

# FOOTPRINT



College of  
Chiropractors  
of Ontario

The College of Chiropractors of Ontario is the licensing and regulatory body for chiropractors and podiatrists in the province of Ontario. Follow us on social media for updates, news and discussions on various healthcare topics!



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# PRESIDENT'S MESSAGE



## WHAT ARE THE COSTS OF MAINTAINING A BAN ON PODIATRISTS IN ONTARIO?

As a professional health regulator, mandated to serve the best interests of the public, the College continues to resolutely lobby for and support the repeal of subsection 3(2) of the *Chiropody Act, 1991* which prohibits the registration of any new podiatrists after July 31, 1993. College Council has long voiced its concern that the ban's continuance is not in the public interest. But, it's actually much worse than that; the ban is a disservice to the public because it has stagnated and stymied the proper and natural evolution of footcare in the province, which does not benefit Ontarians. By preventing the addition of new Doctor of Podiatric Medicine (DPM) registrants as podiatrists into Ontario, long recognized as a class of highly trained footcare specialists, Ontario unnecessarily hamstring the growth of both footcare professions of chiropody and podiatry. One need not look very far for the evidence. It's in the College's inexplicably low registrant numbers despite the registration monopoly that chiropody has had on footcare for over 30 years. It's the reason Ontario has less than a third of the qualified chiropodists and podiatrists needed to support its 16 million population. More than this, there are real costs to continuing the ban as I have set out more fully below.

First, I want to express that I wholeheartedly applaud the regular announcements by the Ministry of Health and the provincial government on the expanded scopes being enacted for several health professions, pharmacy and nursing come to mind. As a result, I am typically contacted by several registrants who bemoan such announcements of expanded scopes for these professions, not out of some malice for the good work that these professions provide, but rather as an expression of frustration. Frustration for being overlooked for some recognition of the College's Strategic Plan's wish list of scope expansions, title changes, plus other authorities for our registrants. The frustration boils down to, 'Why not us?'

We must take a serious look and acknowledge the true costs of the ban on registering podiatrists in Ontario.

### It's A Numbers Game

If we assign 1993 as the beginning of Ontario's entrenched commitment to chiropody as the foot care model to serve its citizens, over the thirty-three (33) years that have transpired since enactment, the number of registrants has not kept pace with the population growth. In over 30 years, we have less than 860 registrants in the College. 830 of those are chiropodists, and the balance are podiatrists. We know why the podiatry class numbers have shrunk and continue to shrink. That is the direct result of the ban on registering podiatrists. But the more compelling question is: why haven't chiropody registrations flourished in this time? The answer, I'm afraid, is that when a province takes the unprecedented step of extinguishing an entire profession, it has negative consequences for any related profession. Some may wish to argue this point, but again, I point to the numbers, and here at least, the numbers don't lie.

### We Cannot Meet Ontario's Footcare Needs on Our Current Model

More concerningly, from the College's perspective, registration has not kept pace with the need. Given the scope and title restrictions put in place, it is expected that Ontario and/or Canadian-born DPMs elect not to settle in Ontario. However, the question remaining is why over this period of time we have not seen a flourishing intake of chiropody students and resultant graduates to parallel the growth seen in other health professions?

First, we must acknowledge the elephant in the room. We cannot seriously expect that we will attract a significant number of DPMs to register as chiropodists in Ontario on a regular basis. This, too, is supported by the numbers. In Ontario, we have 26 DPMs registered as chiropodists. That's it. While we receive many inquiries from DPM students or DPMs practicing elsewhere about registering in Ontario, very few execute on a plan to do so when they learn of their restricted scope of practice. When we consider that other provinces have greater scopes of

practice for their chiropody equivalent, it makes registering in Ontario even less compelling for both out-of-province chiropodists and DPMs alike.

Second, our growth rate, when retirements are taken into account, will not have the College showing a sufficient number of footcare registrants to adequately meet Ontario's current needs, even within the next 20 years, by which time Ontario's population is estimated to be over 20 million people. That means that the current shortage is here to stay. It will only become more pronounced with the expected population growth among an aging population.

