



The College of Naturopaths of Ontario

Annual Reports for
Committees of the Council 2023-2024



Introduction

The Statutory Committees of the Council of the College of Naturopaths of Ontario are required under the *Regulated Health Professions Act, 1991*, to file an annual report with the Council. In the interests of transparency and accountability, the Council of the College has asked that all Committees of the Council submit a report on their activities this year and moving forward.

This is the Annual Report of Committee Activities for the period April 1, 2023 to March 31, 2024, the Council.

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AUDIT COMMITTEE ANNUAL REPORT

During the reporting period the Audit Committee held two virtual meetings.

The committee first met on May 10, 2023, in preparation for the College's upcoming annual audit. At this meeting the Audit Committee reviewed and accepted the Auditor's Engagement letter, Audit Scope letter, and Audit Planning letter.

The second meeting within the reporting period was held on July 12, 2023, where the committee reviewed, discussed and accept the Auditor's Report to the Audit Committee and draft Financial Statements for fiscal year April 1, 2022, to March 31, 2023.

Both Audit Committee meetings in the reporting period were attend by the Auditor, Thomas Kriens, CPA, CA, LPA, BBM, who is a partner at Kriens-LaRose LLP,

The Chair of the Audit Committee also provided a report to the Council on July 26, 2023, on the outcomes of the audit process and the recommendation to accept the draft financial statements.

Respectfully submitted,

Brook Dyson
Chair

DISCIPLINE COMMITTEE ANNUAL REPORT

The Discipline Committee as a whole met once during the reporting period, on October 13, 2023 for its annual Committee training.

Hearings Completed

A Panel of the Discipline Committee completed one uncontested Discipline Hearing in the reporting period:

CoNO & Colbran Marjerrison

Hearing date: August 9, 2023

Decision and Reasons issued on September 12, 2023

The Panel found the Registrant had committed professional misconduct.

Total cost to the College: \$38,400

The Panel ordered the Registrant to pay the College's costs fixed in the amount of \$7,500 which amounted to 19% of the College's costs.

In accordance with s. 23 (2) 10 of the Health Professions Procedural Code, Decisions and Reasons of the Discipline Committee are [publicly available on the College's website](#).

Ongoing Hearings

The following contested matters are currently before the panels of the Discipline Committee:

CoNO&Michael Prytula (6 hearing days completed during the reporting period)

Hearing dates:

- November 1, 2, 15, 2023
- December 5, 2023
- March 19-20, 2024
- April 9-10, 2024
- July 29, 30, 2024 scheduled

CoNO&Michael Um (5 hearing days completed during the reporting period)

Hearing dates:

- January 22, 25, 26, 2024
- February 26, 28, 2024
- September 4, 5, 16, 2024 scheduled

New Referrals from the Inquiries, Complaints and Reports Committee

No new referrals to the Discipline Committee were made by the ICRC during the reporting period.

Statistics for the reporting period:

- Number of uncontested Hearing Days: 1 N
- umber of contested Hearing Days: 11
- Reinstatement Hearings: 0
- Divisional Court Reviews: 0

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

EQUITY, DIVERSITY, INCLUSION AND BELONGING COMMITTEE ANNUAL REPORT

During the reporting period the EDIB Committee held 2 virtual meetings.

The EDIB Committee finalized the development of an EDIB Lens Tool, a resource for all College Committees to assist in:

- Assessing policy purpose and inclusiveness,
- Uncovering policy assumptions,
- Assessing the impact of presumed assumptions on equity,
- Making EDIB intentional and a priority, and
- Encouraging deliberation on ways the College's policies can advance EDIB.

Following the finalization of the Lens Tool the EDIB Committee initiated an EDIB Lens Training Module which was rolled out and presented to each committee on the aim, scope, and process for using the tool.

Respectfully submitted,

Dr. Jamuna Kai, ND
Co-chair

Dr. Shelley Burns, ND
Co-chair

EXAMINATION APPEALS COMMITTEE ANNUAL REPORT

During the reporting period noted, the Examination Appeals Committee met four times to review examination appeals and related program policies.

