

FOOTPRINT



College of
Chiroprapodists
of Ontario

The College of Chiroprapodists of Ontario is the licensing and regulatory body for chiroprapodists 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



Why Ontario needs more DPM Trained Podiatrists/Podiatric Surgeons

The College regularly reviews emerging data and research related to footcare in Ontario, Canada and beyond to ensure that we are kept abreast of the latest developments in footcare. Although we intrinsically understand the value inherent in the specialized education and training of both chiropodists and podiatrists, the College notes that the data supports this understanding. In this article of Footprint, I am reviewing very recent research that supports the need for the skills of podiatrists/podiatric surgeons in addition to those of chiropodists.

The May 19, 2026, edition of the *Journal of the American Medical Association (JAMA)* published a research paper titled, [“Geographic Variation in Amputations for Medicare Patients With Diabetic Lower-Extremity Wounds”](#), authored by Ioana Popescu, MD, MPH; Helin Hernandez, PhD; Gabriela Plasencia, MD, MAS; Sarah Schutz, PhD; Danya Birnbaum, MPH; Jill Gurvey, MPH; Aksone Nouvong, DPM; Vincent Rowe, MD; Cheryl L. Damberg, PhD, MPH.

The research investigated the factors that play a key determinant in the outcomes of patients who develop diabetic lower extremity (DLE) wounds. As we know, unfortunately, all too many of these individuals go on to have lower extremity amputations, at great cost and burden to the healthcare system. More importantly, amputations of this nature severely impact the quality of life for those affected, and those within the immediate circle of the patient's family.

The study cohort included 707,971 Medicare DLE wounds over the years 2017 – 2019 within the USA followed for 12 months after the DLE wound diagnosis. The data was compiled from within 306 hospital referral regions and analyzed over the years 2025 – 2026. The variables considered in this research paper included: age, gender, race, urban/ rural habitation, economic circumstances, access to medical specialists (podiatry, endocrinology, revascularization specialists), and access to hospital-based wound specialist programs and the influence of these variables on the risk of a given patient going on to a lower extremity amputation from what began as a DLE wound. The research found that the median number from a range of patients who went on to a LE **major** amputation from the DLE wound was **3.0%**. Amputations arising from trauma were not included in the study. Among health care provider factors, **only the Doctor of Podiatric Medicine (DPM) podiatrist supply had a negative association with amputations**. Plainly stated, in this cross-sectional study of Medicare beneficiaries with DLE wounds, beyond social determinants of health, higher podiatrist supply was associated with fewer amputations. These findings suggest that increasing access to podiatrists may reduce amputations among patients with DLE wounds.

Conclusion: “The most important finding from our analysis is that greater podiatrist supply was associated with fewer amputations. In low-supply markets, each additional podiatrist per 10,000 Medicare beneficiaries was associated with an almost 20% reduction in amputation odds for patients with DLE wounds, underscoring the central role of podiatry in DLE wound care. Podiatrists bring direct wound care expertise (pressure offloading, debridement, advanced dressings, and specialized footwear prescriptions) and may provide key preventive services to high-risk patients with diabetes (e.g., those with kidney failure, PAD, or advanced neuropathy) that lower the risk of major amputation. Finally, podiatrists may serve as critical connectors between primary care physicians, specialists, and ancillary services participating in DLE referral networks”.

The research speaks for itself. The impact of podiatrists on DLE wounds and limb salvage efforts as part of the health care team is undeniable. Having competently trained footcare practitioners with demonstrated competencies to diagnose and treat a broad range of conditions of the foot and ankle by diagnostic, therapeutic, and surgical means, working along with other regulated health professionals as part of a team, vastly improves patient outcomes as it relates to serious lower extremity morbidity.

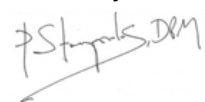
It is important to clarify that while the treatment provided by the US podiatrists in this study was identified as, “pressure offloading, debridement, advanced dressings, and specialized footwear prescriptions”, such treatments differ importantly from what the registrants in Ontario can provide currently. It’s clear from this study that the diagnostic and therapeutic services that these DPM podiatrists are providing to their patients to obtain the positive outcomes highlighted in the research are notably different from what exists in Ontario. Firstly, they have access to and appropriately apply the full armamentarium of diagnostic studies, including, but not limited to, plain radiographic and sonographic imaging, nuclear medicine scans, MRIs, CT scans, blood/urine lab testing, microbiological analysis, controlled substance testing, tissue pathology analysis, EMG/NCV studies, and vascular studies. Secondly, they work alongside and freely refer their patients to other medical specialists for the vital consultations. The ‘*debridement*’ referenced includes both chairside soft tissue/ulcer debridement, but also, when merited, they carry the treatment into the operating room/surgical suite where more extensive soft tissue debridement is performed, along with providing all the requisite supportive measures, for example, soft tissue and/or bone biopsies, aggressive wound lavage, application of advanced dressings, and so on. Additionally, it should be appreciated that this debridement might include resection of infected and/or mal-aligned bone. That is to say, performing “*minor*” amputations within the foot to hopefully prevent the more serious “*major*” LE amputations referenced in the study. In a similar vein, “*pressure offloading*” could involve working cooperatively with other healthcare workers, such as orthotists/prosthetists, to provide Total Contact Casting and to offer customized braces and ankle foot orthoses (AFOs) to aid in healing and a return to early ambulation. The treatment referenced as “*advanced dressings*” includes a plethora of biological wound dressing materials that have proven benefits for healing these serious wounds. They are sometimes prescribed to be used in conjunction with Vacuum Assisted Closure (VAC) therapy, hyperbaric oxygen or topical oxygen therapy. To the point – the interventions and treatments provided under this full scope podiatry model are far more extensive than what is permitted here in Ontario; the results speak for themselves.

The significance of this study extends beyond the United States. It highlights the value that highly trained foot specialists bring to multidisciplinary healthcare teams and reinforces the importance of ensuring patients have timely access to providers with the knowledge, skills, and clinical training required to manage complex lower-extremity conditions. Across Canada, DPM-trained podiatrists practise within broad scopes that include advanced diagnostics, prescribing authority, hospital-based care, and surgical management. British Columbia and Alberta recognize and utilize these practitioners within their healthcare systems. Ontario remains an outlier because of the 1993 ban on registering DPMs as podiatrists.