The saying goes, 'Nature abhors a vacuum'. When the footcare needs cannot be met by regulated footcare specialists, there are other healthcare providers who naturally attempt to fill the void. We have seen this already. Nurses, chiropractors, physiotherapists, pedorthists and personal support workers, for example, with some additional training in wound care or micro-credentialling in footcare, have stepped into footcare. I say this with no disrespect to my healthcare counterparts as I have only high regard for the important work they do. However, those of us with training specific to footcare, both chiropodists and podiatrists, know that this training is not matched in a semester-long course or a series of seminars delivered over lunch hours. We know that the cost of failing to have sufficient footcare specialists can be seen in the data on ER visits, prolonged wait times for foot diagnostic and surgical services, and hospitalizations due to diabetes related ulcers, gangrene and wounds. We know the true costs are reflected in rates of lower limb amputations resulting from such hospitalizations that are 85% preventable. We know that in Canada, hundreds of millions of dollars are spent annually, including in Ontario, to address foot issues that could be addressed more effectively and at less cost out of hospital by a chiropodist or podiatrist. These aren't my statistics or the College's; they have been collected based on hospital records across Canada.

### **Why The College Cares**

It's well past time to acknowledge that the ban did not work. Whatever the architects of the ban thought the future held, to the extent they thought banning the registration of DPMs as podiatrists was a workable solution to address footcare needs in the future in Ontario – they were wrong. We know it by the inadequate number of College registrants. We also know it by the overwhelming number of chiropodists who work in private practice when the ban was premised on the expectation that chiropodists would work mainly in hospitals under the oversight of a physician as part of healthcare teams. We know it by the well-established, successful integration of DPM-podiatrists delivering higher level of treatment options under a broader scope of practice within the health care delivery paradigms of several other provinces. Not surprisingly, we know it by the lack of interest in footcare specialists from other provinces moving to Ontario to practice. We know it by the millions of dollars spent annually on mostly preventable lower limb amputations, and the prolonged delays in obtaining higher level diagnostic and therapeutic care for foot conditions. We know it by the fact that Ontario does not offer Labour Mobility for all footcare specialists. Finally, we know it because the gap in the specialization of footcare is not being filled, it's being replaced and, sadly, by those without specialization in footcare. Naturally, this has negative implications on the level of care Ontarians are receiving.

The lifting of the ban should be a matter on which every registrant is united. Whether chiropodist or podiatrist, there is no benefit to maintaining the ban, but there is much to lose. Over thirty years the ban has not accomplished what the stated objective was. Today both chiropody and podiatry are at high risk of being replaced and marginalized through the supply shortage and inability to meet demand. Both professions deserve to benefit from the advancement and growth of footcare in Ontario that will only be realized by repealing an antiquated restriction. More than that, however, Ontarians will benefit most of all. This is what motivates the College to continue in its efforts on this issue.

Sincerely,



Peter Stavropoulos, DPM (*he/him*)  
President



## A WORD FROM THE REGISTRAR AND CEO

### Feedback for Council's Consideration: The Process

From time to time, the College Council will invite system partner feedback on various decision items for Council's consideration. For certain items, such as proposed bylaw amendments that include an increase in the amount charged, including the recent increase proposed to the fees for the College's Registration Examinations, the College is required to circulate such proposals for a period of 60 days and provide any feedback received to the College Council for consideration. Typically, any feedback received will be provided directly to Council by way of the Council materials at the next Council meeting, and Council will be asked to vote on the proposal, having considered the feedback provided. For other proposed changes, the College is not required to circulate proposed changes or new documents for feedback before Council votes on the proposal.

It's important that registrants understand that circulating materials, collecting and collating feedback for Council's review, is resource-intensive for a small regulator with a small staffing complement and is therefore not practical in all circumstances, particularly when doing so is not required by law. Being judicious about the use of the College's resources is one way the College manages operating costs and protects against the need for further fee increases.

In respect of Standards and Guidelines, those documents are drafted by the College's Standards and Guidelines Committee (S&G Committee), composed of chiropractors, podiatrists and public members. The S&G Committee meets throughout the year, considering and drafting various standards and guidelines. Legal advice is also sought by S&G to ensure legal compliance before a draft Standard is finalized for consideration and vote by Council. Following legal review, any proposed new or revised Standards or Guidelines by the S&G Committee are then considered by the Executive Committee, which will vote to recommend or not recommend the proposed Standard or Guideline to Council. From there, the proposed new Standard or Guideline will be included in Council materials for Council's vote to accept or reject the proposal. Some proposed changes are not substantive but are a revamp of the existing Standard or Guideline to adopt more modern language and/or to align, simplify and clarify what is already in place. For such proposals, the College will not typically circulate the proposed changes for feedback but will include the proposed changes in the Council materials that are posted on the College website.