Examination Appeals

Five examination appeals were received between April 1, 2023, and March 31, 2024 on the grounds of a procedural irregularity, an environmental irregularity or a perception of undue bias. Of these appeals, all five were related to an entry to practise examination (i.e., the Ontario Clinical Sciences Exam, the Ontario Biomedical Exam, or the Ontario Clinical (Practical) Exams); none were related to a post-registration Standard of Practice (i.e. the Ontario Intravenous Infusion Therapy Exam or the Ontario Prescribing & Therapeutics Exam). Of the appeals received, all were approved by the Committee.

Exam Violation Decision Appeals

Under the Examinations policy of the College, candidates who are found to have committed an exam violation may seek to appeal the decision through the Examination Appeals Committee. Between April 1, 2023 and March 31, 2024 no examination violation decision appeals were received.

Policy Updates

The Committee reviewed and approved draft amendments to the Examination Appeals policy which included provisions to set out specific criteria and timelines for acceptance of exam violation decision appeals.

Equity, Diversity, Inclusion, Belonging Committee (EDIB Lens tool)

The Committee was briefed on and began use of the new EDIB lens tool for considering potential barriers or unintended disparity when making decisions regarding new and existing policies.

Respectfully submitted,

Dr. Rick Olazabal, ND (Inactive)
Chair

EXECUTIVE COMMITTEE ANNUAL REPORT

Under its Terms of Reference from the Council, the Executive Committee meets only on urgent matters that cannot wait to be brought before the Council at its next regularly scheduled meeting or in an urgent special meeting of the Council.

During this reporting period the Executive Committee was not required to undertake any activities, and therefore did not convene.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

FITNESS TO PRACTISE COMMITTEE ANNUAL REPORT

There were no referrals to the Fitness to Practise Committee from the Inquiries, Reports and Complaints Committee. Therefore, no hearings of the Fitness to Practise Committee were held during the reporting period.

Respectfully submitted,

Dr. Jordan Sokoloski, ND
Chair

GOVERNANCE COMMITTEE ANNUAL REPORT

During the reporting period the Governance Committee held five virtual meetings, April 4, 2023, September 14, 2023, November 16, 2023, January 18, 2024, and February 29, 2024. Also, a Panel of the GC held an In Conversation With session highlight the College's Volunteer Program on March 21, 2024.

During this period, the Governance Committee reviewed and interviewed three new volunteer applications, one for a committee position and two for Council positions. One volunteer application was reviewed and declined by the committee.

The Governance Committee also was in receipt of training from Equity, Diversity, Inclusion and Belonging Committee regarding the use of the EDI Lens Tool and Checklist. The committee reviewed their Terms of Reference and Volunteer Application Forms. The committee made amendments to the Terms of Reference and the Self-Assessment Questionnaire. As a result, the updates have been reflected on the College's website.

Respectfully submitted,

Hanno Weinberger
Chair

GOVERNANCE POLICY REVIEW COMMITTEE ANNUAL REPORT

During the reporting period the Governance Policy Review Committee (GPRC) held six virtual meetings, May 2, 2023, July 12, 2023, September 12, 2023, November 7, 2023, January 10, 2024, and March 5, 2024.

During this period, the GPRC reviewed and made recommendations to Council on the Committee Terms of Reference (May 2023), Governance Process Policies (May 2023, March 2024), and Executive Limitations Policies (July 2023, September 2023). At the request of the Council, the Committee also reviewed the Strategic Plan and the Ends Statements and drafted the Ends Priority Policy which was approved by the Council in November 2023.

In September 2023, the Committee attended the Council in person meeting in Toronto and provided the Council with a training session on the Governance Policy approach taken by the Council.

Respectfully submitted,
On behalf of the GPRC

Andrew Parr, CAE
Chief Executive Officer

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE ANNUAL REPORT

During the reporting period the ICRC held 13 meetings via video conference.