Ontario needs more foot care providers. It needs more chiropodists. It also needs more DPM-trained podiatrists practising to the full extent of their demonstrated competencies. These goals are complementary, not competing. The College’s support for a Full Scope Podiatry Model (FSPM) is grounded only in the public interest and this study supports that patients have better outcomes with the FSPM. The objective is not to diminish the important contributions of Ontario’s chiropodists. Rather, it is to ensure that Ontarians have access to the full spectrum of qualified foot and ankle professionals and that regulatory barriers do not unnecessarily restrict access to care.

As healthcare demands continue to grow, our focus must remain on what best serves patients. The evidence increasingly supports a simple conclusion: greater access to highly trained foot specialists leads to better outcomes. That is a goal on which all of us should be able to agree.

Sincerely,



Peter Stavropoulos, DPM (he/him)
President



A WORD FROM THE REGISTRAR AND CEO

Scope of Practice Expansion and Serving the Public Interest – A Time for Reflection

With the recent announcement that the scopes of practice of certain regulated health professionals will expand, but that chiroprodists will not have scope expansion to include ordering and taking X-rays, it is a reasonable and prudent opportunity for some reflection. Reflection should include both the implications of the exclusion of chiroprodists from the scope expansion that was extended to other health professionals and the broader implications for the Chiroprody Model in the province. The Ministry of Health recently confirmed with the College that the Chiroprody Model, as it has been in place for 30 years, remains in place at this time.

As a reflective aid, I've posed some questions below and invite the reader to reflect on the answers provided. This is a time for critical thought and sober analysis. Accuracy is also important. As always, the reflective lens, from the regulatory perspective, must be focused solely on public protection, which is the mandate of the College.

Why Does the College Address Access to the Number of Chiroprodists and Podiatrists Needed to Properly Serve the Needs of Ontarians?

As many will be aware, the College's strategic plan speaks specifically to an approach to footcare in the province that the College's Council views as the best framework available to ensure it meets its mandate of public interest. It's always helpful to understand that, by way of the College's strategic plan and sharing of information about the current state of footcare and the corresponding footcare needs of Ontarians, the College is ensuring that it complies with its legislative requirements. To that end, as part of the College's mandate of public protection, pursuant to Schedule 2 of the *Regulated Health Professions Act (RHPA)*, the College has a duty to advise the Minister of Health as to the number of adequate registrants needed to serve the footcare needs of Ontarians. Section 2.1 of Schedule 2 reads as follows:

Duty of College:

2.1 It is **the duty of the College** to work in consultation with the Minister to ensure, **as a matter of public interest**, that the people of Ontario have **access to adequate numbers of qualified, skilled and competent regulated health professionals**. 2008, c. 18, s. 1.

It's notable that this is an ongoing obligation on the part of the College. It is a duty – the highest order of obligation that exists in law, and it's one that the College takes with the requisite degree of seriousness required to fulfil such an obligation. There are no qualifiers or limits on this duty, and there is no time at which this obligation ceases. Along with the many obligations of a regulatory body, this is one the College must continue to meet.

Why Were Chiroprodists Not Included in the Recent Scope Expansion?

The short answer is that we were not provided with an explanation at this time. As always, we understand and respect that there are many factors, considerations and complexities at play in government decision-making, particularly within healthcare. For clarity, the College was not involved in any respect in the request for this particular scope expansion, and it did not make any submissions regarding the request. As a result, the College has very limited information about the scope expansion requested or the materials submitted. Ideally, any requested scope expansion will include the regulator's full participation as there are direct regulatory implications for scope expansion.

While the College supports scope expansion for chiroprodists, including ordering and taking X-rays, in the public interest, the College's Strategic Plan supports scope expansion for both chiroprodists and podiatrists within the broader context of the Full Scope Podiatry Model (FSPM). This requires amendments to the *Chiroprody Act (1991)*. The FSPM is an approach that recognizes the critically important contributions of **both chiroprodists and podiatrists** to the health of Ontarians and **seeks to maintain active registration in both scopes of practice with two classes of footcare professionals**. It is College Council's view that the FSPM is aligned with the College's obligation as set out above in respect of s. 2.1 of Schedule 2 of the *RHPA*.

The FSPM approach includes:

- Removal of the ban in the *Chiroprody Act* on registering Doctors of Podiatric Medicine (DPMs) as podiatrists
- Title change of the current title of "chiroprodist" to "podiatrist" and the current title of "podiatrist" to "podiatrist/podiatric surgeon"
- Scope expansion for both chiroprodists and podiatrists to align with other Canadian jurisdictions
- College name change to "College of Podiatrists of Ontario"; and
- An accredited Canadian program of study to train DPMs with bridging opportunities for chiroprodists wishing to expand their scope of practice

Importantly, any chiroprodists or podiatrists who do not wish to expand their scope of practice from the scopes currently in place would not be required to under the FSPM. They would continue to practice as they have within the FSPM.

Why Has the College Shared its Vision for the Future of Footcare in Ontario?

As part of its many obligations, the College also has an obligation of transparency whenever possible. The College Council included the FSPM in its Strategic Plan to communicate transparently about its vision for accessing and modernizing footcare needs in Ontario with all interested system partners. Given the College's ongoing duty to consider and determine access to adequate numbers of chiropodists and podiatrists in Ontario and its obligation of transparency, the College has been clear, consistent and inclusive in its public communications about the FSPM.

What's the Most Effective and Efficient Path Towards Expanding the Scope of Chiropodists, Including Ordering and Taking X-Rays?

The language at s. 3(2) of the *Chiropody Act* (1991) that placed a ban on registering DPMs as podiatrists must be removed first to realize the FSPM, including scope expansion for either podiatrists or chiropodists. Removal of s. 3(2) is the critical first step to moving forward with the other elements of the FSPM noted above. Amendments to peripheral legislation or regulations (for example, for lab testing or for the taking or ordering of X-rays) will not address the scope and title restrictions that exist currently in the *Chiropody Act*. Further, any meaningful increase in the number of College registrants to ensure adequate access to address the footcare needs of Ontarians can only be fully resolved with amendments to the *Chiropody Act*.