The College recently circulated its proposed substantive changes to the Patient Relations Standard. The rationale for the circulation – although circulation is not required for proposed amendments to Standards generally – was to engage system partners, particularly registrants, about the proposed changes, recognizing the value of varying perspectives from clinical practitioners serving different communities across the province. As was part of the process, the feedback was provided to Council at the January meeting and Council voted to send the feedback to S&G Committee for consideration and reflection in a revised draft for Council's future consideration. The process for such proposed changes does not include revising a proposed Standard or Guideline based on the feedback received prior to Council's consideration. Unless and until Council reviews the feedback and votes on the proposal as originally circulated, it would amount to an inappropriate, unnecessary, and costly duplication to draft a revised proposal based on feedback Council may or may not rely upon. Further, at the previous Council meeting on October 9, 2025 Council voted to circulate the proposed Standard for feedback that it would vote on at the January 29, 2026 meeting. Revising the Standard from something different from what was circulated would not make sense as Council already agreed to consider feedback on the original proposal. In the case of the Patient Relations Standard, based on Council's vote, the S&G Committee will reconsider the proposed Standard, revise the Standard as determined to be appropriate, and the revised Standard will be provided to Council at its May 2026 meeting for consideration. The revised Standard will not be circulated further for feedback.

## What's the Most Effective Feedback for Council?

As a registrant, if you would like to provide effective feedback to Council for consideration when a proposed by-law amendment, Standard or other document is circulated seeking feedback, there are three critical considerations registrants must be mindful of:

- 1. Always provide feedback in good faith.** As a registrant, you are expected to engage with your regulator in good faith. That means that if you choose to provide feedback, you are providing it sincerely and thoughtfully. For example, spreading information that you know or ought to know is false does not amount to good faith. In addition, providing unreasonable comparisons to other much larger regulators as a basis of comparison for some aspect of the College's operations does not amount to sincere feedback. Our College does not enjoy economies of scale that much larger regulators enjoy, and therefore, it cannot realize some cost savings that larger regulators or regulators with national cost-sharing models, such as national exams, are able to realize.
- 2. Ensure that you have the relevant facts.** If you are unsure about the correct facts, do your homework to ensure that you are not relying on inaccurate, outdated or false information. Providing feedback when you do not understand the facts will not be helpful to Council in its vote. Deliberately or carelessly misstating the facts to support a position in feedback is not appropriate, nor is it helpful to Council, and it does not likely help advance your viewpoint for consideration.
- 3. Understand what feedback is being solicited.** The College Council is a governance body. Its role is not to oversee the College's day-to-day operations. Therefore, any feedback provided should address what College Council will be voting on. Since Council votes on governance matters, valuable feedback is that which addresses the governance issue that is raised for consideration by Council.

For example, when the College circulated feedback on the proposed amendment to the College's by-law regarding the fees charged for the College's Registration Examinations, College Council was not voting on the appropriate amount of the fees or any amount of the increase. Rather, Council was considering whether any further increases should be borne by the College (i.e. by way of the annual dues collected from registrants to support the operations of the College) or borne by applicants. College Council was not considering what the appropriate amount of the College's Registration Exams should be. That is an operations question that the Registrar and staff are responsible for and have expertise in. College Council was presented with relevant comparisons to other smaller-sized regulators and their respective registration exam costs to demonstrate that the College's proposed exam fee increase was within the reasonable range of costs for similar registration exams. College Council voted to support the proposed increase, thereby indicating that Council takes the view that registrants' annual dues should not subsidize the cost of registration exams but that applicants should bear the burden of such costs.

Providing helpful, well-considered feedback for Council when it is invited is a valuable tool for Council members to use when they are asked to vote on a particular matter. By following the above considerations, registrants can ensure their feedback is maximized to be the most meaningful and helpful for Council. Keep in mind that Council will never request feedback on College operations because of Council's role in governance rather than operations. By keeping these considerations in mind, you can ensure that your feedback informs Council on important considerations when voting on Agenda items.

Sincerely,



Nicole Zwiers, LLB, LLM (*she/her*)  
Registrar and CEO



## COUNCIL APPOINTMENTS

Welcome to the newly appointed and re-appointed Public Members on **College Council**.



Chad McCleave was appointed on November 13, 2025.



Itraf Ahmad was re-appointed on December 12, 2025.



Tomy Kokkat was appointed on January 15, 2026.