Closed Matters

The Committee closed 23 matters with the number of dispositions as follows:

- No Further Action: 3
- Letter of Counsel: 6
- Oral Caution: 2
- Specified Continuing Education and Remediation Program (SCERP): 2
- SCERP & Oral Caution: 9
- SCERP & Letter of Counsel: 0
- Acknowledgement & Undertaking: 0
- Referral to Fitness to Practice: 0
- Referral to Discipline Committee: 9
- Frivolous and vexatious: 0
- Withdrawn - No further Action: 0

Four decisions of the ICRC issued in the reporting period were appealed to the Health Professions Appeals and Review Board. One of the Decisions was upheld by the Board and three decisions remained under review as of March 31, 2024.

Health Inquiries

There were 2 health inquiries considered during this reporting period.

Interim Orders

There were no Interim Orders made by the ICRC during this reporting period.

New Investigations

5 investigations under s. 75.1.a of the HPPC were initiated in the reporting period based on the information received from the following sources:

- Public inquiries: 1
- Matters reported by Registrants: 0
- Matters reported by other College departments: 3
- Referral from ICRC to CEO: 0
- Referral from QAC to ICRC: 1
- Referral from another regulator: 0

In addition, the ICRC received 16 formal complaints about Registrants of the College.

Complaints and Reports filed with the ICRC included one or more of the following concerns:

- Advertising: 5
- Inappropriate billing: 5
- Inappropriate patient care: 8
- Practising outside of Scope: 1
- Sexual abuse/Boundaries: 2
- Failure to comply with an order of the College: 1
- Practising while inactive/suspended: 1
- Record keeping: 1
- Lab testing: 1
- Delegation: 0
- Failure to comply with QA Program: 1
- Failure to cooperate with an investigator: 0
- Unprofessional conduct: 4

Complaints/Reports Investigation Timelines

The average length of a Complaint/Report investigation during the last reporting period was 237 days, with the shortest investigation completed in 105 days and the longest in 508 days.

Financial Data: Complaints/ Reports Investigation

The cost of an investigation includes the College's legal expenses, investigators' fees (where formal investigator appointments are required), experts' fees, the ICRC per diems, and mailing costs. The average amount spent on a matter in the reporting period was \$6,463. The lowest cost of the investigation was \$300 and the highest was \$15,587.

Health Professions Appeal and Review Board

As of March 31, 2024 there were 3 files before HPARB. Two additional requests for review were submitted in April, thus there are currently 5 decisions under review.

Respectfully submitted,

Dr. Erin Psota, ND
Chair

INSPECTION COMMITTEE ANNUAL REPORT

The Inspection Committee held eight meetings via video conference during the reporting period.

Active and Inactive premises

At the end of the reporting period there were 158 active IVIT premises.

Eleven premises stopped performing IVIT procedures during the reporting period and are listed on the IVIT Premises Register as inactive.

Twenty premises registered as new premises in order to undergo an inspection and become an active IVIT premises.

Inspections Completed

For new premises, 16 Part I inspections and 17 Part II inspections were completed. For existing premises, 33 underwent the scheduled 5-year inspection.

Inspection Outcomes

For Part I and Part II inspections of new premises the following outcomes were determined by the Inspection Committee:

- Pass – 33
- Pass with conditions – 11
- Fail – 0

For scheduled 5-year inspections of existing premises the following outcomes were determined by the Inspection Committee:

- Pass – 38
- Pass with conditions – 19
- Fail – 0

Type 1 Occurrence Reports

The following Type 1 occurrences were reported by Registrants performing IVIT procedures:

- The death of a patient at the premises after a procedure was performed - 0
- The death of a patient that occurs within the five days following the performance of a procedure at the premises - 1
- Any referral of a patient to emergency services within the five days following the performance of a procedure at the premises – 15
- Any procedure performed on the wrong patient at the premises - 0

- The administration of an emergency drug to a patient immediately after a procedure was performed at the premises - 3
- The diagnosis of a patient with shock or convulsions occurring within the five days following the performance of a procedure at the premises – 0
- The diagnosis of a patient as being infected with a disease or any disease-causing agent after a procedure was performed at the premises, if the Registrant is of the opinion that the patient is or may have been infected because of the performance of a procedure - 0

All Type 1 occurrences were reviewed by the Inspection Committee; no further action was required.

Type 2 Occurrence Annual Reports

The designated Registrants for all applicable premises are required to submit the Type 2 Occurrence Annual Report for the reporting period of March 2 of the previous year to March 1 of the current year.