Without expanding the scope of chiropodists in the *Chiropody Act* to include "communicate a diagnosis", it may be challenging to convince system partners and decision-makers that chiropodists should have scope expansion to include diagnostic tools such as lab testing and the taking of X-rays mentioned earlier. In fact, historically, the scope expansion of ordering X-rays for chiropodists was fully considered and rejected by the Health Professions Regulatory Advisory Council (HPRAC) in 2015, as noted in more detail below.

It's also not possible, under the current *Chiropody Act*, to grant chiropodists the title of "podiatrist" because the language at s. 3(2) reads, "No person shall be **added to the class** of members **called podiatrists** after the 31st day of July, 1993" [emphasis added]. Changing other legislation without removing the ban will not allow chiropodists to use the title of "podiatrist" because of the wording of s. 3(2) and the express provision that no one can be added to the class of members called podiatrists.

What About "One Scope, One Title"?

First, it's important to be clear and precise when discussing the other Canadian jurisdictions to understand and acknowledge that it is not accurate to describe regulated footcare across Canada as being of one scope or one title. However, it is accurate to describe Ontario's current Chiropody Model as "one scope, one title" since the ban against registering DPMs as podiatrists requires all registrants, regardless of education, training or skill, to be registered as chiropodists. In contrast, there are multiple scopes of practice and multiple titles used across Canada, both for those with specialized training within footcare and those in healthcare professions whose skills intersect with footcare. That said, there are effectively 2 broad scopes of practice with variations in the use of the title that generally align with Ontario's chiropody class and podiatry class. One class of footcare specialists across Canada is similar to Ontario's chiropodists, with similar education and training, but with a greater scope in some jurisdictions. The other class of footcare specialists in Canada is similar to Ontario's (DPM) podiatrists, with similar education and training, but with a greater scope of practice.

Further, the legislative scheme under the *Chiropody Act* in Ontario originally contemplated 2 classes and 2 scopes of practice, and can again. Differing titles reflecting different scopes and additional specialized training within a profession are an established norm in Ontario and within health regulation. For example, within Dentistry we have Endodontists, Periodontists, Orthodontists, and Oral Maxillo-Facial Surgeons. Within Nursing, we recognize Registered Practical Nurses, Registered Nurses and Nurse Practitioners. Multiple titles and scopes within an overarching profession are nothing new and accord with best practices in public protection.

What Does the Data Tell Us About Maintaining the Status Quo and the Chiropody Model in Ontario?

The College's registration data, as well as other third-party data in Ontario and Canada, demonstrate that the Chiropody Model ("one scope, one title") has not been as effective a model for footcare in Ontario as originally anticipated. With up to 85% of lower limb amputations preventable and Ontarians living in rural, remote and rural communities, particularly First Nations and Indigenous Peoples, suffering up to triple the rates of lower limb amputations comparative to their other Ontario peers, it's clear to College Council that a better approach should be considered and implemented to ensure adequate access to qualified footcare specialists. The Chiropody Model was premised primarily on in-hospital foot care that never actually materialized, and, for many reasons, there is no longer a view that footcare is best delivered in a hospital setting.

After 30 plus years of the Chiropody Model and with registrant numbers of only 850, College Council's recommendation is that the FSPM be adopted in the province pursuant to its duty under s. 2.1, Schedule 2 of the *RHPA*. The College is satisfied that the FSPM has been carefully considered through the lens of public protection, with the aim of causing as little disruption to the existing footcare legislative and educational paradigm while maximizing significant improvements to Ontarians' access to foot care.

What Are the Implications of Continuing with the Chiropody Model?

Maintaining the status quo will not adequately increase access to the number of College registrants needed to serve Ontario's aging population of over 15 million people. The FSPM is a sound approach that works with Ontario's current legislative structure and its current registrants – both chiropodists and podiatrists – to realize the best health outcomes and ensure adequate registrant numbers to meet demand now and in the future. Working within our current system framework, as reflected in the *Chiropody Act* – one that has 2 scopes of practice and 2 classes of registrants when the ban is lifted – is a logical, reasoned approach that envisions leveraging the existing education of chiropodists in the province to continue and increase over time, while also allowing for the creation of a Canadian-based DPM program.

I Thought the Health Professions Regulatory Advisory Council (HPRAC) Already Considered Removing the Ban on Podiatry?

That's true. On August 31, 2015, HPRAC submitted its recommendations to the then Minister of Health following a request that **HPRAC consider permitting the registration of DPMs in the class of podiatrists, as well as scope expansion for both chiropodists and podiatrists.**

In addition to considering whether to remove the ban on registering DPMs in the podiatry class, HPRAC also considered scope of practice expansion for chiropodists to include new authorized acts such as:

- Diagnose disease and disorders;
- Order lab tests;
- Order radiographs; and
- Perform bone surgery on the foot.

However, **HPRAC recommended against all of the foregoing scope expansion for chiropodists** in addition to recommending against registering DPMs in the podiatry class. Notably, HPRAC did recommend a College name change to "College of Podiatrists of Ontario" and a title change of chiropodist to "podiatrist". As explained in detail above, without amending the *Chiropody Act* to remove s. 3(2), the College is precluded from registering anyone with the title of podiatrist, and the recommendation of a title change for chiropodists to podiatrists would therefore not have been legislatively possible to implement. The result is that some of the HPRAC recommendations were internally inconsistent and problematic. As we know, none of the recommendations of the HPRAC Report were ever implemented, and the *Chiropody Act* was not amended.

In the College's view, the HPRAC Report is not a reliable resource in 2026 to drive or inform health system planning for footcare in the province. At a decade old, it's too outdated to be relevant in 2026, and, post-COVID, with Ontario's current population and demographics, it's relegated to a historical document without modern application. Instead, the College must continue to rely on current, Canadian and Ontario-based data to inform its planning, decisions, advice and recommendations. Based on all the available data, College Council maintains that the FSPM best achieves the College's mandate of public protection within the existing framework set out in the *RHPA*, the *Chiropody Act* and within the existing education model for chiropodists.

I Heard that the FSPM Would Eliminate the Profession of Chiropodists – Is That True?

No. Nothing could, in fact, be further from the truth, and I have repeatedly spoken on this issue directly to registrants. The FSPM is one where the education, skills and knowledge of both chiropodists and podiatrists have critical roles to play.

I Understand that Other Healthcare Providers Are Expanding their Scope into Foot Care. What Does this Mean for Chiropodists and Podiatrists?