## PRACTICE ADVISORY SERVICE (PA) UPDATE

The Practice Advisor (PA) offers valuable guidance to registrants regarding their professional services in Ontario. Additionally, the PA assists the public and health system partners with inquiries related to the practice of chiropodists and podiatrists. For more information and frequently asked questions, visit: [www.cocoo.on.ca/practice](http://www.cocoo.on.ca/practice).

### Third-Party Health Insurance Provider Inquiries

The PA provides clarity to questions the College receives from various health system partners, including insurance providers. These insurers reimburse patients for the services they receive from our registrants and often contact the College to verify information. Two of the more common questions we receive from insurance providers are:

- *Is the testing or treatment being offered within the registrant's scope of practice?*
- *Is the treatment or product an accepted and recognized approach for the condition being treated?*

When responding to these inquiries, the PA service directs system partners to the College's website as the primary source of accurate information. They are encouraged to review:

- The [Public Register](#) to confirm the registrant's standing and class of registration.
- The [College's Legislation, Regulations and By-Laws](#).



## Scope of Practice

When responding to the first question about scope, insurers are referred to the section of scope in the *Chiroprody Act, 1991*: “4. The practice of chiroprody 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. 1991, c. 20, s. 4.”

The scope of practice is limited to the foot. What a registrant may do within that defined scope depends on:

- Their **class of registration** (chiropracist or podiatrist),
- The **authorized acts** they can perform,
- Their **skills, knowledge and judgement** (competence).

This includes their ability to prescribe drugs, administer substances by injection, and perform clinical treatment and surgeries. The College expects registrants to provide only those treatments for which they are competent, including being able to manage any potential complications.

## Accepted and Evidence-Based Treatment

When the PA is asked whether a treatment is recognized and appropriate, registrants are reminded that they should only offer treatments that have a strong, evidence base and are accepted as effective for the condition being treated.

Insurance providers often use in-house health professionals to review claims. They may request that the registrant provide scientific or clinical evidence supporting a proposed treatment. Registrants must comply with the College’s guideline on **Informed Consent**, and the principles on consent in the College’s standard on **Patient Relations**. **Check the website regularly for updated [Guidelines](#) and [Standards](#).**



## Insurance Audits

Registrants should also be aware that insurance providers may audit or investigate the practice of health professionals who provide care to their insured clients. This helps ensure that services are:

- Consistent with the registrant’s regulatory requirements, and
- In line with the insurance policy terms.

Registrants must cooperate with these audits. Failure to do so may result in the registrant or their clinic being removed from the insurer’s list of approved providers (de-listed), meaning the insurer will no longer reimburse patients for the registrant’s services.

# 2026 REGISTRATION EXAMINATIONS: FEES AND DATES

The [College's By-Law 2: Fees](#) was updated to reflect the updated registration examination fees, which will be reflected in the Spring 2026 Exams.

As part of its mandate, the College is required to provide registration examinations to applicants twice annually to protect the public. The College is required to meet all expectations of the Ministry of Health and its obligations under the *Regulated Health Professions Act, Procedural Code, Chiropractic Act*, and related Regulations. By engaging in rigorous, ongoing registration examination setting, the College ensures that any candidate who passes the registration examinations is competent to practice to the scope of chiropractic in the province. This obligation, combined with the College's duty to maintain financial sustainability, warrants increasing the fees from time to time, recognizing that the costs associated with maintaining rigorous registration examinations are ongoing and escalating.

The College regularly monitors all costs related to registration examinations. Despite the increase in 2022, as anticipated, the cost of the examinations has steadily increased with inflation. These changes were made and approved by Council as an attempt to continue to achieve cost neutrality and ensure the College remains financially stable and ensures adequate resources to fulfill its statutory responsibility of public protection.

[Read the updated By-Law 2: Fees.](#)



## SPRING 2026:

Written Exams: May 15, 2026

OSCE: May 16, 2026

Deadline for completed applications is April 10, 2026.

## FALL 2026:

Written Exams: October 23, 2026

OSCE: October 24, 2026

Deadline for completed applications is August 28, 2026.

## 2026 EXAM FEES:

Core Competency: \$800

Jurisprudence: \$800

OSCE: \$2300

# NEW AND REVISED STANDARDS AND GUIDELINES

The Standards and Guidelines Committee is currently reviewing all College standards, guidelines and policies. The goals of this work are to:

- Eliminate redundancies across documents.
- Update content to reflect current best practices.
- Modernize language (e.g., replacing “member” with “registrant,” using they/them pronouns, and adopting plain language).
- Ensure a consistent and user-friendly look and format.