Type 2 occurrences are defined in the General Regulation as:

1. Any infection occurring in a patient in the premises after an IVIT procedure was performed at the premises.
2. An unscheduled treatment of a patient by a Member occurring within five days after an IVIT procedure was performed at the premises.
3. Any adverse drug reaction occurring in a patient after an IVIT procedure was performed at the premises.

For the reporting period ending on March 1, 2024 168 premises reported 154 Type 2 occurrences. Of the 154 occurrences, 150 were adverse drugs reactions and 4 were unscheduled treatments.

During the Type 2 reporting period, the designated Registrants reported that 90,916 iv bags were compounded, and 87,150 iv bags were administered.

Respectfully submitted,

Dr. Sean Armstrong, ND
Chair

PATIENT RELATIONS COMMITTEE ANNUAL REPORT

During the reporting period the PRC held 3 virtual meetings and received 1 electronic update on funding.

The PRC received did not receive any new applications for Funding for Therapy/Counselling during the reporting period.

The PRC continues to oversee the funding of approved applications. The College's funding program managed by the PRC provided \$5,080 to applicants during the reporting period and \$41,555.60 since it's inception.

In addition to overseeing the Funding program, the PRC reviewed and considered policy changes allowing for the extension of funding for therapy/counselling beyond the regulatory maximums.

Respectfully submitted,

Dr. Gudrun Welder, ND
Chair

QUALITY ASSURANCE COMMITTEE ANNUAL REPORT

During the reporting period, the QAC held 9 virtual meetings.

Self-Assessments

For the 2023-24 year, Registrants were required to complete a total of 3 online self-assessment questionnaires. These included 2 mandatory self-assessments: Delegation and Fees & Billing and one additional self-assessment of their choosing.

- # of Registrants required to complete the Self-Assessment by March 31, 2024: 1,644
- # of Registrants who completed the Self-Assessment by March 31, 2024: 1,474
- % of Registrants who submitted by the deadline: 89.7%

Continuing Education

Applications

- # of CE applications received: 393
- # of CE applications approved: 318
- % of received applications approved by the Committee: 81%

Number of approved applications requesting Jurisprudence, Pharmacology, or IVIT credits:

- IVIT: 14
- Pharmacology: 91
- Jurisprudence: 17
- Pharmacology and Jurisprudence: 1
- Pharmacology and IVIT: 3
- # of live/in-person course applications: 222 (70%)
- # of online/webinar course applications: 96 (30%)

CE Logs

- # of Group I Registrants required to submit their CE logs by the Sept. 30th deadline: 469
- # of Group I Registrants who submitted by the deadline: 465
- % of Registrants who submitted by the deadline: 97%
- # of Registrants submitting CE Logs with discrepancies requiring correction: 166
- % of CE Logs submitted with discrepancies requiring correction: 36%

Deferral/Extensions

- # of CE deferral/extension requests received: 13
- # of CE deferral/extension requests approved: 6

Peer & Practice Assessments

For the reporting year all peer and practice assessments were conducted virtually. The assessment included a review of specific aspects of the Registrant's premises, record keeping practises, certain College standards and guidelines, their professional portfolio and an in-depth clinical discussion of one patient chart.

- # of Registrants selected for a Peer & Practice Assessment: 100
- # of deferral requests received: 8
- # of deferral requests approved: 8
- # of Registrants who went inactive or resigned prior to completing their Peer & Practice Assessment: 5
- # of QA Ordered Assessments outside of regular Peer & Practice Assessment Schedule: 3
- Total number of Peer & Practice Assessments completed: 90

Non-Compliance

In accordance with the *Regulated Health Professions Act, 1991*, the Quality Assurance Regulation and the Program Policies, where a Registrant fails to participate in the Quality Assurance Program and is deemed to be non-compliant, the Quality Assurance Committee may refer the matter to a panel of the Inquiries, Complaints and Reports Committee for investigation.