It was recently announced that pharmacists will have scope expansion to include prescribing medication for certain foot ailments. Further, nurses, including practical nurses as well as registered nurses and nurse practitioners, have, for some time, applied their skill, knowledge and education to wound care, including foot care. Other healthcare providers are able to prescribe orthotics. All of these healthcare professionals – with varying titles, scopes of practice, and educational backgrounds – coexist within the healthcare field of foot-specific care operating under unique titles with different scopes of practice that reflect their education, training and skill. There is nothing surprising or unexpected about this, as the growing demand for footcare in Ontario is not currently met by the number of registered chiropodists or podiatrists alone.

However, the framework of "one scope, one title" does not align with health modernization when one considers the existing array of titles and scopes of practice that continue to expand within the footcare field. The FSPM therefore envisions appropriate titles and scopes for both chiropodists and podiatrists to reflect their respective education, training and skill, in keeping with the same approach to titles and scopes of practice currently existing in foot care. The key is to ensure that the public the College serves understands who they need for specific foot care and who they are receiving footcare services and treatments from.

While the College recognizes and appreciates the unique and valuable skills that other regulated health professions bring to their patient care for foot health concerns, we recognize that Ontarians are well served by the specialized education and skills of College registrants, both chiropodists and podiatrists, who have a critical role to play within foot care. The FSPM is the most appropriate framework to enable College registrants, working alongside other regulated health professionals, to apply their unique qualifications to provide foot health services to benefit Ontarians.

Importantly, there has been recognition of a health human resource (HHR) shortage in Ontario across many healthcare professions, including foot care, and the Ontario government has taken proactive steps to effectively manage this shortage. Many of you will be familiar with the “As of Right” amendment that came into effect January 1, 2026, that permits footcare registrants from other provinces to practice in Ontario before they are registered with the College if they meet certain requirements. This amendment reflects the recognized shortage of footcare specialists in Ontario and is intended to help address the shortage. The College is confident that this approach can be built upon and expanded to address the shortage, applying the FSPM.

How Does the FSPM Achieve the College’s Mandate of Public Protection?

1. First, by removing the ban on registering DPMs as podiatrists, Ontario would become a more attractive place to register and practice foot care for DPMs. The data shows that access to more footcare specialists benefits Ontarians and reduces the rate of lower limb amputations. Removing the ban paves the way for expansion of scope for both chiropodists and podiatrists.
2. Second, with chiropodists adopting the title of podiatrist, the province would be signalling a move towards modernization of footcare that would attract more interest in the current profession of chiropody, both from within Ontario and from outside Ontario. As many note, the reference to “chiropody” is considered outdated in all other Western countries and the rest of Canada, including chiropody’s birthplace, the UK, where the term chiropody is no longer used.
3. Third, these combined anticipated registration number increases will provide for greater numbers of registrants, allowing the College to better fulfill its mandate of public protection and ensure greater access to highly trained footcare specialists for Ontarians.
4. Fourth, with greater numbers of registrants, the impact on primary healthcare by the College’s registrants would be more apparent, such that the requested scope of practice changes would be more readily understood and appreciated as an important aspect of public protection. In turn, this would increase the likelihood that future scope expansion requests would be met favourably by system partners and by decision-makers.
5. Fifth, with increasing numbers of registrants, the data would soon follow to reflect that increased access to the College’s registrants is directly responsible for lowering the number of preventable lower limb amputations and for reducing the system-wide costs and HHR arising from hospitalizations due to diabetic related foot issues and amputations.
6. Sixth, the professions historically referred to as chiropody and podiatry in Ontario would be recognized as critical partners in primary care and the corresponding increased profile of these professions in addition to their greater numbers, would assist Ontarians in better understanding how to access the care they need and in successfully accessing such care for their foot health.
7. Finally, with greater access to highly specialized foot care, the College will continue to fulfill its public protection mandate and its duty pursuant to s. 2.1 of Schedule 2 of the *RHPA*.

A Final Word.

Thank you to the College’s registrants for continuing to provide the critically important healthcare you do to keep Ontarians mobile and healthy. Reflection isn’t always easy, but it is necessary in every regulated profession. The frank reality is that our province needs more registrants, including chiropodists and DPM-podiatrists practicing to their full demonstrated scope of practice, to better serve the needs of our province and align nationally. As a regulator, we understand how the work you do translates to measurably improving the lives of your patients. The College wants to build on this work and modernize foot care for the best public protection, securing Ontarians’ access to chiropody and podiatry now and into the future. We look forward to working together to improve the healthcare landscape for greater access to critical foot care for the better.

Sincerely,



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



PRACTICE ADVISORY SERVICE (PA)

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 chiropractors and podiatrists. For more information and frequently asked questions, visit the website: www.cocoo.on.ca/practice.

What Does It Mean for Chiropractors and Podiatrists to Practise “in Association with a Commercial Business”?

Registrants are expected to provide care based on medical necessity, without inappropriate influence from commercial interests and conflicts of interest. One of the provisions in Ontario Regulation 750/93 under the *Chiropractic Act, 1991* that reflects this expectation is paragraph 28, but it is a requirement not always clearly understood by registrants in establishing their practice. This article highlights an important aspect of practice that registrants should understand and comply with as part of their professional obligations.

Understanding the Regulation

When a registrant practises in a commercial setting rather than a clinical one, a conflict of interest may arise. A business’s commercial focus can interfere with the registrant’s duty to act in the patient’s best interests. For this reason, the regulation sets limits on how registrants may practise.

The regulation states that it is professional misconduct for a registrant to practise “in the employment of or in association with a commercial business.” In other words, registrants are not permitted to engage in practice for or with an entity that is “commercial” in nature.

The term “commercial business” is not defined in the legislation or in College standards. As with professional regulation, the general term is interpreted broadly to permit the College to fulfill its mandate of public protection. Compliance with this provision requires registrants to evaluate the nature of a proposed practice setting and prohibits practice settings that are “commercial”.

How has the Provision Been Applied

In past disciplinary cases, the College has applied this provision in situations where the registrant’s practice setting or activities were incompatible with a full scope chiropractic or podiatry practice and/or clearly focused on retail or product sales. Examples have included:

- Retail shoe stores.
- Orthotics manufacturing businesses.
- Entities that are primarily built around selling products and/or providing non-medically necessary services.

In these cases, the concern was that financial incentives influenced professional judgment over the best interest of the patient and/or the relationship with the “commercial business” constituted a conflict of interest.