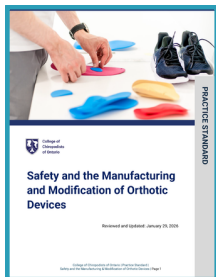
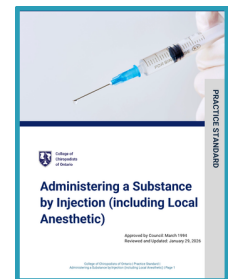
At its January 2026 meeting, Council approved several updates to standards of practice and guidelines. If you have any questions, please contact the Practice Advisor at [practice@cocoo.on.ca](mailto:practice@cocoo.on.ca).

## Administering a Substance by Injection

The revised [Administering a Substance by Injection Standard](#) includes:

- Clear context and purpose for the standard.
- A straightforward explanation of its legislative authority.
- Steps registrants must follow before administering injections to patients.

These updates help ensure registrants understand both the expectations and the rationale behind them.



## Safety and the Manufacturing and Modification of Orthotics

The revised [Safety and the Manufacturing and Modification of Orthotics Standard](#):

- Clearly distinguishes between the safety requirements for manufacturing and modifying orthotics.
- Defines what it means to modify and manufacture orthotics.

These changes address gaps in the previous version and help support safer, more consistent practice.

## Consent Guideline - NEW!

As part of its work, the Committee has revisited two existing guidelines related to consent:

- *Health Care Consent Act for Chiropractors and Podiatrists Guidelines*
- *Members Treating Incapable Patients Guidelines*

Both documents were originally developed in 1996 following the introduction of the *Health Care Consent Act*. While much of the foundational content remains relevant, the guidelines have been reorganized and rewritten to enhance clarity, accessibility, and ease of use.

**Registrants are encouraged to review the new [Consent Guideline](#) to ensure their practice aligns with current expectations and reflects the most up-to-date guidance. Staying informed helps support safe, ethical, and patient-centred care.**



## CONSULTATION: HAVE YOUR SAY NEW SUPERVISING CHIROPODY STUDENTS STANDARD

The College consults registrants, health system partners and members of the public on important regulatory initiatives and improvements. The feedback received during open consultations is reviewed and considered with the College's mandate to serve the public interest in mind.

We welcome your feedback on the draft **Supervising Chiropractic Students Standard!**

This new standard outlines the expectations for registrants who provide clinical supervision to chiropractic students. It describes the responsibilities and eligibility criteria for supervisors to help ensure that:

- Students receive high-quality training as they prepare to enter the profession.
- Patients are informed about student involvement in their care.
- Care remains safe, competent and consistent with College expectations.

**Learn more and send your feedback to [consultations@cocoo.on.ca](mailto:consultations@cocoo.on.ca) by April 5, 2026.**



## CALL FOR MENTORS!

The College is recruiting **Mentors** (also referred to as *Supervisors, Educators or Coaches*)!

Mentors play an important role in supporting registrants who are required to complete a Specified Continuing Education or Remediation Program (SCERP) ordered by the Inquiries, Complaints and Reports Committee (ICRC), or when the Ontario Chiropractors and Podiatrists Discipline Tribunal (OCPDT) orders supervision of a registrant's practice. Mentors conduct site visits and work directly with registrants to help ensure they meet College standards.

**Eligibility:** To be eligible to serve as a Mentor/Supervisor at the College, applicants must meet the following requirements:

1. **Be a registrant in good standing** with the College, with no disciplinary or conduct history, other than an ICRC decision to take no action.
2. **Not be under investigation** by the College.
3. **Not be a current member** of the ICRC or OCPDT.
4. **Past committee members may be eligible if:**
  - At least six months have passed since they last served, and
  - They did **not** participate in a case involving the registrant who will be supervised.
5. The College may exercise discretion to exclude applicants if the Registrar determines it would be inappropriate for them to act as a Mentor. Reasons may include (but are not limited to):
  - Being charged with or convicted of an offence in any jurisdiction
  - Having a finding of professional misconduct, incompetence or incapacity in another jurisdiction
  - Holding a leadership position with an association.

If you'd like to be considered for our roster of Mentors, please email [mclarke@cocoo.on.ca](mailto:mclarke@cocoo.on.ca). Be sure to include your **resume** and a **brief statement of interest** outlining your areas of expertise.