- # of Registrants referred to the ICRC for non-compliance with the QA Program: 1

Respectfully submitted,

Barry Sullivan
Chair

REGISTRATION COMMITTEE ANNUAL REPORT

During the reporting period noted, the Registration Committee met 10 times to review referred applications for registration, class change applications (over two-years), program policies related to Registration and Examinations, and life registration applications, and set remediation plans for exam candidates who had made two unsuccessful attempts of a College examination.

Entry-to-Practise

Five applications for registration were received between April 1, 2023, and March 31, 2024. Of these, **two** were to address concerns regarding a physical or mental condition or disorder [under subsection 3(4) of the Registration Regulation], and **one** was for currency [under subsections 5(4)(a) and 5(2)(b) of the Registration Regulation], and **two** was for interprovincial transfer under 3(2) and 3(1) of the Registration Regulation.

Applications for Life Registration

The Committee reviewed one application for life registration under section 23(1) of the College by-laws.

Registration

During this reporting period, the Registration Committee reviewed **one** application for class change from Inactive to General (over two-years) (under section 10(1)(6) of the Registration Regulation)

Application TLC Removal

The Committee reviewed one application for removal of a TCL under section 6(3)(a) of the Registration Regulation.

Examinations

The Committee continued to set exam plans of remediation, for candidates who have made two unsuccessful attempts of a College examination. 25 plans of exam remediation were set during this period for candidates who had made two unsuccessful attempts of a College examination.

Policy Updates

Draft amendments to the Registration Policy, specifically related to currency, were reviewed and approved by the Committee in order to facilitate a consultation on the proposed draft changes this fall.

Minor draft amendments to the Prescribing & Therapeutic Program and Exam Policy were reviewed.

The Committee reviewed and discussed amendments to the Registration Policy which aim to support the profession in understanding and meeting certificate maintenance requirements, both in the General and emergency classes, mitigate risk to the public by ensuring that Registrants are current in their knowledge and skill for providing direct patient care, and assisting the College in carrying out its legislated obligations.

Committee Evaluation Review

The Committee met with Sandi Verrecchia of Satori Consulting to discuss the results of the Committee's annual self-evaluation.

Committee Terms of Reference

The Committee reviewed and discussed the Committee Terms of Reference and provided feedback for minor changes.

IVIT Course Changes Review

The Committee reviewed and approved minor updates to two College-approved IVIT training courses.

CANRA Entry to Practise Competency Profile

The Committee reviewed a copy of the CANRA Entry to Practise Competency Profile and provided feedback for consideration.

Exam Blueprint Amendments

Draft amendments to the IVIT Examination Blueprint were reviewed and approved by the Committee (approved by Council in July 2023).

Emergency Class Certificate of Registration

The Committee reviewed and discussed additional draft amendments to the Registration Policy including integration of the new Emergency class into policy provisions.

Currency Audit Remediation

The committee reviewed 4 applications for refresher programs for registrants deemed to not satisfy the 750 hour currency requirements as set out in section 6(1) of the Registration Regulation.

Equity, Diversity, Inclusion, Belonging Committee (EDIB Lens training Presentation)

The Committee engaged in EDIB training and were briefed on use of the new EDIB lens tool for helping the Committee recognize disparities in key areas including race, ethnicity, age, gender, etc. and to consider these when making decisions regarding new and existing policies.

Respectfully submitted,

Danielle O'Connor, ND
Chair

STANDARDS COMMITTEE ANNUAL REPORT

During the reporting period the Standards Committee held 3 virtual meetings.

The Standards Committee finalized proposed amendments to the following Standards of Practice:

- Acupuncture
- Collecting Clinical Specimens
- Communicating a Diagnosis
- Compounding
- Consent
- Delegation
- Dispensing
- Dual Registration
- Inhalation
- Injection
- Internal Examinations
- Intravenous Infusion Therapy
- Manipulation
- Point of Care Testing
- Prescribing
- Recommending Non-Prescription Substances
- Requisitioning Laboratory Tests
- Selling and
- Therapeutic Relationships.

Following the finalization of the proposed amendments, the Standards Committee initiated an informal internal consultation seeking feedback on the proposed amendments from the various College Committees.

Respectfully submitted,

Dr. Elena Rossi, ND
Chair