Working in Clinics and For-Profit Settings

Registrants are always required to provide care that is medically necessary and in a patient's best interest. Many registrants have professional corporations and/or practise in private clinics. The fact that a clinic is operated privately or on a for-profit basis does not make a chiropody or multi-disciplinary practice a "commercial business" within the meaning of paragraph 28. A "commercial business" is an entity that operates with a "commercial" purpose. When operated appropriately and professionally, clinics have a focus on healthcare, not a commercial purpose.

Consequently, working in a for-profit clinic, or in a clinic you do not own, does not automatically mean you are practising for or in association with a commercial business. Clinics are patient-focused. The key issue is to examine the purpose of the business setting and/or any arrangements the registrant (or the clinic) has with a separate commercial business that would be offside paragraph 28. For example, offering free or discounted shoes from a local shoe store that is "associated" with the clinic would be a violation of paragraph 28.

If the primary focus of your practice (as it should be) is providing medically necessary care, then the clinic structure itself (as a privately-owned clinic or health profession corporation) is not the concern. Funding sources, such as OHIP, private insurance, or direct payment, are considered part of supporting care delivery.

Your Professional Obligations

Regardless of your work setting, your professional obligations remain the same.

You must:

- Exercise independent clinical judgment;
- Recommend treatments and products based on patient need;
- Avoid conflicts of interest, including those related to financial incentives,
- Put the patient's best interests first.

These expectations are reinforced through the College's broader regulatory framework, including the Zero Tolerance Policy on over-prescribing and inappropriate business practices.

A Practical Takeaway

When evaluating your own practice, consider:

- Are your clinical decisions based solely on patient need?
- Is your workplace focused on providing care rather than selling products?
- Could your professional judgment appear to be influenced by business interests?

If your practice is centred on patient care and you maintain independent, ethical decision-making, you are meeting the expectations of the regulation.

Why This Matters

This requirement helps protect both patients and registrants by:

- Preserving professional independence,
- Reducing the risk of undue commercial influence,
- Maintaining public trust in the profession.

At the same time, the College recognizes that modern practices have business aspects. Registrants are permitted to practise as a health profession corporation and in private clinics. The College does not interpret "commercial businesses" under this rule as prohibiting those aspects of professional practice.

Instead, the focus is on whether commercial activity is the primary driver of the practice setting rather than a secondary aspect supporting patient care, or if the registrant has an "association" with a commercial business that undermines professional integrity and conflicts with their obligations to patients.



QUALITY ASSURANCE: SUPPORTING YOU, PROTECTING THE PUBLIC

It is completely natural to feel a bit unsettled when you receive an email from the College notifying you that you have been selected for quality assurance. This email lets you know that you're required to participate and submit the requested information to the College.

Quality Assurance (QA) has two key programs that play an important and proactive role in protecting the public by helping prevent issues before they arise: [Practice Assessments](#) and [Continuing Education](#).

The goal of QA is to ensure your practice is in line with the [Standards of Practice](#). Staying updated on current standards and best practices in your field is one of the best ways to ensure your patients are receiving safe, effective care. At its core, QA programs are designed to support safe practice and support continued growth throughout your career – not to surprise you with challenges. While 5% of registrants are selected by the College annually in each program, the other 95% of registrants are still required to complete quality assurance activities on their own.

Although these programs are not punitive in nature, **they are not optional**. Ontario law requires all regulated health professionals to complete these programs annually. This ensures the public can rely on safe, competent care across the professions.

QUALITY ASSURANCE PROGRAMS

Self, Peer and Practice Assessments require 5% of registrants to submit to a practice assessment by a trained peer who attends selected registrants' practice sites and completes the College's online Practice Assessment Tool. Registrants are selected randomly. However, some registrants are selected based on identified risk factors.

Assessments provide valuable insight into your strengths while also offering specific, constructive feedback that identifies areas for improvement. This is a collegial process that requires your full attention, so you will not be scheduling patients during this timeframe.

- The Assessor will spend a half day with you reviewing the College's **online Practice Assessment Tool** – a checklist of practice items designed to verify that your practice is in line with the related Standards of Practice. For e.g., discussing your advertising/website, communication documents, forms (new patient intake, consent, etc.) and a sample of patient records to ensure compliance.
- Where an area of concern is identified by the Assessor, you are expected to address the issue promptly.
- The Assessor will submit a final report to the Quality Assurance Committee. The committee then decides if the practice assessment is satisfactory OR if there are deficiencies needed to be addressed.

The College encourages all registrants to use the **[tool for self-assessments](#)** at any time.

Continuing Education ensures that you maintain the foundation of knowledge, skills, and judgment that remains current within the profession, while continuing to build on that foundation as standards evolve. Each year, 5% of registrants are selected annually and required by the College to submit their continuing education logs.

Registrants must complete a **minimum of twenty-five (25) credit hours annually** and record them in the log. The Self-Assessment Tool also requires completion each year.

CE requirements:

- **Category A** (recognized educational institution, health professional group or association, etc.) → **10-25 hours**.
- **Category B** (recorded materials, journals and self-directed independent learning activities) → **0-15 hours** (of which **2 hours must be EDI**).

All registrants are required to complete their CE credits. Check out the **[College's CE modules](#)**, which can help you earn credits.



Here's what a recent QA Practice Assessment participant had to say:

"While hearing I was being assessed after 39 years in practice — and having never been assessed before — was nerve-wracking, I enjoyed the process and am happy to have learned the SOAP charting method, which we were never taught."

Call for Applications: Practice Assessors Wanted!



Do you wish to contribute to the advancement of the foot care profession in Ontario?

Are you passionate about ensuring the delivery of safe, effective and high-quality footcare services to Ontarians?

Consider applying to become a Practice Assessor!

We're seeking registrants with 5+ years of experience from across Ontario to visit selected registrants' practice sites, with immediate need in the **Greater Toronto Area (East), Eastern Ontario, and Northern Ontario**, or for assessors **willing to travel to Northern regions**.

About the Role

Practice Assessors are experienced registrants of the College who conduct in-person practice assessments of their peers on behalf of the College.

As a Practice Assessor, you will:

- Visit registrants' practice sites,
- Review practices to ensure they are in line with the College's Standards of Practice;
- Conduct patient chart reviews;
- Provide objective, constructive assessments that support continuous improvement.

