You can adjust your browser settings to refuse or delete cookies. However, some features of the website may not function properly if cookies are disabled.

Links to Other Websites

The College's website may include links to third-party websites for your convenience.

This Privacy Policy applies only to information collected through the College's website. If you visit another website through a link on our site, that website's privacy practices and policies will apply.

We encourage you to review the privacy policy of any website you visit.

The College is not responsible for the privacy practices or content of third-party websites.

Contact Information

Questions about the way personal information is handled by the College should be directed to the Deputy Registrar who can be reached at 416-542-1333 ext. 224, or email complaints@cocoo.on.ca.

Schedule 1

SECTION 36 OF THE *REGULATED HEALTH PROFESSIONS ACT, 1991*

Confidentiality

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;

(b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;(d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Fixing Long-Term Care Act, 2021*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada).

Key Performance Indicators

October 2025 to October 2026

Key Performance Indicator	Metric Used	Desired Outcome	Status
Annual review of financial reserves to ensure sufficiency of funds in compliance with the College's Financial Reserve Policy.	Registrar's regular reporting to Council on the status of the Reserve Fund.	The maintenance of the Reserve Fund in compliance with the Reserve Fund Policy.	
Continuous improvement of the College's performance in the College Performance Measurement Framework (CPMF) metrics.	Tracking CPMF submissions year over year to determine rate of compliance with CPMF requirements.	Full compliance with the CPMF requirements.	
Financial reporting by the Registrar at each Council Meeting.	A written or oral report from the Registrar to Council at each Council Meeting regarding the most recent financial status.	Sound financial stewardship of the College by the Registrar with proper oversight by Council.	
Annual onboarding and orientation of new Councillors, Chairs and Committee Members before the first Council Meeting. Exit interviews of Council members.	Planned and executed onboarding and orientation for new Councilors, Chairs and Committee members. Exit interviews requested upon departure of Councillors.	Properly prepared and oriented Councilors, Chairs and Committees who are well placed to conduct College business in protecting the public. The College collects feedback from those who have recently engaged in College work on Council to improve orientation and training for Councilors.	
Maximize value of College's membership in the Health Professions Regulators of Ontario (HPRO) with regular engagement by Registrar and Staff, where appropriate.	Regular engagement (attendance at meetings and events) by the Registrar and staff with other health regulators through HPRO.	Ensure the College maintains currency in trends in professional health regulation, fosters good relationships with other HPRO regulators and elevates the profile of the College through participation in the provincial health profession landscape.	
Ongoing engagement by the College and Registrar with the Ministry of Health, HPRO, other health regulators, associations, and organizations with a view to increasing the profile of the College, its mandate and Strategic Plan.	Regular reporting by Registrar to Council regarding engagements with system partners.	Fulfillment of the College towards its mandate of protecting the public by active engagement with system partners in support of its strategic plan.	
Establish and update the foundational competencies for the Full Scope Podiatry Model (FSPM) to ensure the College's agility and responsiveness upon the adoption of the FSPM.	A complete list of all anticipated competencies for registrants with expanded scopes of practice pursuant to the FSPM.	Ensure the College is best positioned to be responsive upon the adoption of the FSPM.	

Key Performance Indicator	Metric Used	Desired Outcome	Status
Development of the College's procedural plan for implementation of the FSPM, including identifying critical system partners and necessary steps towards implementation.	A sound procedural plan in place for the College to follow in the event the FSPM is adopted in the province.	The College has established a well-considered plan to implement the FSPM and smoothly transition to the new model of footcare.	
The College applies Right-Touch Regulation practices to ensure its regulatory actions are proportionate to the level of risk to the public, including the application of risk-based considerations to best protect the public.	The College approaches all regulatory practices through the lens of Right-Touch Regulation.	The College adheres to Right-Touch Principles in its Regulatory practices.	
The College will embody and promote the principles of diversity, equity, and inclusion through: - Increasing our awareness and understanding of the diversity of our registrants and of the communities they serve through engagement and consultation; - Acknowledging where improvements in diversity, equity and inclusion can be achieved; and - Addressing identified issues such as systemic racism and bias that may create barriers to effective foot care.	The College regularly monitors its EDI practices to ensure EDI principles are promoted.	The College embraces EDI principles as part of its mandate.	
The College demonstrates its commitment to developing continuing education materials, including modules, to assist registrants in improving their practices.	Ongoing development of, and improvement to, the College's continuing educational materials for registrants. Tracking access to College materials by users.	The College is a trusted resource for registrants in maintaining competency through continuing educational resources.	
The College strives to continually enhance its social media engagement on the College's social media platforms as a key metric of success. The College's content will focus on foot care excellence and public protection.	Tracking Social Media clicks, likes, shares and follows.	The College is a reliable Social Media content creator producing and sharing relevant material related to foot care and public protection.	
Regular assessments and review of Council's oversight and accountability and the College's support of Council in achieving their oversight obligations.	Regular feedback from Councillors following every Council meeting to ensure sufficiency of materials with adequate time to review to make informed decisions. Evaluation of Council's functioning by an external auditor with expertise in governance every 3-5 years.	The College Council is a well-functioning board that engages in appropriate oversight of the College with corresponding accountability to system partners.	