# COMPLAINTS, INVESTIGATIONS AND DISCIPLINE UPDATES



## Complaints and Reports

Between October 2025 and January 2026, the College received **seven complaints** and opened **three Registrar’s investigations**. In the same period in 2024, the College received 11 complaints and opened two Registrar’s investigations.

During the most recent reporting period, ICRC panels **disposed of seven matters**:

- 4 cases: no further action was taken
- 1 case: referred to the OCPDT
- 1 case: SCERP and caution
- 1 case: Determined to be frivolous and vexatious

There are currently **10 matters** pending before ICRC panels.

## Ontario Chiropractors and Podiatrists Discipline Tribunal (OCPDT)

As of the end of January 2026, **eight cases** are pending before the OCPDT.

[View the list of scheduled hearings on the website.](#)

Disciplinary matters are resolved through uncontested or contested hearings. A case is considered resolved or disposed of when:

- 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 is granted, not granted or abandoned.

Between October 2025 and January 2026, the OCPDT disposed of **three matters**.

[View the OCPDT decision summaries on the website.](#)

# Summarized OCPT Decisions



## ***COCOO v. Franca McKenzie***

The registrant, chiropractor Franca McKenzie, committed various types of professional misconduct.

- She did not keep proper records.
- She did not ensure that the College could access patients' records kept at clinics where she practised.
- She did not conduct and/or document complete assessments before prescribing orthotics.
- She did not ensure that she, or another registrant, dispensed orthotics she had prescribed, and provided receipts that indicated she had dispensed the orthotics.
- A clinic where she practised prepared false and misleading documents that falsely indicated she had provided chiropractic services. She did not take part in the fraud but failed to take adequate steps to prevent it from happening.

Some of the misconduct was mitigated, but not excused, by poor health.

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

- An oral reprimand
- 7-month suspension (3 remitted with the completion of course work)
- Medical Record Keeping Course
- Mentorship for 18 months
- Employer notification for 18 months

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

## ***COCOO v. Maxime Procope***

A 2024 review of ten randomly selected patient records showed that the registrant prescribed orthotics without adequately assessing the patients, ensuring orthotics were the appropriate treatment, obtaining informed consent, or maintaining proper records. She also refused to provide a patient or his insurance company with his clinical records. She was rude and discourteous on a phone call with him and an insurance company representative about the clinical records.

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

- An oral reprimand

The registrant signed an undertaking to permanently resign from the College.

The registrant was also ordered to pay \$29,000 in costs to the College.

## ***COCOO v. Nadia Martineau***

The registrant engaged in professional misconduct by validating claims for orthotics that had been dispensed by clinic staff and non-registrants.

Her patient records were false or misleading, and she provided false or misleading information to an insurance company when asked to verify that she had assessed patients and dispensed orthotics to them.

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

- An oral reprimand

The registrant signed an undertaking to permanently resign from the College.

The registrant was also ordered to pay \$8,000 in costs to the College.

## FRAUD PREVENTION MONTH (March)

**Fraud Prevention Month** in March is an annual public awareness campaign that aims to help people recognize, avoid and report fraudulent activities. It aims to empower the public to protect themselves and their loved ones from scams and other unethical activities.

Scammers target both consumers and businesses. Anyone can be affected, regardless of their age, background or circumstances. This can be devastating for the most vulnerable members of our society. Beyond financial loss, scams can also cause severe damage to individuals' mental health and well-being.

The Canadian Anti-Fraud Centre shares **tips and information** to help you, your colleagues and loved ones protect themselves from common scams.



Apart from being aware of scams and learning about how to report them, registrants must also understand the **College's expectations** around conducting ethical business practices, especially when prescribing and manufacturing orthotics. This is to help prevent orthotics fraud and other unethical practices that could impact both patients and healthcare professionals.

The **Canadian Health and Life Insurance Association (CHLIA)** reports that hundreds of millions of healthcare dollars are lost to fraud each year in North America. Unethical business practices – whether intentional or not – harm all Canadians by putting vulnerable patients at risk of suboptimal or inappropriate care and putting **registrants at risk of potential disciplinary action**.

The College's **Zero-Tolerance Policy** was developed and adopted in 2019 to ensure that no registrant engages in any fraudulent or inappropriate business practices. Among other things, this policy is intended to communicate to the public and to registrants in the profession that such misconduct is inappropriate, and the College will take all necessary steps, including disciplinary action, to prevent the unethical prescribing of orthotics by registrants. If the College receives a complaint or information that a registrant is overprescribing orthotics or prescribing orthotics without a clinically sound basis, the College will investigate the matter.