Why Become a Practice Assessor?

- **Give back to the profession** and help uphold high standards of foot care across the province.
- **Build leadership and assessment skills and CE credits** valuable to your professional growth.
- **Earn \$475/assessment** while contributing meaningfully to the community.
- **Receive comprehensive training** and support from the College before conducting assessments.
- **College-provided training** in November 2026 with a 1-year appointment (renewable).

Are you interested?

Submit your **resume and cover letter** by email to esimpson@cocoo.on.ca.

Support excellence and continuous improvement in foot care practice — apply today!

NEW!

CE MODULES: COMMUNICATION SERIES

Check out the College's **two new CE modules** on the importance of Effective Communication in Foot Care practice.



Patient Care: This module outlines the importance of effective communication in providing high-quality care to patients.

Professional and Interprofessional Relationships: This module outlines the importance of effective communication in your work as a regulated health professional within your team and the larger health system.

SPRING EXAM SESSION WELCOMED 43 APPLICANTS

The Spring Registration Examinations were held over two days: May 15 and May 16, 2026.

43 applicants took one or all of the Core Competency and/or Jurisprudence written exams, and/or the Objective Structured Clinical Examination, which are required for registration as a chiropodist. This was a new record for the College with the biggest cohort of applicants yet!

Best of luck to all candidates awaiting the results of their exams!

Looking ahead, the fall session is scheduled for **October 23, 2026 (written examinations)** and **October 24, 2026 (OSCE)**.



BY-LAW 1: GENERAL UPDATED

At its May meeting, Council approved amendments to **By-law 1: General** to clarify Council members' terms of office.

This by-law guides Council elections and other governance processes, and is reviewed regularly to support clear, consistent operations. The amendments include updated Definitions and sections 48.02, 52.02, and 53.03, which now clarify that elected Councillors, selected Councillors, and non-Council committee members generally serve terms of about three years. The timing of elections was also clarified.

These updates do not affect current operations or election procedures; rather, they are part of the College's initiative to continuously improve and streamline its internal processes.

NEW AND REVISED STANDARDS AND GUIDELINES

The Standards and Guidelines Committee is currently undertaking a comprehensive review of all College standards, guidelines and policies, which aims to:

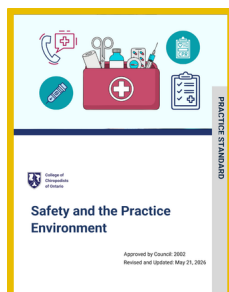
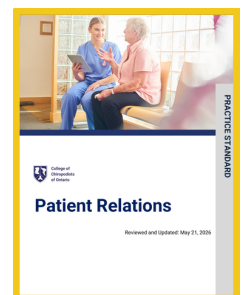
- Eliminate redundancies across documents.
- Update content to reflect current best practices.
- Modernize language (e.g., replacing “member” with “registrant,” using gender neutral terms and pronouns, and adopting plain language).
- Ensure a consistent, accessible, and user-friendly look and format.

At its May 2026 meeting, Council approved several updates to standards of practice and guidelines. Registrants are encouraged to review these updates to ensure their practice remains aligned with current expectations. For any questions, contact the Practice Advisor at practice@cocoo.on.ca.

Patient Relations Standard

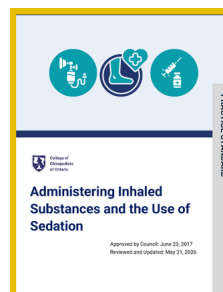
Following extensive consultation with registrants and system partners, Council approved a revised Patient Relations Standard. Key updates include:

- Clearer and more comprehensive definitions of key terms.
- An expanded overview of the ethical and legal obligations of registrants.
- Guidance on managing dual relationships with patients, including:
 - giving and receiving gifts,
 - use of social media with patients.
- Strengthened expectations around recognizing, intervening and reporting abuse.



Safety and the Practice Environment Standard

Amendments to this standard clarify registrants' responsibilities for ensuring their practice site(s) are appropriately equipped, properly maintained, and include procedures to protect the health and safety of both patients and staff.



Administering Inhaled Substances and the Use of Sedation Standard

Updates to this standard reflect current expectations for the safe administration of inhaled substances and the use of sedation in practice.



Extracorporeal Shock Wave Therapy Guideline

The revised Extracorporeal Shock Wave Therapy (ESWT) Guideline includes more streamlined and practical guidance for registrants using ESWT in their practice.

Laser Guideline

The Laser Guideline has been significantly updated since its last revision in 2017. It supports the safe and effective use of lasers by registrants, and includes:

- Best practices for clinical use,
- Key safety precautions,
- Guidance on compliance with regulatory requirements.

COMPLAINTS, INVESTIGATIONS AND DISCIPLINE UPDATES

Complaints and Reports

Between February and May 2026, the College received **nine complaints** and opened **two Registrar's investigations**. In the same period in 2025, the College received 11 complaints and opened two Registrar's investigations.

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

- 6 cases: no further action was taken
- 1 case: SCERP and caution
- 1 case: caution

There are currently **14 matters** pending before ICRC panels.

Ontario Chiropractors and Podiatrists Discipline Tribunal (OCPDT)

As of the end of May 2026, **five cases** are pending before the OCPDT. **Find the list of referrals 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
- Requests for removal of information are granted, not granted or abandoned.

Between February and May 2026, the OCPDT disposed of **three matters**.

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

Summarized OCPT Decisions



COCOO v. Paul Scotti

The registrant committed professional misconduct in four ways in his treatment of a patient.

1. His records were insufficient.
2. His invoices were misleading: one indicated that he used "3D plaster casting" when in fact he used a foam box and the other indicated that orthotics were manufactured by an "independent" lab, when he owned the lab that made them.
3. The use of a foam box for casting is contrary to the College's standards.
4. When dispensing the orthotics, the registrant failed to provide adequate break-in instructions and advice about follow-up.

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

- An oral reprimand
- 5-month suspension
- PROBE Ethics Course
- Medical Record Keeping Course
- 4-month restriction on imaging, casting, prescribing, constructing, fitting, dispensing or ordering the fabrication of orthotics.
- Mentorship for 18 months
- Employer notification for 12 months

The registrant was also ordered to pay costs to the College in the amount of \$35,000.



COCOO v. Ali Tabrizi

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 *Chiroprody 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 (2 remitted)
- U of T Records Course
- PROBE Ethics Course
- A prohibition on imaging, casting, prescribing, constructing, fitting, dispensing and/or ordering orthopaedic shoes for a period of six (6) months (the "Restricted Period") after the suspension is lifted. The Registrant is additionally not entitled to assign these duties to anyone else in his clinic, regardless of whether he receives a fee, during the Restricted Period, but shall refer such duties to another registrant of the College in good standing at another clinic not affiliated with the Registrant's clinic;
- Employer notification for 18 months
- Mentorship/supervision for 18 months

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

COCOO v. Vincent Ku

The registrant committed professional misconduct in that they:

- failed to meet or contravened a standard of practice of the profession;
- practised in the employment of or in association with a commercial business;
- contravened the *Chiroprody Act*, 1991, the *Regulated Health Professions Act*, 1991 or the regulations under either of those Acts, including, Ont. Reg. 203/94 and Ont. Reg. 830/93, 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
- 3-month suspension (2 remitted)
- U of T Records Course
- Registrant will be required for a period of two years to provide any supplier in which he has a financial interest with a copy of the Tribunal's decision and have the supplier forward confirmation to the College within thirty (30) days confirming that they have received the Tribunal's decision and agree to notify the Registrar immediately if they become aware that the Registrant is not complying with the College's standards;
- Employer notification for 24 months
- Mentorship for 12 months

The registrant was also ordered to pay costs to the College in the amount of \$15,000.

COCOO v. Jamie Mandlsohn

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 their 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.



WHY FOOT HEALTH AWARENESS MATTERS

The College recognized and raised awareness about **Limb Loss and Limb Difference Awareness Month** in April, to highlight the challenges faced by people living with limb loss and limb difference in living their daily lives.

You may already be aware of the significant effects of diabetes on foot health and may be seeing many patients with such complications. But did you know that **approximately 3 million Canadians have diabetes, and about 20% will develop foot ulcers, which can lead to amputation if left untreated**? Peripheral arterial disease (PAD) is another condition that can cause wounds and increase the risk of limb loss. These conditions can significantly affect a person's mobility, independence, and overall well-being, shaping how they move and interact with their surroundings and others through their daily lives at home, work, and within their communities.

Diabetes-related lower limb amputations have a significant negative impact on a person's overall quality of life. The increase in amputations highlights the need for better access to comprehensive foot care for early detection, prevention, and management. **The Canadian Institute for Health Information (CIHI) recently published research** on this topic.

National Foot Health Month in May was another opportunity to remind people that healthy feet are essential for mobility, stability and overall wellness.

The College engages with users on social media to spread awareness about the crucial role of chiropodists and podiatrists in the health system and aims to encourage the public to consider seeking professional foot care for even seemingly minor concerns to prevent further complications and severe foot health ailments.

We thank you, our registrants, for improving the lives of your patients by providing effective foot care services and treatment. We hope to continue to support your work by spreading awareness online and offline about the importance of foot health and the valuable services chiropodists and podiatrists provide.

Together, let's empower Ontarians with the knowledge and awareness needed to maintain good foot health and seek timely care, ultimately leading to overall health and wellness.

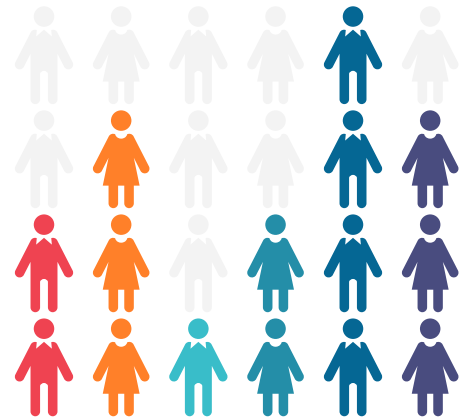




EQUITY, DIVERSITY AND INCLUSION (EDI) SPOTLIGHT

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. Here are some highlights and updates.

For the past three years, the College has invited registrants to complete **an anonymous, voluntary socio-demographic survey** during the Annual Registration Renewal period. This survey helps us better understand who our registrants are and the various groups they may represent.



This EDI data collection is also part of the College's broader regulatory responsibilities, such as reporting to the Ministry of Health and the Office of the Fairness Commissioner (OFC), including through the College Performance Measurement Framework (CPMF) and the OFC Fair Registration Practices Report. While the survey is not mandatory, EDI data collection is strongly supported across the health regulatory sector and by the government because better data leads to a better understanding of the healthcare workforce. In turn, that understanding can help identify barriers, inform standards and guidelines for registrants, and support efforts to enhance Ontarians' access to healthcare.

Research shows that representation of **equity-deserving groups (EDGs), such as women, Indigenous peoples, racialized minorities, persons with disabilities, and 2SLGBTQI+ individuals, in the healthcare workforce remains disproportionate to the populations they serve**, despite evidence of diverse health teams leading to better health outcomes and trust in patients. Collecting EDI data helps identify who may be underrepresented in the workforce and where gaps may exist between the profession and the patient populations it serves — especially in underserved communities.

The Office of the Fairness Commissioner oversees licensing and registration practices in regulated professions and compulsory trades to help ensure those processes are transparent, objective, impartial, and fair for all applicants, including internationally educated professionals. At the May Council meeting, the Fairness Commissioner Irwin Glasberg spoke to Council about the importance of embedding EDI and anti-racism principles in regulatory and registration processes. **He recognized the College's efforts, commending the strong 78% completion rate for the 2025 EDI survey.**

YOUR PARTICIPATION IS APPRECIATED!

Every survey response helps build a clearer picture of the profession and strengthens our understanding of where gaps may exist across the province. Thanks to everyone who completed the survey. The College plans to adopt a more integrated approach to registrant EDI data collection in the future as part of its modernization efforts to align with standard practices across health profession regulation.

INDIGENOUS HEALTH AND HISTORY

This **National Indigenous History Month** (June) and beyond, we recognize and honour the rich histories, cultures, and unique contributions of First Nations, Inuit, and Métis peoples across Turtle Island, while recognizing the importance of equitable access to culturally safe and effective health care for Indigenous patients. **June 21 is National Indigenous Peoples Day**. The date was intentionally chosen to coincide with the summer solstice, which is the longest day of the year. This day holds deep spiritual significance for many Indigenous communities.