The Fraud Prevention Month campaign is a good reminder to be alert, be aware and stay safe! **Learn more** and share your knowledge with colleagues, friends and family.

# EQUITY, DIVERSITY AND INCLUSION (EDI) SPOTLIGHT

Integrating Equity, Diversity, and Inclusion (EDI) principles into healthcare regulation supports both patients and regulated health professionals. It helps practitioners serve patients effectively and recognize their own privileges and opportunities to contribute to meaningful change.

Healthcare professionals and organizations must address the healthcare disparities that prevent many patients and patient populations from accessing safe, ethical and equitable care and services. Systemic inequities, such as racism, sexism, ageism and other forms of discrimination, combined with factors like socio-economic barriers, trauma and oppression, continue to affect historically underserved and marginalized groups. They can negatively influence health outcomes and patients' experiences within the healthcare system. Awareness is the first step to addressing these gaps. We encourage all registrants to learn about the communities they serve and strive to provide patient-centred care.

[Elder Abuse Prevention Ontario \(EAPO\)](#)'s Director, Strategic Partnerships, Raeann Rideout, delivered an informative presentation on ageism in healthcare and elder abuse at the recent Council meeting.

Elder abuse or elder mistreatment is a multidimensional phenomenon that encompasses a broad range of behaviours, events, and circumstances. Unlike random acts of violence or exploitation, elder abuse does not always occur as an isolated incident; rather, it is recurrent in up to 80% of cases.

EAPO creates awareness about ageism in healthcare and helps healthcare professionals be aware of [different forms of abuse](#) faced by seniors and older adults: financial abuse, psychological abuse, physical abuse, sexual abuse, neglect, and systemic abuse. Check out these helpful resources:



**VIDEO:**  
Let's Talk About  
Ageism

[CLICK TO WATCH](#)



**TIPSHEET:**  
Help and Support  
for Older Adults  
Facing Abuse

[CLICK TO DOWNLOAD](#)



**PODCAST:**  
Aging Visibility Ep 6:  
How to Recognize &  
Prevent Elder Abuse

[CLICK TO LISTEN](#)

## What can you do as a healthcare provider to prevent elder abuse?

- **Stay Informed:** Train yourself and your staff on ageism and elder abuse in healthcare.
- **Know the Signs:** Pay attention and look for any signs of abuse during your patient interactions.
- **Build Trust:** Listen with empathy and try to create a safe space for your patients, where they feel respected and comfortable enough to share their concerns or experiences.
- **Report Abuse:** Learn about your reporting obligations or establish a process. If you or a staff member has concerns about a patient, take appropriate action to prevent further abuse.



## Alzheimer's Awareness Month (January)

Alzheimer's Disease is the most common cause of dementia. By 2030, researchers project that nearly 1 million people in Canada could be living with dementia.

Alzheimer's Disease can affect anyone, regardless of background, line of work or even health history. Stigma around the illness is harmful as it delays diagnosis, limits access to support, and isolates people who need connection the most.

Feet are often neglected areas for people living with dementia or other forms of cognitive decline. Since you directly work with and observe patients' feet, you could be the first to notice subtle signs of self-neglect, untreated injuries, safety risks or behavioural changes associated with dementia.

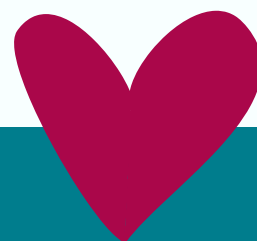
Therefore, as a footcare professional, you play a critical role in detecting early signs of dementia in older adults and seniors. Deepening your knowledge and understanding of how this illness affects people and their families can help you in providing high-quality, patient-centred foot care to patients.

The Alzheimer Society of Canada shares [10 easy ways to fight stigma against dementia](#):

- 1) Learn the facts about dementia
- 2) Don't make assumptions
- 3) Use person-centred language
- 4) Be a friend
- 5) Hear from the people who experience stigma
- 6) Test your attitude
- 7) Encourage early diagnosis
- 8) Support the caregiver
- 9) Stay informed
- 10) Remember the person inside

**Awareness is the first step to fighting stigma and ensuring quality care. Learn more:**

- [General facts and figures](#)
- [Alzheimer's Society of Canada's First Link Program](#)



## Heart Month (February)

The College recognized February's [Heart Month](#) — a time to raise awareness about the importance of heart health. Heart disease is the second leading cause of death in Canada and a major cause of hospitalizations in Ontario, with 9 in 10 adults having at least one risk factor.

Heart disease impacts almost all of us at some point in our lives, either indirectly or directly. Risk of heart disease can be due to a variety of genetic, socio-economic, lifestyle, and environmental factors. Heart health and foot care are deeply connected, as proper circulation is essential for foot health, and active feet support cardiovascular function.

As part of our social media campaign, we shared tips on protecting heart and foot health, emphasizing the role of chiropodists and podiatrists in managing the risk of heart problems by maintaining good foot health.



## Black History Month (February)

A time to honour the contributions of Black Canadians, celebrate their rich heritage, and reflect on the ongoing work toward equity and justice. The 2026 theme, **“30 Years of Black History Month: Honouring Black Brilliance Across Generations – From Nation Builders to Tomorrow’s Visionaries”**, recognizes the enduring legacy of Black Canadians, whose leadership, creativity, innovation and resilience have shaped our past, continue to influence our present, and will inspire future generations.

For healthcare professionals, this month also serves as an important reminder of the adverse impacts of historic and ongoing systemic racism on Black communities and individuals. At the same time, it reinforces that addressing systemic racism and calling out harmful practices and behaviours must be an ongoing effort. There's ample research that shows that Anti-Black racism is a key driver of health disparities in Black communities, contributing to poorer health outcomes, trauma and chronic illness.

The College's mandate is to protect the public, and the Code of Ethics states that registrants must “assess patients to determine their risk for health inequities and take steps to ensure the best outcome for the patient.” Registrants must also “take action if they witness discrimination against a patient.”

We encourage our registrants to learn more about the social determinants of health that affect Black communities and individuals, not just in February, but all year round. This knowledge will enable them to serve their patients better, ensuring access to safe and equitable care that they deserve. **Black Health Alliance’s Resource Hub** provides evidence-based reports and toolkits to support your practice.

## International Women’s Day (March 8)

Women make up about 70% of the global health workforce – yet they hold only about 25% of the leadership roles that shape health policy and systems. This gap isn’t just inequitable – it directly affects the quality, equity, and resilience of health care everywhere.

Women's leadership in healthcare is crucial for equitable health outcomes. Their lived experiences and community insights enrich decision-making processes, ensuring the needs of diverse populations are met.

The **IWD 2026 “Give To Gain”** Campaign encourages a mindset of generosity and collaboration. By supporting gender equality, we build connection and purpose, creating a ripple effect that drives meaningful change across systems and communities.



*Advancing gender equality and equity strengthens our collective purpose, creating a ripple effect that drives real, lasting change across health systems and communities. I am committed to elevating historically underrepresented voices in the work we do, as the College continues to uphold its mandate to protect the public through the effective regulation of the profession.*



– Nicole Zwiers,  
Registrar & CEO

## MEANINGFUL ENGAGEMENT AND SYSTEM COLLABORATION

The College continues to foster meaningful relationships with its system partners to advance the mission of ensuring safe, ethical and high-quality foot care to Ontarians.

Over the last few months, Registrar and CEO Nicole Zwiers met with first-year and second-year Chiropody students at The Michener Institute to share the College's latest initiatives and public consultations. She will also meet with third-year students soon. These meetings with students are an excellent opportunity for the College to introduce the soon-to-be-regulated healthcare professionals to their role and responsibilities as care providers within Ontario's health system!

College staff participate in sub-committees and working groups of the Health Profession Regulators of Ontario (HPRO) throughout the year, collaborating with professionals from other healthcare regulators to develop tools and resources and exchange ideas for improvement in our operations, regulatory processes and programs. As the chair of the HPRO Management Committee, Registrar and CEO Nicole Zwiers is developing educational programming for healthcare regulators, including their Council and staff members.



### Virtual Spring Town Hall

You're invited to the virtual Spring Town Hall on **Tuesday, June 2, 2026, at 7:00 pm!**

At this session, Registrar and CEO Nicole Zwiers will discuss the College's latest initiatives and regulatory updates. A Q&A session will follow the presentation, during which attendees will have the opportunity to ask questions and discuss relevant issues.

**Please sign up using this link** if you're interested in attending the session. A link to the virtual meeting will be sent out before the session.



College of  
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