The College also recognized the **National Day of Awareness for Missing and Murdered Indigenous Women, Girls, and Two-Spirit People**, also known as **Red Dress Day**, on May 5. This is a day to remember the thousands of Missing and Murdered Indigenous Women, Girls, and Two-Spirit (MMIWG2S+) people across Canada. We honour their lives and acknowledge the deep, ongoing impacts of this violence on their families and communities.

Why Is This Important?

We must reflect on our relationship with the lands in which we have the privilege to live and work, and the rich and complex histories of the First Nations, Inuit, and Métis peoples, who have long cared for them. It is also essential to recognize that we are part of a system — both in healthcare and beyond — that has historically caused significant harm and continues to do so. **Prioritizing culturally safe care is crucial** — it may not be able to reverse all the damage done to individuals and communities, but it can substantially enhance the lives of patients and their families.

This month is not solely about acknowledgment and recognition; it is also about fostering an environment and making space for sometimes difficult conversations, and for learning and unlearning through active listening, humility, and self-reflection. **Native Land** is a resource that provides information about Indigenous territories, languages, lands, and ways of life. Visit the website to use the interactive map and learn more.

In 2019, the National Inquiry into Missing and Murdered Indigenous Women and Girls released its Final Report, Reclaiming Power and Place, which includes 231 Calls for Justice aimed at addressing the systemic and root causes of violence against First Nations, Inuit, and Métis women, girls, and gender diverse people. **[Read the Final Report and Calls for Justice.](#)**



HAPPY PRIDE MONTH!

We recognize the need to address and reduce barriers that many 2SLGBTQIA+ people face when accessing health care services. Inclusive foot care means creating safe, respectful, affirming spaces where everyone can receive patient-centred care with dignity.

2SLGBTQIA+ is an inclusive acronym used in Canada to represent sexual and gender diverse communities. It stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual. The "+" represents additional identities and the evolving spectrum of gender and sexual diversity.

We encourage you to reflect on how you can create safer and more inclusive spaces for your 2SLGBTQIA+ patients and colleagues. This can be as simple as using inclusive and respectful language in forms, policies, and daily interactions. Addressing and reducing social stigma and systemic and psychological barriers can lead to better patient outcomes and higher-quality care.

[Check out the 519's helpful Glossary of Terms](#) to help your policies and processes in practice.

MEANINGFUL ENGAGEMENT

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



In May, the Registrar and staff met with the soon-to-graduate third-year Chiropody Program students at The Michener Institute to share important information to prepare applicants for the registration exams. This annual meet-and-greet session allows the College to support applicants and provide tips and assistance with the exam registration process. We know exams can be stressful, and we aim to ensure the process is smooth and efficient, where applicants feel supported and assured that their hard work makes a difference.

The Registrar and the Manager of Registration and Regulatory Programs also met with the new cohort of third-year students in June to introduce them to the key concepts of professional regulation and answer any questions or doubts they may have about their future careers as footcare practitioners. These opportunities are beneficial to students as they are introduced to professional regulation and their role as members of the healthcare system. These opportunities are also helpful for the College to hear from future registrants and better understand the changing landscape of the profession through their interesting questions and insights.

Thank you to everyone who joined us virtually for the **Spring Town Hall** on June 2, 2026. The Registrar shared updates from the recent announcement from the Ministry of Health, which expanded the scope of practice for some professions. She shared the College Council's continuing commitment to the Full Scope Podiatry Model, which is part of the College's Strategic Plan. The session concluded with a Q&A with some excellent questions from participants. The College aims to host two Town Hall events each year, and encourages all registrants to attend and participate in these events.



The College participated in the **2nd Annual National Footcare Regulators' Conference** held in Winnipeg, Manitoba! Regulators from across the country met to discuss issues of common interest and national importance. The Registrar, President and Vice-President attended this year's conference and enjoyed the collegiality and camaraderie of their regulatory peers. We at the College look forward to continued collaboration across Canada with other provincial foot care regulators to advance the effective regulation of foot care across the country.

The Registrar hosted and presented at **Council on Licensure, Enforcement and Regulation (CLEAR)'s 2026 Toronto Regional Symposium** in May. She shared insights into the important work our chiropodists and podiatrists do to improve patients' lives, as well as the Council's vision for adopting the Full Scope Podiatry Model to modernize foot care in Ontario.

SYSTEM COLLABORATION

WORKING WITH THE HEALTH PROFESSION REGULATORS OF ONTARIO (HPRO)

The College was thrilled to participate in the **HPRO's Governance Education Day** – an event developed by the HPRO Education Committee (Chair, Nicole Zwiers (our Registrar and CEO), Kelly Dobbin (Registrar and CEO, College of Midwives of Ontario), and Margaret Drent (Registrar and CEO, College of Audiologists and Speech-Language Pathologists of Ontario)), and HPRO Executive Director, Beth Ann Kenny – for Council, Committee and staff members of the various health regulatory colleges across Ontario.

The event featured thoughtful presentations and discussions on governance modernization, the role of policy to serve the public interest, the effectiveness of regulatory Boards/Councils and committees, ensuring fairness and equity and managing conflicts of interest in governance work, and being reactive and flexible to tackle emerging regulatory and legislative issues while aligning with best practices.

The Registrar had the opportunity to **meet with Minister of Health**, Hon. Sylvia Jones, as part of HPRO's annual dialogue with the Minister on shared goals, regulatory trends, and to collaboratively strengthen our healthcare system.

Moreover, the Registrar was re-elected to the HPRO Management Committee and as the Chair of the HPRO Education Committee. College staff continues to participate in discussions, meetings and activities through the HPRO Practice Advisors Group, ICRC Network, EDI Network and its working groups, Policy and Governance Network, and Communications Network.

The College looks forward to continuing to work with other professional regulators and the Minister of Health to improve access to safe and effective health care for all Ontarians.

This regular interprofessional collaboration through HPRO allows for productive discussions on key emerging issues within the Ontario healthcare landscape. [Learn more about HPRO.](#)



[HPRO's annual dialogue with the Ministry: Nicole Zwiers, COCOP Registrar and CEO, and other College Registrars meet with Hon. Sylvia Jones, Ontario Minister of Health]



College of
Chiropodists
of Ontario

PROVINCIAL REGULATOR OF ONTARIO
CHIROPODISTS AND PODIATRISTS

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